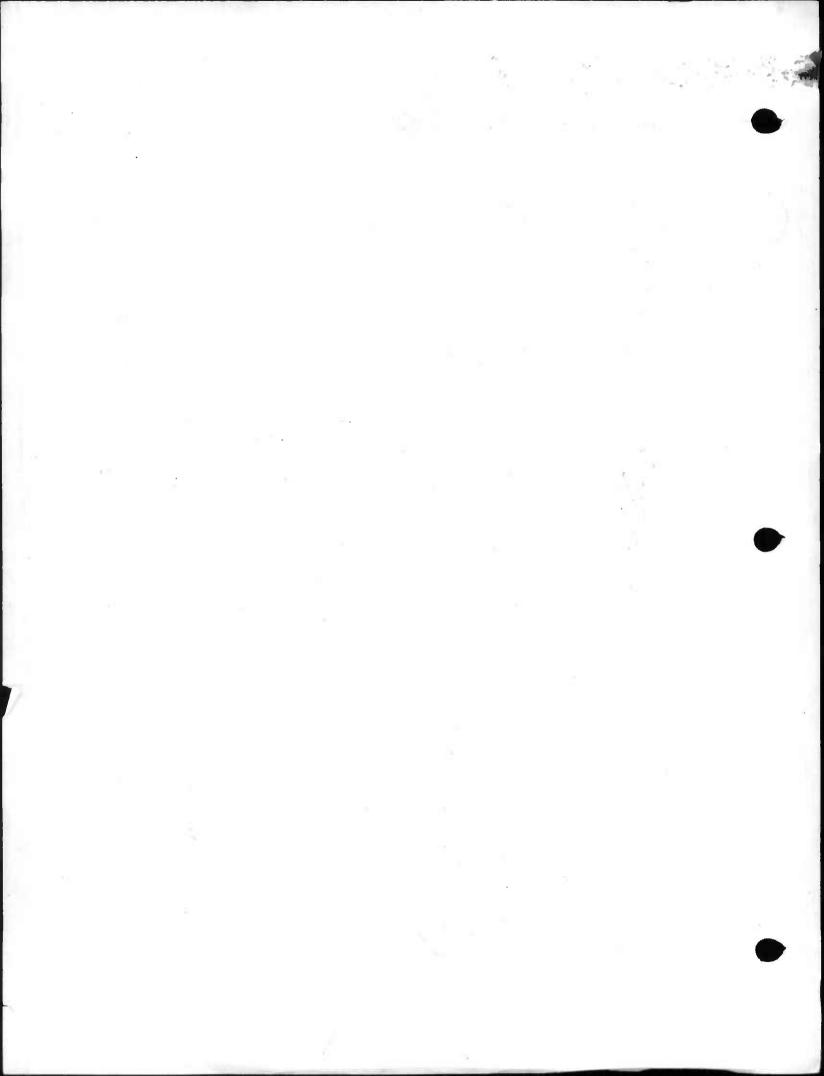
DIVISIO	E HOSPITAL OR ATTEND	E FUNERAL DIRECTOR: A within 72 hours after d	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the filed within 72 hours after death with the State Dept of Health and Mental Hyniere prior to build commarion, or re-	
P.O. BOX 68760	ath certificate be executed with	ttending physician and completely filled in the Hymiene prior to burial, cremation, or re-	

M OF OFFICE O HAME (F/F)	t, Middle, Last)			CERTIF	RTMENT					REG. NO	b. 9	-1	3. TIME OF DEATH
The second second		BYRNES A	KΔ	PEGGY	RVDNF	2			MONT	N N	MY	YEAR	
4. SOCIAL SECURITY NUM		5. SEX		yrs. last birthday)			IF UNDER	R 24 HRS.	7. DATE OF BIRTH		27	0.4	1 • 0.5 P LACE (State or Foreig
186-30-759	9	1 🗌 M 2 🔀 F	54	YRS.	MONTHS (DAYS	HOURS	MIN.	May	18, 1	939	Country)	sylvania
9a. FACILITY NAME (If not	institution, give s	treet and number)			9b. CITY, T	OWN OI	R LOCATI	ON OF D	_			INTY OF DE	
19721 (RESIDENCE OF DE 10a. STATE Maryland		SIDE T	ERRAC	CE	GA	TH	ERS	BUR	G		MO	NTGO	MERY
10a. STATE	10b. COUNT	Y	10c. Ci	TY, TOWN OR	LOCATI	ON					T	10d, INSIDE CITY LIMITS?	
		gomery			Gaithe	rsb	urg					1	YES 2 X NO
100. STREET AND NUMBER	1					10t,	ZIP COD	E			10g. CIT	IZEN OF WH	IAT COUNTRY?
19721 Green	nside T	T				_	0879					ted St	tates
19721 Greet 11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN	T EVER IN U	S. ARMED	13. WA	S DECE	NDENT C	OF HISPA	NIC ORIGII	N? (Specify Ye Rican, etc.)	a or No-	14. RACE - Black,	- American Indian, White, atc.
3 Wildowed 4 Div		IF YES, GIVE	MAR OR DATE	ES	10	YES :	2XX NO	Specif	y.			Specify	White
/Constitute	CEDENT'S EDU	CATION completed)	10	6a. DECEDENT'S	work done dur	UPATIOI	N t of workin	na	16è	. KIND OF BU	SINESS/IN	DUSTRY	
Flementary/Secondary		College (1-4 or 5		life. Do NOT	use retired.)							_	
17. FATHER'S NAME (First, I		2	E	xecuti	ve Sec	ret				oland		e Co.	
										Middle, Maider	Sumeme)		
William F.		8		T					Nicho				
Olive Byrne	,, ,				G ADDRESS (S								1522
20a. METNOD OF DISPOSI			001		Miffli								
t X Burial 2 Cremati	on 3 🗆 Rem	oval from State	cemete	LACE AND DATE Bry, crematory or Addock	other place	UN (Nan	Co-	31-9	4 DAT				
21. SIGNATURE OF FUNER		ENSEE \	DIE	addock						Brac	adock	Hill	S, PA
> XX	1		M006	00	Hom	e/B	ethe	sda.	-Che	y Cha	se, I	inc.	ey Funer 7557 Land 2081
sequentially list condi if any, leading to immo	Sequantially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
		d											-
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	ant condition	s contributing to	death but	not resulting	in the unde	erlying	cause	given in	Part I.	PERFO		1 6	VERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? YES 2 NO
25. WAS CASE REFERRED EXAMINER?	IU MEDICAL	HOSPITAL:			OTHER:				eck only or	/			
1 YES 2 NO		1 inpatient 2 (ant 3 🗆 DOA	4 Nursin		-	aldence			the section of the	OUDE?	
	Pending	(Month, E			JURY	WOR	IRY AT IK? ES 2	- NO	∠60. UE	SCRIBE NOW	MUURY OC	CUMEO	
2 Accident 3 Suicide	Investigation	28e. PLACE C	F INJURY —	At home, farm,			-3 4	_ 110	28t 1.00	ATION (Street	and Numbe	or Print Da	uta Number
4 Homicide	Could not be determined	building	etc. (Specify))					City	or Town, State)	. ar riarer rior	crurcusus,
29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner se stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated													ind manner as state
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE						
опе) 2 ХМЕТ	E OF CERTIFIE	3					200. 0100	EMSE MOI	MELLI		ZVG. UAI	E SIGNED (Month, Day, Year)
296. SIGNATURE AND TITL	e of CERTIFIER	tern							M.E.	,	≥ J		28/94
one) 2XXMEI	L Clive	O COMPLETEO CAU	SE OF DEATH		e, Print) Penn		0	.C.	M.E.		▶ J	AN	28/94



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, I		HARLES		B	>ra	8	4	MON	E OF DEATH	DAY	YEAR O	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217-424664	R	5, SEX 1 M 2 F	6. AGE (In yrs. I	lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF INDER 24 HRS. HOURS MIN.		E OF BIRTH oth, Day, Year)	1943	Country)	SH. D.C.
9a. FACILITY NAME (If not inst	itution, give	street and number)			9b. CITY,	TOWN C	PR LOCATION OF DE	_	00 190		ITY OF DEA	
HOLY C	ROSS	HOSPITAL				SIL	VER SPRI	NG		Mo	ONTGO	MERY
RESIDENCE OF DEG												
1.	10b. COUN		TEC	10c. CIT	Y, TOWN O							IOd. INSIDE CITY
MD.	PR	INCE GEORG	ies		COTT		PARK					YES 2 NO
5021 ODE	SSA I	DID				101	. ZIP CODE					AT COUNTRY?
11. MARITAL STATUS	DOA I	12. WAS DECEDENT	EVED IN ITE	ADMED	1 40.1	W# 0 050	20740 ENDENT OF HISPAN	110 0010			J.S.A	
1 Never Married 2 1 h 3 Widowed 4 Divorce		FORCES? 1	YES 2	ANO	1	If yes, sp	2 NO Specify	n, Puerto			Black, Specify:	- American Indian, white, etc. WHITE
15. DECE (Specify only	DENT'S ED	PUCATION de completed	16a. 1	DECEDENT'S	USUAL OC	CCUPATIO	ON et of working	16	b. KIND OF I	BUSINESS/IND	USTRY	
Elementary/Secondary (0-1		College (1-4 or 5+)	,	llle. Do NOT u	se retired.)							
		4		COMPU	TER S	SPEC	IALIST			GOV'T.		
17. FATHER'S NAME (First, Mid		AT 11771					18. MOTHER'S NA					
BERNAR		ALVIN BR	RADY				MAR		ELLE		ARNEY	
19a. INFORMANT'S NAME (Typ							nd Number or Rural		mber, City or	Town, State, Zip	Code)	
	RADY		-				ITEM #10	1				
20a. METHOD OF DISPOSITIO 1 Burlal 2 Cremation 4 Donation 6 Other (3 Ae	moval from State		EAND DATE			· CEMETE		TE 20c.	SUITI		*
	eases, or	r complications that	caused the	ne.	W anot enter	. W.	de of dylng, auc	S C(rdiac or re	apiratory arr	eat,	Approximate Interval Betw
23. PART I. Enter the dis	eases, or	r complications that a. List only one cause	caused the	death. Do	not enter	. W.	CHAMBER	S C(rdiac or re	apiratory arr	eat,	Approximate Interval Betw
23. PART I. Enter the dis ahock, or he IMMEDIATE CAUSE (Fina disease or condition	ioasos, or art fellura di iona, lata iG	a. DUE TO (caused the	death. Do ine. SEOUENCE O	mot enter	. W.	CHAMBER	S C(rdiac or re	apiratory arr	eat,	Approximate Interval Bety
23. PART I. Enter the dis ahock, or he iMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list condition from the immediate cause. Enter UNDERLYIN CAUSE (Disease or injurt that initiated events	leases, or art fellure of	a. DUE TO (c. DUE TO (d	COR AS A CONS	SEQUENCE O	W. not enter	. W. the mo	CHAMBER de of dylng, auc	S CC	24e. WAS PERM	AN AUTOPSY FORMED?	24b. V	Approximate Interval Betwoen and Donset and
23. PART I. Enter the dis ahock, or he iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYM CAUSE (Disease or Injurithat Initiated events resulting in death) LAST	leases, or art fellure of	a. DUE TO (c. DUE TO (d	COR AS A CONS	SEQUENCE O	W. not enter	. W. the mo	CHAMBER de of dylng, auc	S CC	24e. WAS PERM	apiratory arr	24b. V	Approximate Interval Betwonset and D
23. PART I. Enter the dis ahock, or he immediate CAUSE (Fina disease or condition resulting in death) Sequentially list condition from the immediate cause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST PART II. Other significant cause. Enter Immediate initiated events resulting in death) LAST	peases, or art fellure of the cona, late are y	a. DUE TO (d. DOBE CONTRIBUTION TO (COR AS A CONS	death. Do ine. SEOUENCE O SEOUENCE O SEOUENCE O	Monot enter	. W. the mo	CHAMBER de of dying, suc	Part I.	24a. WAS PERIO	AN AUTOPSY FORMED?	24b. V	Approximate Interval Betw Onset and D Onse
23. PART I. Enter the disahock, or he ahock, or he iMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list condition (fig. 1) and (fig.	Dona, late iG y	DUE TO (d. DUE T	COR AS A CONS OR AS A CONS OR AS A CONS OR AS A CONS DER/Outpettent INJURY	death. Do ine.	In the un	the mo	CHAMBER de of dying, suc	Part I.	24a. WAS PERIO	AN AUTOPSY FORMED?	24b. V	Approximate Interval Betwonset and Donset an
23. PART I. Enter the dis shock, or he shock or he shock or shock of the shock of t	ona, lata di Conditio	a. DUE TO (d. DU	COR AS A CONS OR AS A CONS OR AS A CONS OR AS A CONS DER/Outpettent INJURY	death. Do ine. SEQUENCE O SEQUENCE O REQUENCE O REQUENCE O 200. Timeling	In the un	26. PI. PI: Saling Horm	CHAMBER de of dying, auc de of dying, auc de of dying, auc de of d	Part I.	24a. WAS PERI 1 YES	AN AUTOPSY FORMED? 3 2 NO	24b. V	Approximate Interval Betw Onset and D
23. PART I. Enter the dia shock, or he immediate CAUSE (Fina disease or condition resulting in death) Sequentially list condition from the immediate cause. Enter UNDERLYIN CAUSE (Disease or Injurthat Initiated events resulting in death) LAST PART II. Other significant versulting in death LAST 25. WAS CASE REFERRED TO EXAMINER? 26. WAS CASE REFERRED TO EXAMINER? 27. MANNER OF DEATH 18. Matural 6 P 28. CERTIFIER 6 G 29. CERTIFIER 1 CERTII	MEDICAL MED	a. DUE TO (d. DU	caused the se on each like on each like (OR AS A CONSIGN	death. Do ine. SEOUENCE O SEOUENCE O SEOUENCE O A TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR	or HEF 4 Nun M Street, fact	the mo	CHAMBER de of dying, suc de of de of dying de of dying, suc de of dying, s	Part I. Part I. 281, LCC Cit	24a. WAS PERI 1 YES One) CATION (Street, Street, Stree	AN AUTOPSY FORMED? 3 2 NO W INJURY OCCUPATION	24b. V	WERE AUTOPSY FINDI MARIABLE PRIOR TO COMPLETION OF CAU OF DEATH? I YES 2 NO

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FEB 0

7" 1994

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within your after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

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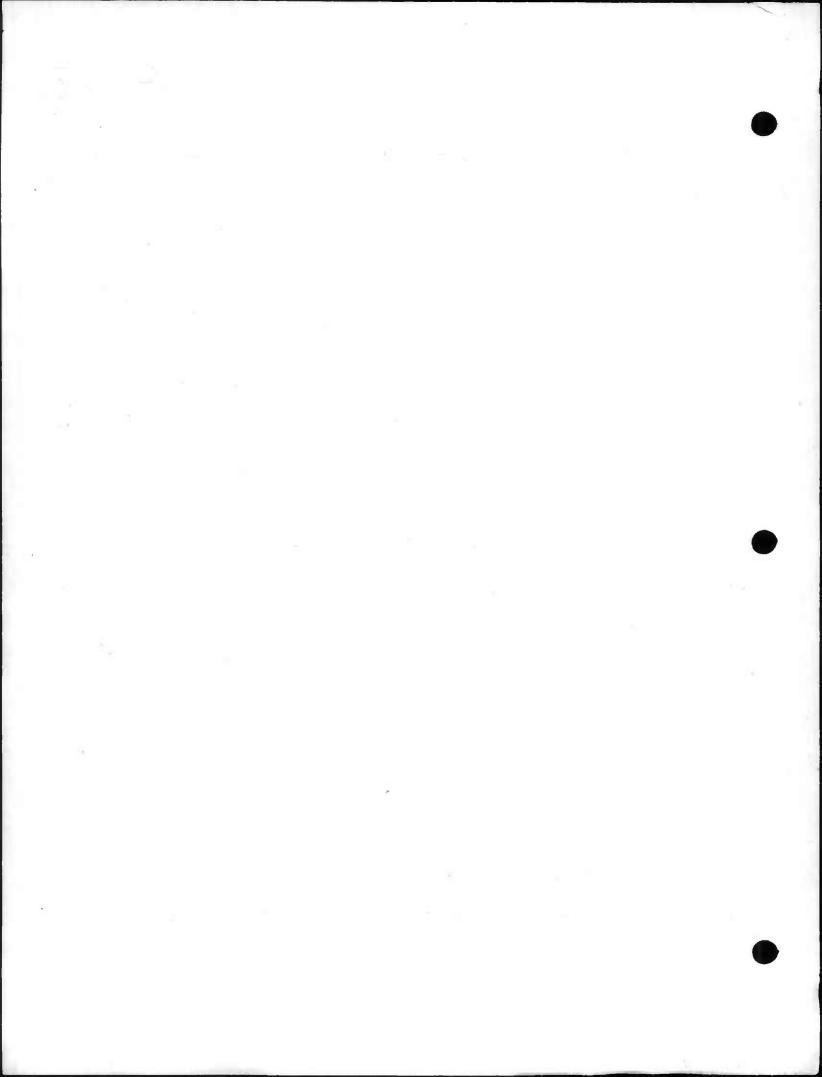
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FUNERAL I =

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME Triest, Middle, Last, 2. DATE OF DEATH DAY whe ONTH 23 oad war 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Year)
3/21/29 5. SEX 6. AGE (In yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. 579-38-3252 1 M 2 K 63-64 Roanoke, Va. 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH 3211 75th Ave. DIRECTOR Landover Prince George's RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. P.G. Landover 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3211 75th Ave. U.S.A. 20785 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES ⊅ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 X NO Specify: B Black 3 🔣 Widowed 4 🔲 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only his mentary/Secondary (0-12) 12th College (1-4 or 5+) Statistician U.S. Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname Fred Westbrook Vivian Fuller BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 0 Kevin Broadway 12913 Laurel-Bowie Rd. #204, Laurel, Md. 20708 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 1 2 Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Harmony Park /28/94 Landover, Md. Mem 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
H.S. Washington & Sons, Inc.
4925 Burroughs Ave., N.E. a 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** relustic cerebro cardiova cular discos disesse or condition whi artered resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): thet initisted events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS MEDICAL PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 World OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpatient 3 | DOA 6 Other (Specify) 27. MANNED OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28b, TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my know wiedge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 ath occured at the time, data and place, and due to the cause(a) and manner as stated 29d. DATE SIGNEO (Month, Day, LICENSE NUMBER BE 2

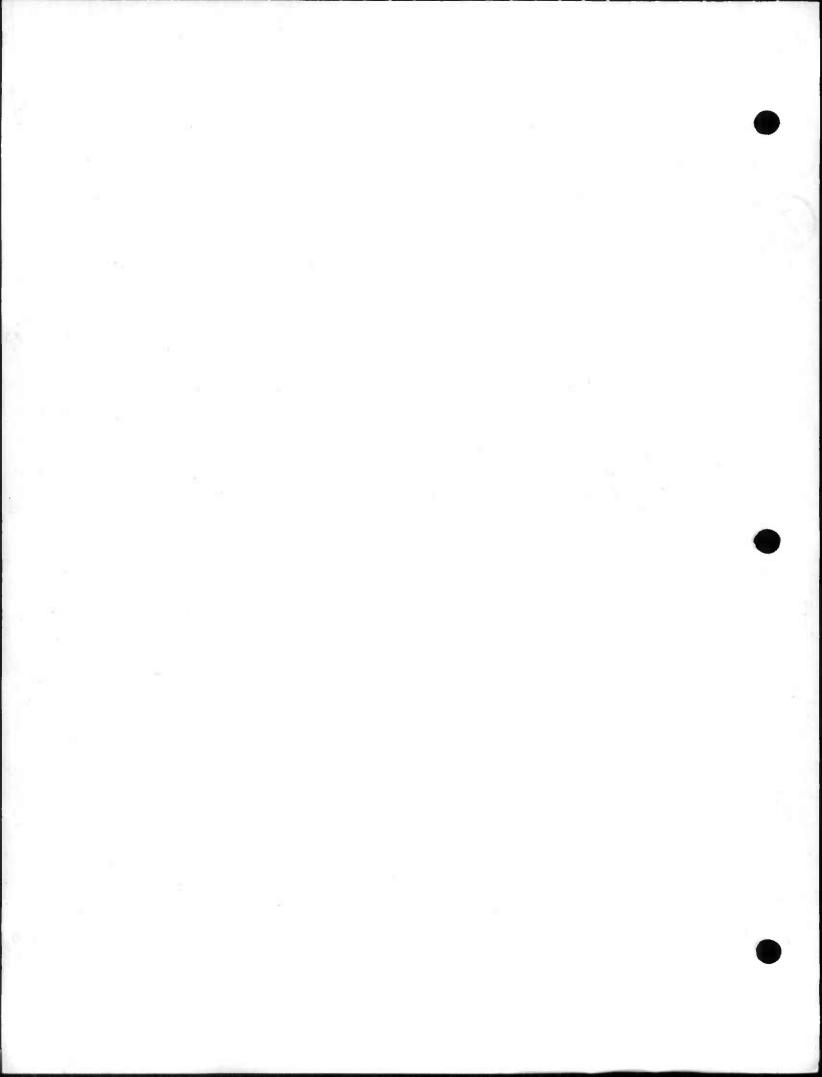
OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within extrours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	val.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
nted within 2. hours a	completely filled in by	fal, cremation, or rem	event, the medic
ith certificate be execu	tending physician and	Il Hyglene prior to bur	or other traumatic eve
requires that the dea	een signed by the at	of Health and Menta	shows any Injury,
PHYSICIAN: The law	r this certificate has t	h with the State Dept	arked, or Item 23
OSPITAL OR ATTENDING	JNERAL DIRECTOR: After	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	NAT: If Item 28 Is m
TO THE H	TO THE FL	be filed w	IMPORT

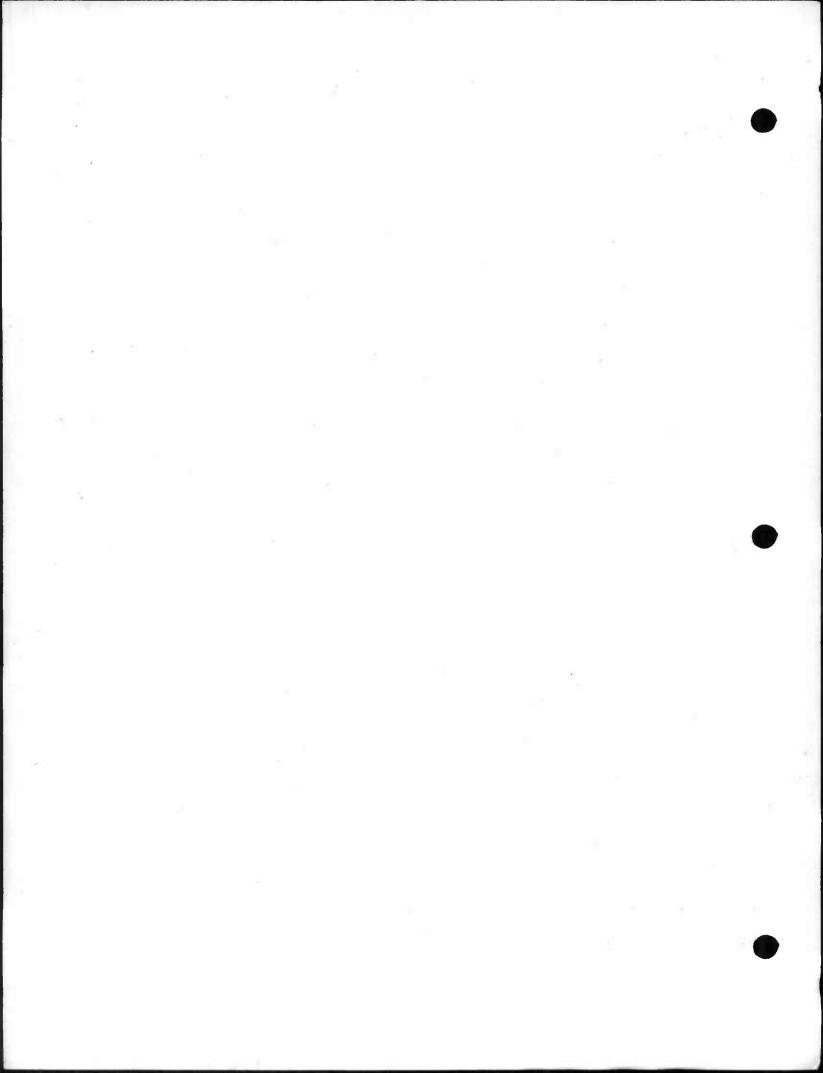
	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HE		MENTAL HYGIEN		05	501.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AV V	EAR 3. TIME	OF DEATH			
	Frances	Mae Becker				February	1, 199	14 7	:00 P. M			
	4. SOCIAL SECURITY NUMBER	The second second	MC		F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (St Country)				
	524-05-6333	1 □ M 2XCXF	91 YRS.			June 28,1		colorado	O			
œ	9a. FACILITY NAME (If not institution, give st		1	b. CITY, TOWN OR		ATH	9c. COUNTY					
2	Home Cove Assiste	ed Care		Gaither	sburg		MOHEG	jomery				
DIRECTOR	10a, STATE 10b, COUNTY			OWN OR LOCATION	٧	-		10d, INSI	DE CITY			
	Maryland Montgo	omery	Gaith	nersburg					5 2 NO			
FUNERAL	100. STREET AND NUMBER				P CODE			OF WHAT COU	NTRY?			
NE.	22520 Robin Court				0882			5.A.				
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, speci	ly Cuban, Maxica	IIC ORIGIN? (Specify Yar n, Puerto Rican, stc.)	s or No— 14.	RACE — Americ Black, White, at	can Indian, Ic.			
B₹	3 🙀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TES 2	NO Specify	r:		White	100			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S US	UAL OCCUPATION t done during most of	of working	16b. KIND OF BU	SINESS/INDUS		-			
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	etired.)	a working	0-16 7	1					
MP	12	2	Seamstre				mploye	ea .				
8	17. FATHER'S NAME (First, Middle, Last) George Phillip Bra	andner		1		ME (First, Middle, Maiden						
BE	19a. INFORMANT'S NAME (Type/Print)		19h MAILING AC	ODBESS (Street and	Bertha	Tillotsor Goute Number, City or Tow	l State Fin Co	efet				
2	Margaret Becker		19310	Clubhous	e Rd. A	pt. 315 N	10ntgon	nery Vi	llage,MI			
	20a. METHOD OF DISPOSITION	20b	PLACE AND DATE OF	NEBOSITION (Name	of	DATE 200 LC		or Town, State	20879			
	1 Deutel 2 Cremetion 3 Remo	Cam	etery, crematory or other	Medical	Wash Center	1994 Was	hingto	n, D.C.				
	21. SIGNATURE OF PANERAL SERVICE LIC	ENSEE /	0	22, NAME AND	ADDRESS OF FA	Columbia	Mortu	ary Ser	viœs,Im			
	1 / / / the	4 (and	n			ve. N.W. Wa						
	23. PART I. Enter the diseases, or c	complications that caused List pnly pns cause on se	tha death. Do not	enter the mode	of dying, suci	h as cerdisc or resp	iratory arrest		proximats			
	MANUEDIATE CALLOS (Class)	-m i version s			-00				erval Between set and Death			
	disease or condition resulting in death)	MYUC		2 IN	EALC	C110 N			0			
_		DUE TO (OR AS A	CONSEQUENCE OF):						21			
OI	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
§	If any, leading to immediate cause. Enter UNDERLYING											
빌	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):									
CERTIFICATION	resolving in ogazin CAST	ś										
AL (PART II. Other algorificant conditions			the undarlying o	ause given in	Part I. 24a. WAS AN			TOPSY FINDINGS			
	12421V	200 5' DIS	BEA SE			1 TES 2			E PRIOR TO ION OF CAUSE			
ME				<u> </u>			21		2 D NO			
PHYSICIAN: MEDIC												
00	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	тнья:	E OF DEATH (Che							
Α×	1 (YES 2 DATO	1 Inpatient 2 ER/Outp	atient 3 DOA 4			8 Other (Specify) 28d. DESCRIBE HOW I	IN HIRE OCCUP	150				
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WORK		200. DESCRIBE HOW	MJOHT OCCUP	ieo				
Э ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	- At home, farm, atre-			281. LOCATION (Street	and Number or	Rural Route Numb	DBF,			
TED	4 Homicide detarmined	building, atc. (Spec	ny)			City or Town, State))					
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl	ledge, death occurred a	et the time, data an	d place, and due	to the cause(s) and me	nner as stated.					
OM		R: On the basis of examination						suse(s) and men	ner as stated.			
ш	296. SIGNATURE AND TITLE OF CERTIFIER	1	4.0	2	C. LICENSE NUN	IBER	29d. DATE S	IGNED (Month, De	ay, Year)			
TO B	Mulman &	when	100		129	730	Febr	uary 3	, 1994			
1	30. NAME AND ADDRESS OF PERSON WHO Michael Anchor	CS M.D.	ATH (ITEM 27) (Type, Pri	10220		ick Rd. Su		0				
ノ	31. DATE FILED (Month, Day, Year)	32 BEGISTBAR'S SIGN	ATURE		ersburg	, MD 2087	7					
	EED 0 1 1994	la x.	dson-Randals	2								



	Section 2	
BALTIMORE, MARYLAND 21215-0020	Prours after death. Page 6 may be retained by the hospital or attending physician, led in by the funeral director, page 5 should be detached for use as the burial-transit parmet. Or remoral.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with: now now a fine death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit armines fine within 72 hours after death with the State Dept. or Health and Mental Hydere phor to burial, critical criticals.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

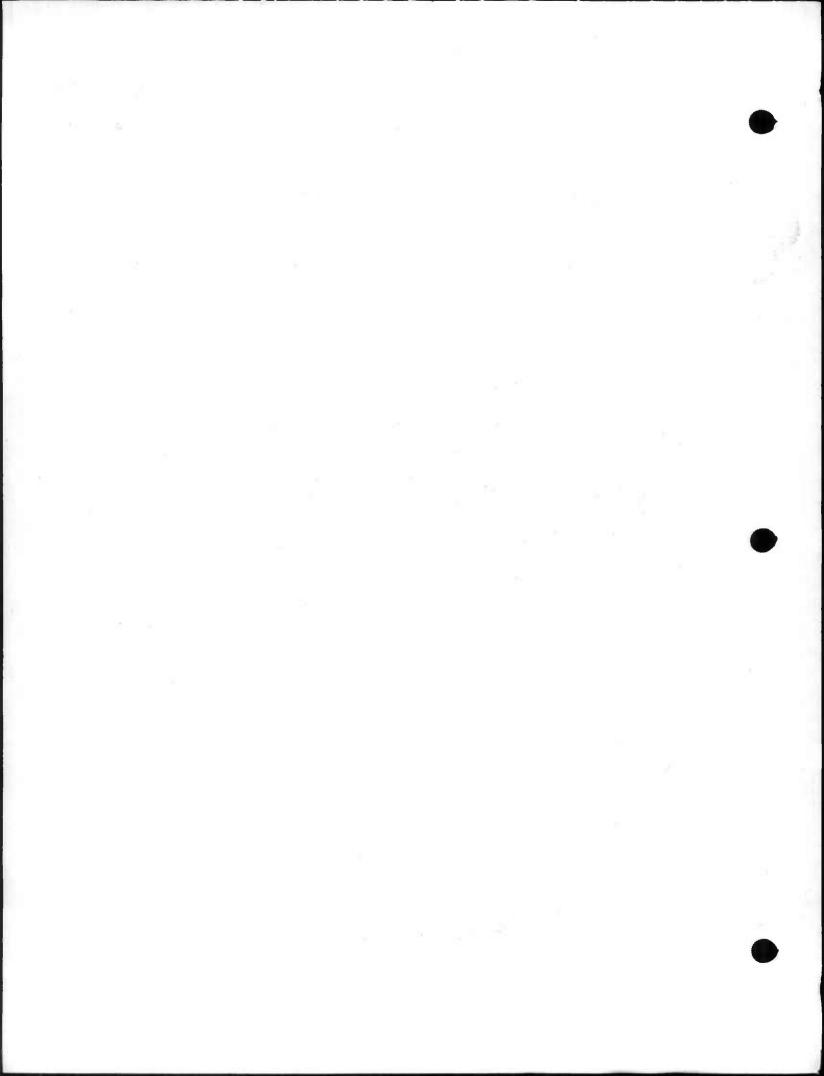
ITEMS: 28b & F, PER MEO FILM G-714 8/9/94 t.t.

	1 - STATE REGISTRAR	SIAIE OF I			ICATE				MENTAL HYGIEN REG. NO		94	05505	
	1. DECEDENT'S NAME (First, Middle, Lest)				IOAIL	- 0.	DEA		2. DATE OF DEATH			3. TIME OF DEATH	
	RICHARD		BRO	OKS						07	94	9:17AM w	
	4. SOCIAL SECURITY HUMBER	5. SEX	6. AGE (In yrs. last i		IF UNDER		IF UNDER		7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign	
	579 - 46 - 0046	1 M 2 F	59	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 01 - 25 -	- 35	Bir	mingham, Ala	
	9a. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY	, TOWN O	R LOCATION OF DEATH 9c. COUNTY OF DEATH						
OR	P. G. Hospital			Cheverly, MD									
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		40- 017	Y, TOWN C	010017						100 man - 1 - 1		
Ä	MD P.G.			oital		/					10d. INSIDE CITY LIMITS?		
	10a. STREET AND HUMBER	•		Caj	ortal		ZIP CODI			I 40+ OI	TIZEN OF V	1 X YES 2 ☐ HO WHAT COUNTRY?	
RA	630 Capital Hts.,					1	20743				.S.A		
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. ARM	IED	13.			-	IIC ORIGIN? (Specify Ye				
ВУ	1 Hever Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE V	Tever in u.s. arm Nyes 2 ho Maror oates Korean)		It yes, spe	elfy Cuba 2 X NO	n, Mexica	n, Puarto Rican, etc.)			E — American Indian, k, White, etc. ^{//y} ·Black	
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATIOH COmpleted			USUAL O				16b. KIND OF BU	ISINESS/IH	DUSTRY		
E	Elementary/Secondary (0-12)	College (1-4 or 5	Hin E	Do NOT u	work done (se retired.)	ouring mo:	it of workin	ig.					
MPI	12			C1	erk				Priva	ate			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S HA	ME (First, Middle, Malden	Sumame)			
BE	Richard Brooks,	Sr.							Glover				
10	19a. INFORMANT'S NAME (Type/Print)								Noute Number, City or Tov				
,	Beverly Anthony							vd.	Cap. Hts M				
	1 X Burial 2 Cremetion 3 Rame	ovel from State	20b. PLACE At- cemetery, crem	atory or o	ther place)			, , ,			- City or To	71.77	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE / ·	/	на	rmony		O ADORES	SS OF FA	/ 94 Lar				
	· Clerton X o	1	_	\rightarrow	La	Tune:	cal l	Home	Lunkett Wa	004 2 Ishin	8th S	St., N.E. , D.C.	
	23. PART I. Enter the diseases, or of shock, or hasrt failure.	complications the	t caused the dee	th. Do i	not enter	the mo	de of dyl	ng, aucl	n as cardled or resp	iratory s	rrest,	Approximate	
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	- 0	OR AS A CONSEQU	INCE O	bot Pi	in	~ ,	pro	pelle			Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b.												
	PART II. Other significent condition	s contributing to	deeth but not re-	sulting	In the un	derlying	cause g	givan in			246	. WERE AUTOPSY FINDINGS	
ICAL	FRACTURE LEFT	TIBIA .	FIBUA .	LEF	TFE	MUR	RI	IGHT	OCA) 1 YES	-		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
AEC	FRACTURE LEFT PIGH SCAPULA	MULTI	PLE RIB	FRA	CTUR	ES.	AZ	OTE	mr.	2 22 110		OF DEATH?	
ä			,										
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Hoener					ACE OF D	EATH (Ch	ock only one)				
Si	1 TES 2 NO	HOSPITAL:	ER/Outpetlant 3	□ DOA	OTHER 4 Num		5 🗆 Re	sidence	6 Other (Specify)				
H	27. MAHNER OF DEATH	26a. DATE OF (Month, D	HJURY Pay, Year)	26b. TIM	IE OF JURY	26c. INJI	JRY AT		26d. DESCRIBE HOW	IHJURY O	CCURED		
ВУ	1 Hetural 5 Pending 2 Accident Investigation	12-0	6-93	1815		1 🗆 Y	ES 2	MO	PEDESTRI	MAN	STRU	CK BY VEHICE	
ED	3 Suicide 6 Could not be	26s. PLACE C building,	F IHJURY — At hom etc. (Specify)		etreet, fact	ory, office	1		261 LOCATION (Street and Number or Burel Boute Number				
	4 Homicide determined	STRE	ET					City or Town, State) WALKER MILL & WEBER RD. CAPITOL HGTS MD.					
COMPLET	Check only 2 MEDICAL EXAMINE								to the cause(a) and me time, data and place, a			a) end menner as stated.	
	296. SIGNATURE AND TITLE OF CENTIFIES	4				1	29c. LICE	ENSE NUN	IBER	29d. DA	TE SIGHED	(Month, Day, Year)	
D BE	(Rosipera M	9					100	239	27	•	2-0	8-94	
٥	VINCENT CASIBAL					RD				1			
	31. DATE FILED THEORED DOL. YOU 1994	1 32. REGISTAL	AR'S BIGNATURE	Pande	182		, ,		LANHA				
	100	. 1											



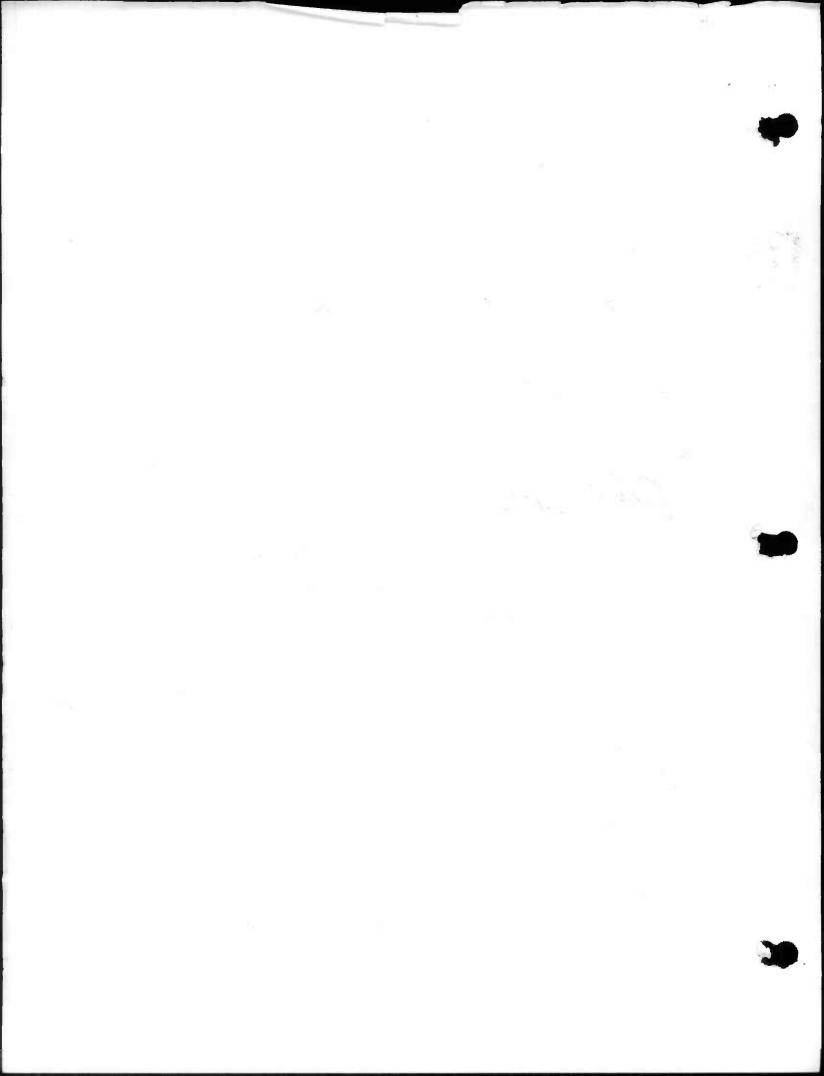
	5	RESIDENCE OF DEC	EDENT	
17 6	Ä	10a. STATE	10b. COUNTY	f
3 L 4	DIRECT	MD	A11e	egar
	7	10e. STREET AND NUMBER		
traffet	FUNERAL	609 Quebe	c Ave	nue
el-tra	S	11. MARITAL STATUS		12. W
020 physici burial-i	L	1	Married	FO IF
D gug	ВУ	3 Widowed 4 Divo	rced	
215 attend	BE COMPLETED	15. DEC (Specify only	EDENT'S EDUC highest grade	CATION complet
AND 212- the hospital or att detached for use once.	ш	Elementary/Secondary (0	-12)	Colle
Spired Spired	MP W	12		
AN the hos detach	Ö	17. FATHER'S NAME (First, Mi		
2 8 E	E	Carl	. L. B	rink
RE, MARN hay be retained by page 5 should t be notified	TO B	19a. INFORMANT'S NAME (7)	ype/Print)	
y be rel	F	Mr. & Mrs.		L.
RE may		20a. METHOD OF DISPOSITI		ovel fro
IMOR Page 6 m: director.		4 Donation 5 Other		
Pag al di		21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE
BALTIMORE, MARYLAND 21215-0020 e be executed with fours after death. Page 6 may be tritained by the hospital or attending physician sician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trainion to burial, cremation, or removal. traumatic event, the medical examiner must be notified at once.		► (lang	07	0
after after by the provent of the pr		23. PART Enter the di		
d in		ahock, or he		List on
ion, fille		iMMEDIATE CAUSE (Fin disease or condition	al	1
etely emat	- 4	reaulting in death)	→	۱
76 wed w				/
688 Becut Bunis	N	Sequentielly list conditi	ona.	b. T
Se es or to or to	Ĕ	If any, leading to immed	diete	. (
BB age	2	CAUSE (Disease or inju		c/
O. B certificate ing physiqiene p other	쁜	that initieted events		
P. Ce and F. Ce		reaulting in death) LAS	' (,	d.
DS, the deat y the att d Mental	2			
DIVISION OF VITAL RECORDS, P.O. BOX 68760. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with plus and completely filled in by the hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical expension.	PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other significe	nt condition	a conti
s that need by lith an	ă			
REC requires been sign of Heali	¥			
C a page 4	3			
AL law le law has b Dept.	A	25. WAS CASE REFERRED TO	MEDICAL	
ITA I: The cate h State C	Ö	EXAMINER?		НОБ
CIAN CIAN	ΙΥS	27. MANNER OF DEATH		A
ON OF NG PHYSIC fler this ce eath with t	F	~	Pending	21
Z de de la ser d	B		rending	
O NOIN		3 Suicide 6 🗆	Could not be	20
ATTER CTOR	ETED		datarmined	
DIVISION OR ATTENDING I DIRECTOR: After hours after death item 28 is mar	빌	29a. CERTIFIER	IFYING PHYSI	CIAN: To
= 24 Z	× 1	one)	CAL EXAMINE	
HE HOSPITAL HE FUNERAL Hed within 72 t	COMPL			1
ORT.	E S	20b. SIGNATURE AND TITLE	OF CANTIFIER	y

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	RTMENT OF	HEALTH AND	MEN	TAL HYGIENE REG. NO.	q	L f	15506
	1. DECEDENT'S NAME (First, Middle, Last)					ATE OF DEATH			3. TIME OF DEATH
	CARL JA	AMES	BR	INKMAN			bruary		YEAR 1994	5:50 A M
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. D/	ATE OF BIRTH fonth, Day, Year)		8. BIRTHPI Country)	LACE (State or Foreign
	215-68-7088		44 YRS.	WONTHS DAYS	HOURS MIN.		9-25-194	19	MD	
_	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUN	TY OF DE	ATH
<u></u>	Memorial Hospita	11		Cumber	cland			A11e	egany	
<u>E</u>	10a. STATE 10b. COUN	TY	10c. CIT	Y, TOWN OR LOCA	ATION					10d. INSIDE CITY
DIRECTOR	MD A11	legany	_ [Cumber	l and					LIMITS?
	10e. STREET AND NUMBER			10	of. ZIP CODE			10g. CITIZ		SAT COUNTRY?
FUNERAL	609 Quebec Ave	enue			21502			U	JSA	
<u> </u>	11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ABMED	13. WAS DE	CENDENT OF HISPA	NIC OR	IGIN? (Specify Yes	or No—	14. RACE -	- American Indian,
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			pecify Cuban, Maxic S 2 NO Speci		rto Rican, atc.)		Specify:	White, etc.
	15. DECEDENT'S ED	1047104	1							white
3	(Specify only highest grad	de completed)	(Give kind of life, Do NOT u	WORL OCCUPAT work done during m	ION lost of working		166. KIND OF BUS	INESS/IND	USTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)		ne			n/a			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (Fir	st, Middle, Maiden S	(umame)		
BE C	Carl L. H	Brinkman					M. Stev	,		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route N	lumber, City or Town	, State, Zip	Code)	
임	Mr. & Mrs. Carl	L. Brinkman	n 609	Quebec	Avenue,	Cum	berland,	MD	21502	2
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Res	moval from State	20b. PLACE AND DATE	OF DISPOSITION (A	lame of	0	ATE 20c. LOC	ATION —	City or Town	n, Stata
	4 Donation 5 Other (Specify)		Hillcrest					mberl	land,	MD
İ	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	11	22. NAME A	arpelli	Fur	neral Ho	me		
	James 7	2/Can	RULL	Cu	ımberland	, M	D 21502			
	23. PART Enter the diseeaes, or ahock, or heart failure	complications that cause on	sed the deeth. Do i	not enter the m	ode of dying, aud	ch aa c	erdiac or reepir	atory arro	est,	Approximeta
ı	IMMEDIATE CAUSE (Final		-	1	-	.)	1			Onset and Death
	diaease or condition reaulting in death)	. CARD	10 RES	PIRM	110K	7_	14KK	52	1	
	_	A SOLO	A TONSEQUENCE O	on on	ETI 11	2	11.A			100.
<u> </u>	Sequentielly list conditiona, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE D	n:	LUM	O	OIM			1049
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	. 1/ROGE	SZI (NE	E NEUKOMURULA OF): PETE				K Years		
	that initieted events reaulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE O	F):			DETED	2/6/	4-8201	w l
	Total in County Excit	d								
<u>_</u>	PART II. Other significent condition	na contributing to death	but not resulting	in the underlyin	ng ceuse given in	Part I	. 24a. WAS AN A			VERE AUTOPSY FINDINGS
<u> </u>							PERFORM	/	0	WAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI										OF DEATH?
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C)	heck only	y one)			
PHYSICIAN:	1 VES 2 NO	Inpetient 2 ER/O		4 - Nursing Hor	ne 5 🗆 Rasidenca	8 🗆 0	ther (Specify)			
	27. MANNER OF DEATH 1. Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year		JURY W	JURY AT ORK?	28d.	DESCRIBE HOW IN	JURY OCC	URED	
à	2 Accident Investigation	26° DI ACE DE IN III	RY — At home, farm,		YES 2 NO	201	OCATION (Comment	and Advantage	. 0 ./0	
COMPLEIED	3 Suicide 6 Could not be determined	building, atc. (S	pecity)	alrest, factory, orn	u=		OCATION (Street ar City or Town, State)	id Number	or Hurai Hou	ite Number,
4	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my known	Owledge death occur	ad at the time dat	and alone and due	40.40				
		IER: On the basis of examina								and manner as stated.
- 111	206. SIGNATURE AND TITLE OF CANTIFE				29c LICENSE NIL		• C		SIGNED (A	
IO BE	William a	um my	ur 1) i w	Hlliam	D 1604	4	06	> 2	2/11	194
=	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	, Print)	100				-	
	Dr. T. Williams	, Memorial H		Medical	Bldg., C	umb	erland,	MD	2150	2
	31. DATE FILED MAN PONTY YOU 199	A 32. REALSTRAN'S SI	GNATURE	L						
			1							



examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely mad in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within urs after death. Page 6 may be retained by the hosp
מונים וויטוו ליווסוווים מיווים	

	FOR STATE 1 - STATE REGISTRAR	OF MARYLAND / DEPART	MENT OF HEALTH		TAL HYGIENE REG. NO.			
	DECEDENT'S NAME (First, Middle, Lest) CHAF	RLES W. BREIG			ATE OF DEATH DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 165-14-1127 1 M 2 9e. FACILITY NAME (If not institution, give street and num	☐ F 73 YRS.	F UNDER 1 YEAR F UNDER MONTHS DAYS HOURS 9b. CITY, TOWN OR LOCATION	MIN. (AA	7. DATE OF BIRTH (Month, Dey, Year) 8-3-20 8. BIRTHPLACE (State or Foreign Country) Pa. ATH 9c. COUNTY OF DEATH			
TOR	Atlantic General Hosp		Berlin		Worcester			
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY MD. Worcester		cean City				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ERAL	100. STREET AND NUMBER 9916 Golf Course Ro	l. #21	101. ZIP COD	74			WHAT COUNTRY?	
B	A Name Manufact 2 McManufact FORCE	ECEDENT EVER IN U.S. ARMED 5? 1 YES 2 NO GIVE WAR OR DATES WW II	13. WAS DECENDENT O	n, Mexican, Puer		Bla	CE — American Indian, ck, Whita, etc. cdly: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1	(Give kind of w life. Do NOT use	USUAL OCCUPATION rork done during most of workli e retired.) CNECE	ng	166. KIND OF BUSIN	ectronia	35	
	17. FATHER'S NAME (First, Middle, Lest) Cahrles A. Beeig	IARLES A. Br	18. MOT		st, Middle, Meiden Su Bertell	rname)		
TO BE	19a. INFORMANT'S NAME (Type/Print) Helen Breig	19b. MAILING	ADDRESS (Street and Number	r or Rural Route N	lumber, City or Town,		24042	
	20e. METHOD OF DISPOSITION 1	20b. PLACE OF DISPOS other place)	TION (Name of cometer), cred TMEMORIAL F 22. NAME AND ADDRE	Dark SS OF FACILITY	Ber	TION — CRY or Clin, Mo	Town, State	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING		hal Infi	ing, such es o	cardiac or respira	itory erreet,	Approximate interval Between Onset and Daeth	
¥۱	PART II. Other algorificent conditions contribu	i. 24e. WAS AN AI PERFORM 1 YES 2	ED?	No. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 140				
PHYSICIAN: MEDIC		ent 2 ER/Outpatient 3 D/ DOA	OTHER: 4 Nursing Home 5 R		Other (Specify)			
Β¥	1 Netural 5 Pending 2 Accident Investigation 3 Suitelde 2 28e, 1	DATE OF INJURY Month, Dey, Year) 28b. TIM INJ PLACE OF INJURY — At home, farm, souldding, etc. (Specify)	WORK? M 1 YES 2	NO 28f.	28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Rown, Stete)			
COMPLETED	and CENTIFIED	best of my knowledge, death occurre					e(a) and manner as stated.	
TO BE CO	29b. SIGNATURE AND TITLE OF CERTURER SULPHINA	MD	\mathcal{L}	ENSE NUMBER	64	29d. DATE SIGN	(Month Day, Year)	
2		ED CAUSE OF DEATH (ITEM 27) Gro.	cy Street	B	serlin,	mel,	2/8//	

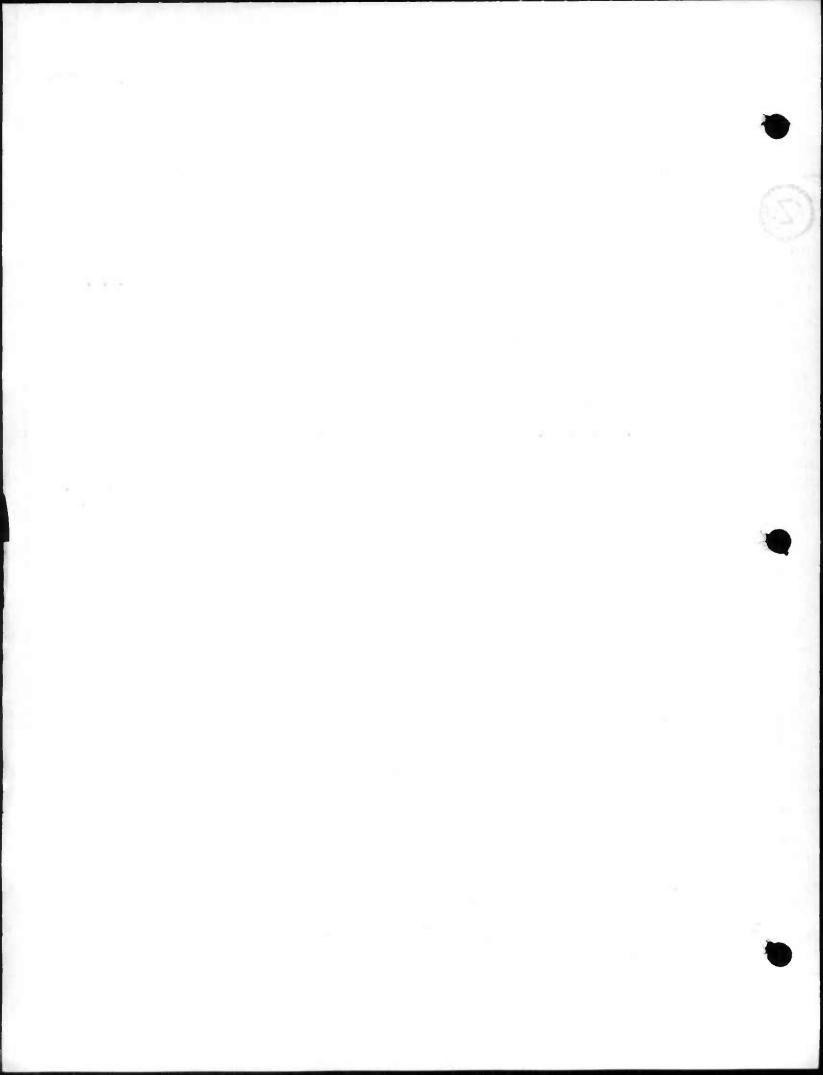


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			-	-	narrida
			ï	an.	Parint

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 loans after death. Page 6 may be retained by the hospital or attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-th or filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	HEGISTHAH		CERII	FICATE O	- DEALH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		D (a l			2. DATE OF DE		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER		Burch					4 3:51 AM			
		5. SEX	6. AGE (In yrs. last birthday	MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN,	7. DATE OF BIF (Month, Day,	Year)	BIRTHPLACE (State or Foreign Country)			
	578-12-5012	1 □ M 2 💢 F	84 YRS.			februar	y 5,1909	Missouri			
m	Se. FACILITY NAME (If not institution, give			9b. CITY, TOWN	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
0	Calvert Nursing	Prince	Prince Frederick Calvert								
Di Di	10e. STATE 10b. COUNT	Y	100.0	TY, TOWN OR LOC	TION						
DIRECTOR	Maryland	Calvert	100.0					10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	Darvert			ings			1 YES 2 X NO			
FUNERAL	8924 Stratfor	-1 O		1	of, ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?			
Ä	0924 STRATIO				207			U.S.A.			
	1 Never Married 2 Merried	FORCES? 1	T EVER IN U.S. ARMED YES 2 X NO	If yes, s	CENDENT OF HISPA	en, Puerto Rican, o	cify Yes or No- 14	RACE - American Indian, Black, White, stc.			
BY	3XXWidowed 4 Divorced	IF YES, GIVE W	AR OR DATES	1 🗆 YE	S 2 XNO Spec	ffy:		Specify:			
	15. DECEDENT'S EDU	CATION	44. DEOEDENT					Caucasian			
COMPLETED	(Specify only highest grade	completed)	(Give kind o	S USUAL OCCUPAT work done during n	ION lost of working	16b. KIND	OF BUSINESS/INDUS	TRY			
7	Elementary/Secondary (0-12)	N/A	,	,							
N N	17. FATHER'S NAME (First, Middle, Last)	N/A	Homema	ker			Home				
					18. MOTHER'S N.	AME (First, Middle, i	Maiden Surname)				
BE	Ernest Weis					Maude	Ashby				
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City	or Town, Stete, Zip Co	ode)			
	Paul E. Burch, J	r.		e as 10							
	20a, METHOD OF DISPOSITION 1 XBuriel 2 Cremellon 3 Rem	oval from State	20b. PLACE AND DATE	OF DISPOSITION (A		1	ROC. LOCATION — City				
	4 Donation 6 Other (Specify)		Cedar H	ill Ceme	tery 1	26 94	Suitland	d Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	0 1	22. NAME /	ND ADDRESS OF F	MILITY Lee	Funeral H	Home, Inc.			
	* Lound O	or to	15	6633	Old Ale:	xander F	erry Rd (Clinton, Md207			
	23. PART i. Enter the diseases, or	complications that	caused the death. Do	not enter the m	ada of duina au	sh as conding or		110011, 11020,			
	arrock, or really tallule.	List only one caus	se on each line.	not ontor the m	ode of dying, ad-	on as corunec or	reapiratory arrest	Approximata Intarvai Between			
- 1	IMMEDIATE CAUSE (Final disease or condition	000	100 210	0	1	. 0	~	Onset and Death			
	resulting in death) a. Cooperation of the cooperati										
	disease or condition resulting in death) a. Cerebro Vascular Accidal Due to (or as a consequence of Corebral Inforction 2-3 years)										
O	Sequentially list conditions,	U	OR AS A CONSEQUENCE					2 3			
CERTIFICATION	if any, leading to immediate ceuse. Enter UNDERLYING	502 10 (ON AS A CONSECUENCE) , (
유	CAUSE (Disease or Injury that initiated events	C	OR AS A CONSEQUENCE I	16:							
E	resulting in death) LAST		ON NO N CONSCIONA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
E		d									
	PART II. Other significent condition	s contributing to	deeth but not resulting	in the underlying	g cause given in		AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
EDICAL	dorlic ;	5lano.	المان				ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
	Hyperlen					_ ' '	YES 2 NO	DF DEATH?			
2		erna c	2	Room	7			1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	The c		13 00-7	105 05 05 15 15 15						
2	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C)						
148	1 YES 2 NO		ER/Outpatient 3 DOA		ne 5 🗆 Residence	6 Other (Specia	fy)				
	1 Natural 5 Pending	26e. DATE OF I (Month, Da		JURY W	JURY AT ORK?	28d. DESCRIBE	HOW INJURY OCCUR	ED			
B	2 Accident Investigation				YES 2 NO						
0	3 Suicide 6 Could not be 4 Homicide determined	26e, PLACE OF building, a	INJURY — At home, farm, inc. (Specify)	atreet, factory, offic	00	26f. LOCATION (Street and Number or F Stete)	Rural Route Number,			
E	Tionico Getermined										
COMPLETED	29a. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of r	my knowledge, death occur	red at the time, date	end plece, end due	to the cause(e) or	nd menner se stated.				
NO.	one) 2 MEDICAL EXAMINE	R: On the basis of ex	mination and/or investigati	on, in my opinion,	seath occured at the	time, date end pla	ics, and dus to the ca	Ruse(s) and menner as stated.			
T I	29b. SIGNATURE AND TITLE OF CERTIFIER		~ ^	Α .							
BE	ATMenst	MDA	llend of	hyp an-	29c. LICENSE NUI	2 -7	29d. DATE SI	GNED (Month, Day, Year)			
일	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CALLED	OF DEATH OTEM 27 (T	/ J	דווען	21.		27/17			
	A. T. MUNS		Of Death (HEM 2/) (Nyp	Carlos Carlos	r M	1 201	78.				
	31. DATE FILED (Menths Day, Year)		our survey		-to- 1. C	n dece	10.				
	FFR 0 1 19	32. HEGISTIAN	's signature Rom	dall							
	BLUU 1	J4 /									

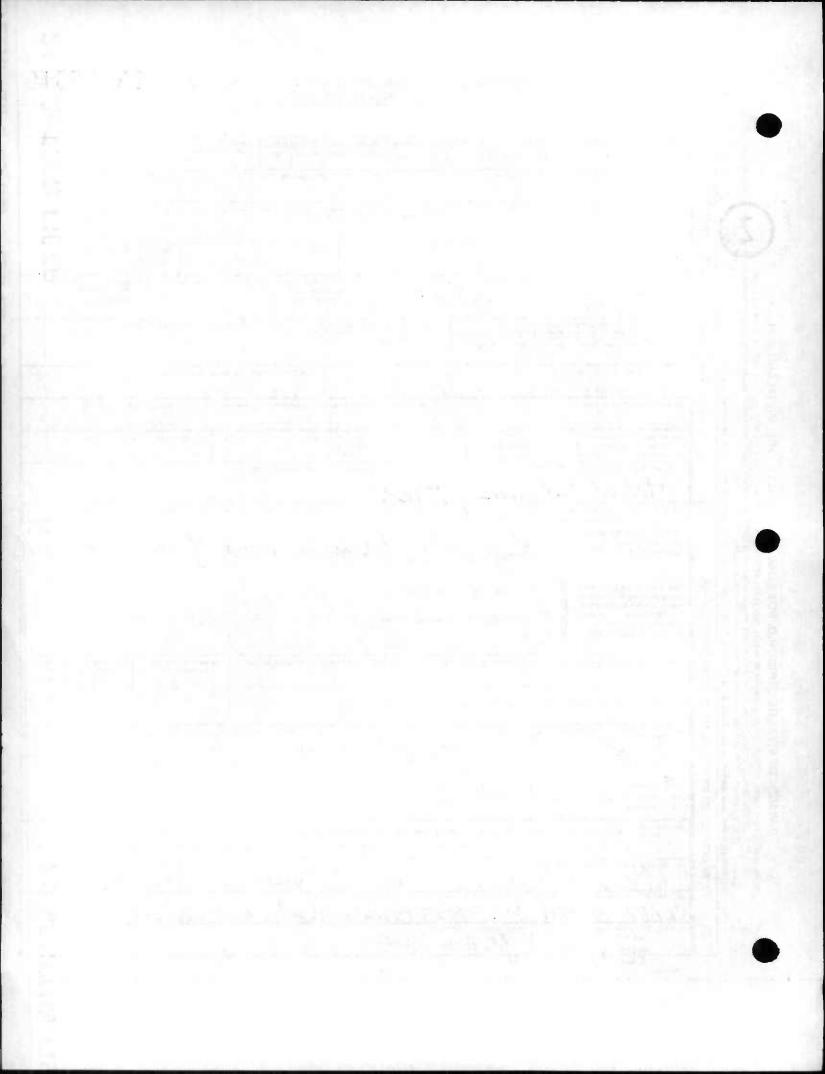


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2	9e 6 r	lirector	r mu
BALLIMORE, MARYLANI	IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within riours after death. Page 6 may be retained by the hos	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 88/80,	: The	In The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tend within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	tem
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	D I	日本	M.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIE	9 11	0	5509	
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH	*		TIME OF DEATH	
	LEOTA A.	B. BURRIS				Jan. 21		A 1	1:13 a.m	
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.	BIRTHPLA	CE (State or Foreign	
	579-36-4299	1 🗆 M 2 😾 F	62 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) Aug. 30, 1		Country)	n.D.C.	
	9a. FACILITY NAME (If not institution, give str			b. CITY, TOWN C	OF DEAT					
DIRECTOR	HOLY CROSS H	OSPITAL		Silv	gome	ery				
Æ	10a. STATE 10b. COUNTY			TOWN OR LOCAT				10-	1. INSIDE CITY LIMITS?	
		tgomery	S	ilver	Spring		i			
ĭ.	toe. STREET AND NUMBER	-	101	ZIP CODE		10g. CITIZE	OF WHA	T COUNTRY?		
FUNERAL	1210 Moringsi	de Drive			20904			U.S.	Α.	
ᆵ	tt. MARITAL STATUS 1 ☐ Never Merried 2 🏋 Married	12. WAS OECEDENT EVER IN FORCES? 1 YES				IIC ORIGIN? (Specify You, Puerto Rican, etc.)	s or No- 14	RACE	American Indian, hite, atc.	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES		NO Specify			Specify:		
	ts. DECEDENT'S EDUC	ATION	16a. DECEDENT'S US	SUAL OCCUPATIO	IM	16b, KIND OF BU	ISINESS/INDI IS		Black	
	(Specify only highest grade of Elementary/Secondary (0-12)			k done during mo-						
P	Lietterically Securiosity (0-12)	6	Tea	cher		D.C.Pu	DI1C :	Scho	ools	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)			
BE C	Harry Ale:	xander Bra	nch			Grace	Fitz	gera	1d	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural I	Route Number, City or To	wn, State, Zip Co	de)		
Ĕ	Ray E.Burris-H	usband	1210	Mornin	gside 1	Or.Silye	r Spr	ing,	Md.20904	
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Ramo		PLACEAND DATE OF stery, cremetory or othe		me of	OATE 20c. L	OCATION - CITY	or Town,	Stata	
	4 Donation 5 Other (Specify)	H	armony	Memori		c 1/25 L	andov	er, M	ld.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	1	22. NAME AN	D ADDRESS OF FA	Hunt	Funera	al E	lome	
	+ Boman	A Huma		1420	34th	St.S.E.W				
	23. PART I. Entar tha diseases, or co	omplications that caused	tha daath. Do not	anter the mo	de of dying, auc	h aa cardiec or reap	piratory arrest	1,	Approximate	
	IMMEDIATE CAUSE (Final	list only one cause on ea	ch lina,						Onset and Death	
	disease or condition Chronic Congestive Heart Failure									
		DUE TO (OR AS A	CONSEQUENCE OF):							
8	Sequentially list conditions, Oue TO (OR AS A CONSCOUENCE OF):									
CERTIFICATION	If any, leading to immediata		and the same of th	Digona	0 11	ti				
임	CAUSE (Disease or Injury that initiated events	Mitral Va	CONSEQUENCE OF):	DISEas	е					
E		Systemic :			osis				ĺ	
S										
AL	PART II. Other significant conditions	-	it not resulting in	the undarlying	cause given in		N AUTOPSY		RE AUTOPSY FINDINGS	
8	Renal Failur					1 YES	2 NO		MPLETION OF CAUSE DEATH?	
Æ	Phematic Art					_		1 (YES 2 NO	
ä	Respirasory	Arrest								
PHYSICIAN: MEDIC		HOSPITAL:		28. PL	ACE OF OEATH (Ch	eck only one)				
IYS	1 YES 2 NO 27. MANNER OF DEATH	1 Ninpetient 2 ER/Outpe				8 Other (Specify)				
	1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (WO WO	RK?	28d. OEŞCRIBE HOW	INJURY OCCUP	RED		
B	2 Accident Investigation	28e. PLACE OF INJURY	At home form str		ES 2 NO	281. LOCATION (Street	and Mumber or	Durant Clause	Alizabas	
COMPLETED	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (Specif	fy)	set, rectory, orner		City or Town, State	and Number of	nurer noun	Number,	
	29a. CERTIFIER		was in the same of the		Security Consum					
MP		CIAN: To the bast of my knowle R: On the basis of examination							VICTORIA DATA	
	29b. SIGNATURE AND TITLE-OF DESCRIPTION	11	/	, opniron, u						
BE	LATH	2000			D 1440				, 1994	
2	M. HAME AND MODERS SHOP DERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) /Tone O	rint)	- 1-1-10		J J d 1	1	,1337	
			(**********************************	/						
				Hampsh	ire Ave	Silver	Sprii	na.M	ld.20904	
	Charles Frankl:	in Jr. 111:	20 New 1		ire Ave	e.Silver	Spri	ng,M	ld.20904	

		fiddle, Last)								2. DATE OF	DEATH		3. TIME OF
	Terry Lynn		uter						0.4	Jan.		994	12:05
	4. SOCIAL SECURITY NUMBER	P	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER		7. DATE OF	BIRTH	8.4	BIRTHPLACE (State
	217 60 9250		1 M 2 XXF	45	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D.	12 194		country) ashingto
	9e. FACILITY NAME (If not instit	tution, give	street and number)			96. CITY	, TOWN	OR LOCATI	ON OF DE				OF DEATH
2												Prin	ce Georg
5	RESIDENCE OF DECE												
E		lob. COUNT		-		TY, TOWN O	OR LOCA	TION					10d. INSIDE
ם ב	Maryland	Prin	ce George	e's	l B	owie			_				XXX YES
EHAL DIRECTOR	12915 Clearf	ield	Drive				10	r. ZIP COD	207	15			ed State
FUNE	11. MARITAL STATUS		12. WAS DECEDEN			13. 1	WAS DEC	CENDENT (OF HISPAN	IC ORIGIN? (S	Specify Yee or I	No- 14.	. RACE — American
	1 Never Merried 27 Me			1 YES 2 WAR OR DATES	NO			secify Cubi		, Puerto Rica	n, etc.)		Black, White, etc. Specify:
ВУ	3 Widowed 4 Divorce	ed			No					No			Whi
ETED	15. DECED (Specify only h	DENT'S EDI							ng	16b. KH	ND OF BUSINE	SS/INDUST	TRY
H	Elementary/Secondary (0-12	2)	College (1-4 or 5	+)	Ille. Do NOT u	ise retired.)							
COMPLE	11			H	omema	ker					n Home		
	17. FATHER'S NAME (First, Midd										Ne, Melden Sum		
BE	John Frankli		thur								ances		
2	19a. INFORMANT'S NAME (Type										City or Town, St		
	Cary A. But								Driv	11	wie Ma		
	20a. METHOD OF DISPOSITION 1 Burlet 2 Cremetion	3 Ren	novel from State	cometery,	CEAND DATE	of DISPOS other place)	SITION (N	ame of		DATE			or Town, State
	1 Burlel 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) Metropolitan Crem 21. SIGNATUR OF FUNERAL SERVICE LICENSEE 22. NAME AI									1	A1	exand	dria Vir
	D. J.	C	CENSEE	1	7						1 Home	. P.A	Α.
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximately a cerdiac or respiratory												
other traumatic event,	disease or condition resulting in death)		a. MO DUE TO	O (OR AS A CON	SEOUENCE C	Ade	no	and	ein	oma	of l	live	Onse 4
TIFICATION	resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events)	na, fate	b. OUE TO	O (OR AS A CON	SEQUENCE C	DF):	no	and	ein	oma	of l	live	Onse 4
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AL CERTIFICATION	resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events)	na, ate G	b. OUE TO	O (OR AS A CON	SEQUENCE O	OF):					of L		Onse 4 24b. WERE AUTON AMAILABLE P
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MEDICAL	resulting in deeth) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent	na, ate G	b. OUE TO	O (OR AS A CON	SEQUENCE O	OF):	ndertyln	ig ceuse	given in i	Part I. 24	a. WAS AN AUT	D?	24b. WERE AUTON AMALABLE P COMPLETION OF DEATH?
SICIAN: MEDICAL	resulting in deeth) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or Injury that intilated events resulting in death) LAST PART II. Other algnificent	na, ate G	b. OUE TO c. DUE TO d	O (OR AS A CON	SEQUENCE C	OTHER	26. PR:	ig couse	given in i	Part I. 24	a. WAS AN AUTPERFORMET	D?	24b. WERE AUTON AMALABLE P COMPLETION OF DEATH?
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ED BY PHYSICIAN: MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent 25. WAS CASE REFERRED TO IN EXAMINER? 1 YES 2 MANNER OF DEATH 1 Natural 5 Pe 2 Accident inv 3 Suicide 6 Co	na, ate G Condition	b. OUE TO c. DUE TO d	O (OR AS A CONID O (OR AS A CONID O death but no	SEQUENCE C	OTHER	26. PR: aling Hon 28c. IN. W	LACE OF DITTO SHAPE AT ORKY?	given in i	Part I. 24 1 1 1 1 1 1 1 1 1 1 1 1 1	a. WAS AN AUT PERFORMET YES 2 AT Decily)	D? NO NO RY OCCUR	24b. WERE AUTON AMAILABLE PCOMPLETION OF DEATH? 1 YES 2
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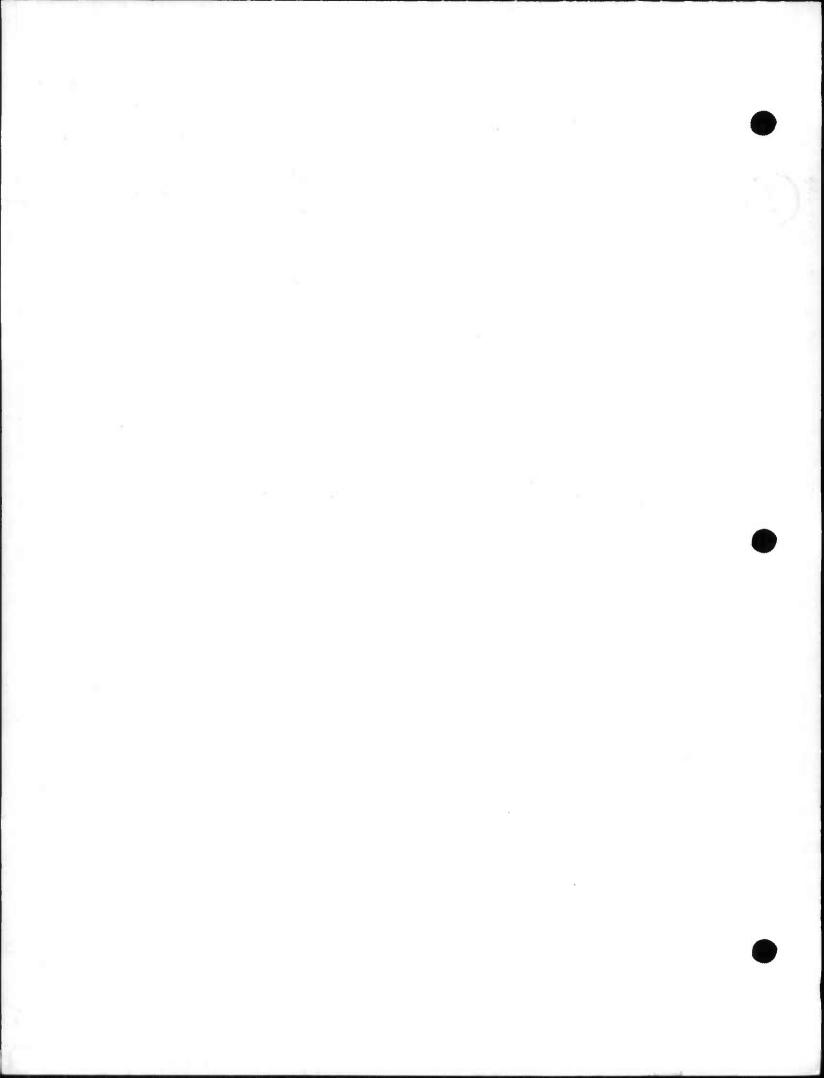
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFICAT	E OF DEATH	REG. NO).	11 660 46					
	1. DECEDENT'S NAME (First, Middle, Lest)			2. DATE OF DEATH		3. TIME OF DEATH					
	Godie Banko	ŕ				9:15AM M					
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. last birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS.	01 1							
	Call Trickers and constitution of the	M 2 F 4 VRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)					
	010 00 1110			6-18-6	15 U	JASh. D.C.					
	99, FACILITY NAME (If not institution, give street		Y, TOWN OR LOCATION OF DE	EATN	9c. COUNTY	OF DEATH					
DIRECTOR	P.G. Hospital Cheverly P.G.										
5	RESIDENCE OF DECEDENT										
뿐	10a. STATE 10b. COUNTY	10c, CITY, TOWN	OR LOCATION	1		10d. INSIDE CITY LIMITS?					
ā	IND PIG	· CADIT	of Heigh	1+5		1 YES 2 NO					
4	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?					
E	6916 MAIKER	mill Kd.	2070	2	11/2	ited STATES					
FUNERAL		2. WAS DECEDENT EVER IN U.S. ARMED 13.	WAS DECENDENT OF HISPAN	UIC OBICINO (SIII) M	00%	RACE — American Indian,					
교	1 Never Married 2 Married	FORCES? 1 YES 2 NO	If yes, specify Cyban, Maxica	n, Puerto Rican, atc.)	14.	Black, White, atc.					
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 TYES 2 THO Specify	γ:	10	Sold & K					
ED	15. DECEDENT'S EDUCATION	ION 16a, DECEDENT'S USUAL C	ACCURATION.	444	1	7749					
	(Specify only highest grade con	mpleted) (Give kind of work done	during most of working	190. KIND OF BI	JSINESS/INDÚST	INT					
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)	7		-10						
OMPLET	12	Muck.	Driver	PIV	RHC						
8	17. FATNER'S NAME (First, Middle, Lest)		18. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)						
ш	anknown	pa	meac	MA -	Auga	1 e					
0 8	19a, INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRES	S (Street and Number or Rural I	Route Number, City or To	wn, State, Zip Loc	de)					
F	Helen BANI	15 6916 W	Alker My	11 Kd. A2	2070	43					
	204 METHOD OF DISPOSITION	20b. PLACE AND DATE OF OISPO	SITION (Name of	OATE 20c. L	OCATION - City	or Town, State					
	1 Burial 2 Cremation 3 Removal	from State campetery, crematory or other place		Valor 11	1056 h	C.					
	21. SIGNATURE OF FUNERAL SERVICE LICENS		NAME AND ADDRESS OF FA	CILITY HANDS	11311 · U	Turned C					
		6,	5	15 cog	01	gior W					
	Manice &	Cawana 3	910 Silves	14111	ld.						
	23. PART . Enter the diseases, or com-	nplications that ceused the death. Do not ente	r the mode of dying, suc	h as cardiec or rea	piratory arrest						
	IMMEDIATE CAUSE (Finel	t only one couse on each line.				Interval Between Onset and Death					
	disease or condition	Selftic Shock									
	resulting in death) a	A DUE TO (OR AS A CONSEQUENCE OF):									
	- Liveled Estrelaviae Cottelie										
ERTIFICATION	Sequentially list conditione,										
AT	if any, leading to immediate cause. Enter UNDERLYING					j					
은	CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE OF):									
E	that initiated events resulting in death) LAST	,									
S	d										
-1	PART II. Other algnificant conditions of	contributing to death but not resulting in the u	nderlying cause given in	Part 1. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS					
CA	Babelle Mollilie	Sund Clase & 1198	Dieloge	1	RMEO?	AMILABLE PRIOR TO COMPLETION OF CAUSE					
	furthered Vago	abs sigease.		1 TES	2 NO	OF DEATH?					
Σ	fundament of the	too year,		—		1 [] YES 2 [] NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL										
D O	EXAMINER?	IOSPITAL: OTHE	26. PLACE OF DEATH (Ch	eck only one)							
ΥS		☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nu	rsing Home 5 - Residence								
H	27. MANNER OF DEATH	28a. DATE OF INJURY 28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. OESCRIBE NOW	INJURY OCCUR	EO					
ВУ	1 Natural 5 Pending 2 Accident investigation	М	1 YES 2 NO								
0	3 Suicide 8 Could not be	28a. PLACE OF INJURY — At home, farm, street, tac building, atc. (Specify)	ctory, offica	28f. LOCATION (Stree		Rural Route Number,					
ETE	4 Nomicide determined			City or Town, State	7						
	29e, CERTIFIER CERTIFYING PHYSICIA	N: To the heat of my broadeder death arranged at the	ne. sreesylves vivou		85 ASSEMI						
COMPL	and the same of th	N: To the best of my knowledge, death occurred at the On the basis of examination and/or investigation, in my				(4)					
8			opinion, deani occured at the	time, deta and place, i	ING GUE TO THE CE	ives(a) and manner as stated.					
ш	296. SIGNATURE AND TITLE OF CERTIFIER	7	29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Dey, Year)					
0 8	In word	1	1)/2	78/	- /	112-194					
F	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)	1 4								
	7525 Geensa	y leets h- leen	belt Md	20776)						
))	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		,							



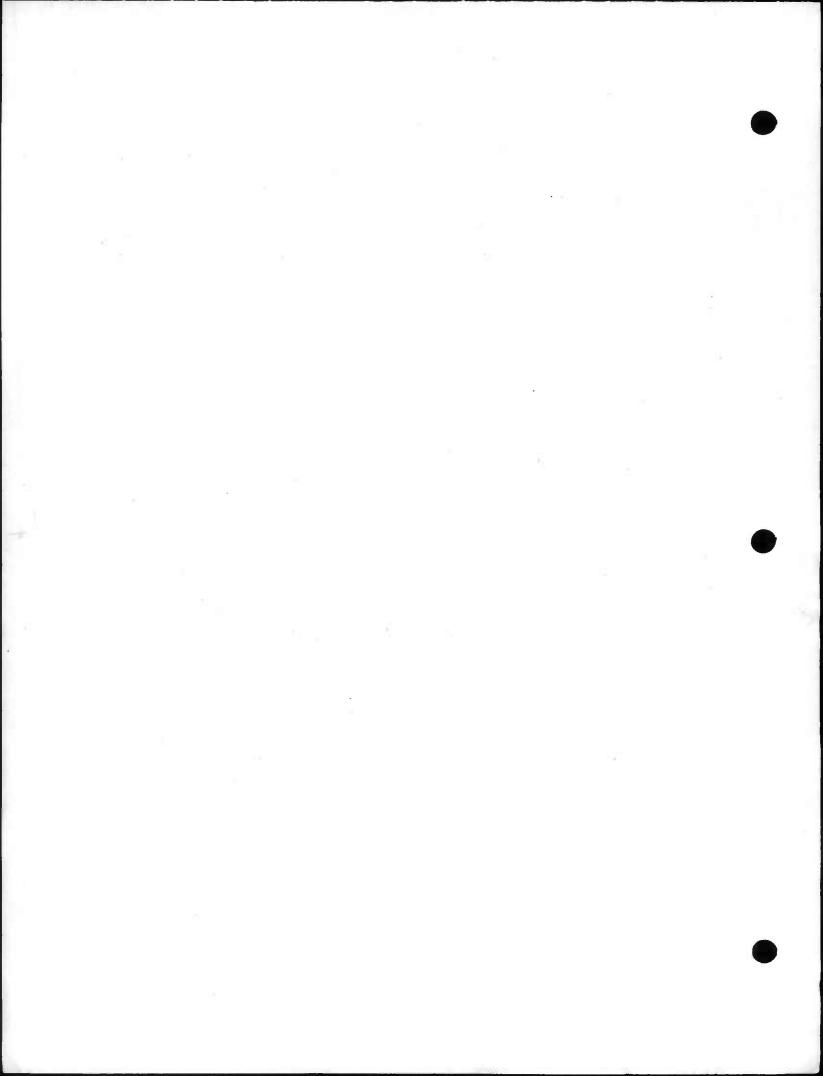
BALTIMORE, MARYLAND 21215-0020

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with now a few death. Page 6 may be retained by the bospital or attending physician. THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit, filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

- 1	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH													
- 7	MIN		BLACK					01	2		94	7 10A M		
8	4. SOCIAL SECURITY NUMBER 238-56-680		5. SEX	6. AGE (In yo	rs. last birthday) YRS.	IF UNDE	DAYS	HOURS	R 24 HRS. MIN.	7. DATE OF B (Month, Day 2/16)			Count	HPLACE (State or Foreign ry) Oro, N.C.
	9a. FACILITY NAME (If not in	stitution, give st	reet and number)									UNTY OF DEATH		
티	Prince Ge	. Cer	nter Cheverly P.						.G.	.G.				
DIRECTOR	10a. STATE Md.	.G.	Capitol Hgts.							10d. INSIDE CITY LIMITS? 12 YES 2 NO				
FUNERAL	100. STREET AND NUMBER	Addis		·		10	2.0.7					S.	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	T EVER IN U. YES 2 WAR OR DATE:	2 X NO	13.	If yea, s		an, Maxica	IIC ORIGIN? (Sp n, Puarto Rican			or No.— 14. RACE — American Indian, Black, White, atc. Specify:			
	and the same of the	EDENT'S EDUC	CATION	16	a. DECEDENT'S	USUAL	OCCUPATI	ION		16b KINI	D OF BUS	INESS/ING	MISTRY	Black
COMPLETED	Elementary/Secondary (0	highest grade	College (1-4 or 5		16s. DECEDENT'S USUAL OCCUPATION (Give hind of work done during most of working life. Do NOT use retired.) HOMEMAKET							Hom		
통	7th	iddle, Last)			HOMER	lanc		18. MOT	HER'S NA	ME (First, Middle				
	Elbert	D. I	Howell					1		State				
TO BE	19a. INFORMANT'S NAME (7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			A THE STATE OF THE			and Numbe	or or Rural	Route Number, C	ity or Town			
	Doristine 20a. METHOD OF DISPOSIT		nith	20h PI	ACEANDDATE	•				rland	-			own, Steta
	1 ☐XBurlal 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		oval from Stata	cemeter Ar	Tingt	other place On	Nat	11.	Cem		Ft.	Му	er,	Va.
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	7		22	H.S	WAS	S OF FA	gton	& Sc	ons.	inc	
	- Va	ry	W.	SKA	E.		492	5 Bi	irro	ugh s	Ave	€., N	E.	
	23. PART I. Enter the d ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	List only one can	nos	o fine.	Mi	NX	tore		an cardlec				Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):													
- 1	PART II. Other significa	nt condition	a contributing to								. WAS AN	AUTOPSY	248	. WERE AUTOPSY FINDINGS
MEDICAL			Trypa	- /	mos	1					PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_ ,			Son	319	/ 1	A C	as	10/1		_ '				1 TYES 2 NO
AN	25. WAS CASE REFERRED T	O MEDICAL	1				26 0	H ACE OF I	DEATH (Ch	eck only one)	_			
SIC	EXAMINER?	19050000	HOSPITAL:	ER/Outpetie	ent 3 🗆 DOA	OTHE	A:			6 Other (Spi	e aiful			
PHYSICIAN:	27. MANNER OF OEATH 1 Natural 5	Pending	28a. OATE OF (Month, E	INJURY	28b. TIR		28c. IN	JURY AT ORK? YES 2		28d. DESCRIE		JURY OC	CURED	
ED BY	3 Suicide 8	Could not be determined	28e. PLACE C	of INJURY — etc. (Specify)	Af home, ferm,	street, fa				261. LOCATION City or To		nd Numbe	r or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only	TIFYING PHYSI	CIAN: To the best of	my knowledg	ge, daeth occur	red at the	time, dat	a and plac	a, and dua	to the cause(a)	and man	ner as ste	ted.	
NO.														s) and manner as stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIER	10 8	1:1	W.				ENSE NUI	126c		29d. DAT	e signer	(Month, Day, Year)
임	30. NAME AND ADDRESS O	F PERSON WH										-	1-0	7
	O. Shpak	, M.D	. Sta	ff,P	rince	Geo	rge	's I	Hosp	. Cen	ter	,Che	ever	ly,Md.
	31. DATE FILED (Month, Day.		32. REGISTRA	Davido	IRE Manda	00								
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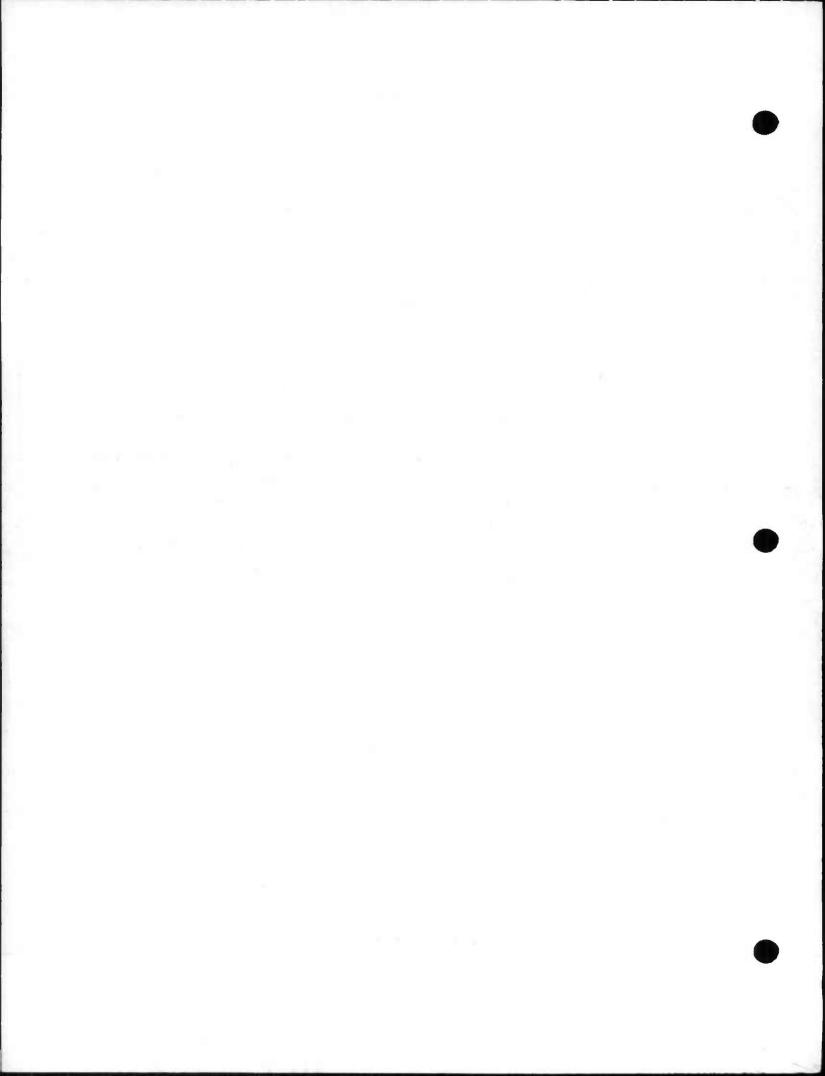
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TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with dours after death, Page 6 may be retained by the hospital or a	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIEN REG. NO		4 05	513
	1. DECEDENT'S NAME (First, Middle, Lest) KATHLEEN FRANCE	CES BURSLE	EY			2. DATE OF OEATH DATE OEATH DATE OF OEATH DATE OF OEATH DATE OF OEATH DATE OF OEATH DATE OEATH DATE OF OEATH DATE	AY 1.04	YEAR	DF DEATH
1	4. SOCIAL SECURITY NUMBER		(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (Str	
	560-64-1477 9e. FACILITY NAME (If not institution, give s		80 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) May 13, 1	913	Gore, New	
TOR	Hillhaven Nursing	Adelph	OR LOCATION OF DI	EAIH		nce Geor	ge's		
IREC	10a. STATE 10b. COUNTY	ce George's	10c. CITY BOW	r, TOWN OR LOCA			10d. INSIC	TS?	
ار	10a. STREET AND NUMBER	e deorge s	DOW		of, ZIP CODE		10g. CITIZ	ZEN OF WHAT COUR	2 NO
NER	12703 Buckingham				20715		U.S	.A.	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	t2. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 ANO	If yes, s		NIC ORIGIN? (Specify Yei in, Puerto Rican, etc.) y:	n or No—	14. RACE — Americ Black, White, at Specify:	hite
8	15. DECEDENT'S EDUI (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDI	USTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT us	vork done during ri e retired.)	iost or working				
COMPLETED	12	4	Teacher					te Schoo	1s
8	17. FATHER'S NAME (First, Middle, Last) John Bates					ME (First, Middle, Melden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		105 114 11 100	40000000		Ann Hickey Route Number, City or Tow			
유	Helen M. Bursley-	Fournier				e, Bowie, I			5
	20a, METHOD OF DISPOSITION 1 N Burlel 2 □ Cremetion 3 □ Rem	oval from State C80	D. PLACE AND DATE O	OF DISPOSITION (F	lame of	DATE 20c. LO	CATION — C	City or Town, State	
	4 Donation 5 Other (Specify)	Å	rlington	Nationa	1 Cemete	ry 2/10/94	Arli	ngton, V	irginia
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		Franc	is Gasch	cury 's Sons Fu	neral	Home, P	.A.
	W. D. G	eise		4739	Baltimore	e Ave., Hy	attsv:	ille, MD	
	23. PART I. Enter the diseases, or cahock, or heart fellure.	complications that cause List only one cause on a	d the deeth. Do n	ot enter the m	ode of dying, suc	h as cerdiec or resp	iratory arre		proximate erval Between
	IMMEDIATE CAUSE (Finel disease or condition	-1							set and Daath
	resulting in death)	SENSIS	CONSECREDICE OF						
_		DEWAI			4				
Ó	Sequentially list conditions, if any, leading to immediate		A CONSEQUENCE OF		ے				
\ \ \	cause. Enter UNDERLYING CAUSE (Disease or Injury	с							
CERTIFICATION	that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	7:					
Ä	resoluting in death) CAST	d							
	PART II. Other algnificant condition	a contributing to death t	out not reculting	n the underlyle	ng cause given in	Part I. 24s. WAS AN			TOPSY FINDINGS
5	HYPERTEN	SION				PERFOI			E PRIOR TO ION OF CAUSE
MEDICAL	PEWENN	A							2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		QTHER:	PLACE OF DEATH (Ch	eck only one)			
IYS	1 YES 2 7. MANNER OF DEATH	t Inpetient 2 ER/Out		4 Nursing Ho	me 5 - Realdence				
	1 Diatural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY W	JURY AT ORK? YES 2 NO	28d. DE\$CRIBE HOW	INJURY OCC	URED	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	Y — At home, ferm, s			281. LOCATION (Street	and Number	or Rural Route Numb	Der,
TEC	4 Homicide 8 Could not be datermined	building, etc. (Spe	cify)			City or Town, Stete;			
COMPLETED	29a. CERTIFIER (Check only	ICIAN: To the best of my know	vledge, death occurre	ed at the time, da	e and place, and due	to the ceuse(a) and ma	nner ee state	ıd.	
MO		R: On the beels of examination							ner as stated.
ш	296. SHOW TURE AND TITLE OF CERTBER	1//	A		29 LICENSE NUI	MBER	29d. OATE	SIGNED (Month, De	ny, Year)
TO B	Tarmely	O COMPLETED CAUSE OF DE	MD	-	120	704	12	17/94	

WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Lockwood Drive, White Oak, Maryland
32. REGISTRAN'S SIGNATURE
Gama Davidson-Pendall

Dr. Mulshine 11251
31. DATE FILEO (Month, Day, Year)
FEB 0 9 1994



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BALTIMORE, MAR	. OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with hours after death. Page 6 may be retained
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YLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

CLAUD

5. SEX

1 📈 M 2 🗌 F

4. SOCIAL SECURITY NUMBER

577-38-8344

70 B		Ba. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWY	OR LOCATION OF	DEATH		
Marie A	RECTOR	Prince George Ho	spital			Ch	neverly			
1.5	5	RESIDENCE OF DECEDENT								
130	뿐	10a. STATE 10b. COUNT	Y	- 1	10c. CIT	Y, TOWN OR LOC	ATION			
12 3	₫	Maryland Pri	nce George's		Mt.	Rainie	r			
13	AL	10e. STREET AND NUMBER				1	IOI. ZIP CODE			
100	E E	4601 27th Street	(apt. 4)				20712			
physician. burlat-trans	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I		ED	13. WAS D	ECENDENT OF HISP	ANIC ORIGIN	? (Specify Yes	
		1 Never Married 2 🙀 Married	FORCES? 1 YES)	If yea,	specify Cuban, Maxies 2 1 NO Specific NO S	can, Puerto R		
and and	ВУ	3 Widowed 4 Divorced					O I M I GOOD	any.		
the hospital or attending detached for use as the once.	8	1s. DECEDENT'S EDU (Specify only highest grade		16a. DEC	EDENT'S	USUAL OCCUPA	TION	16b.	KIND OF BU	
8 2	ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. L	Do NOT us	work done during i se retired)	nost of working	1		
9.5	COMPLET	8	3343411 (651)	Taxi	L Cal	b Drive	r	7	Cransp	
the hospit detached once.	0	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S N			
H KE		N/A					N/A			
stained 5 should notified	BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street	and Number or Rura	I Bouto Numb	er City or Tou	
be retained by ge 5 should be notified at	임						reet (ap			
PAGE DE		Glema L. Brown 20a. METHOD OF DISPOSITION	1			OF DISPOSITION /			· · ·	
e 6 me ector, j must		1 10 Burial 2 Cremation 3 Ram		etery, crem			Name of	DATE		
Spe 6 m Gentler, er must		4 Donation 5 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LIK		rt L	inco		etery		1 Bre	
toneral funeral camin		21. SIGNATURE OF OWERAL SERVICE LIC	ENSES	ma	ness-	7 Fort	Lincoln	Funer	al Ho	
death.		11/nm	Just	71100	10/	/	Bladensh			
ours after d in by or remova		23. PART I. Enter the diseeses or	complications that cause	the dea	th. Do r					
hours after death. Page 6 may d in by the funeral deactor, pa or remove. medical examiner must b		shock, or haert fallure.	List only one cause of a	ech iine.						
£ c 0		iMMEDIATE CAUSE (Final disease or condition	Cassi		1	111.	D			
ompletely fille il, cremation, event, the		resulting in death)	DUE TO (OR AS A NITERIU	90	751	ULAY	17m16			
eve al. c.			A a == a.	CONSECU	JENCE OI	r):			. 1	
e be executed with sician and completely fi rior to burial, crematio traumatic event, th	O	Sequentisity list conditions,	DUE TO (OR AS	500	tru	OTIC L	1 RUSION/	18culs	N 3	
rsiclan a prior to	A	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OH AS A	CONSECU	JENCE OF	r):				
physician ne prior to	임	CAUSE (Diseese or Injury	cDUE TO (OR AS /	CONSECU	IENCE OF	D.				
ting ygier oth	Ē	that initiated events resulting in death) LAST	DOE TO (OH AS)	CONSECU	JENCE OF	r);				
death certifica attending phy intal Hygiene ry, or other	CERTIFICATION		d							
e age		PART II. Other significant condition	s contributing to deeth b	ut not re	sulting i	in the underly	ng ceuse given i	n Part I.	24a. WAS AN	
that the ed by the and any is	MEDICAL								PERFO	
signed Health Ws an	0			_					1 TYES 2	
v requires th been signed t. of Health shows an								— 1		
has be Dept.	SICIAN:	or was core presents to menous								
N: The ficate h State (S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C	theck only one	1)	
SICIAN: The law certificate has the State Dep 1, or Item 23	HYS	1 YES 2 SNO	1 Inpatient 2 ER/Out	etlant 3	DOA		oma 5 🗆 Realdence	6 C Other	(Specify)	
PHYSIC this ce with t	H	27. MANNER OF DEATN	(Month, Day, Year)		28b. TIM INJ		NJURY AT YORK?	28d. DEŞ	CRIBE NOW	
NG Ph fter th eath w mark	ВУ	1 Natural 5 Pending 2 Accident Investigation	NI.	4			YES 2 NO			
NOING I: After r death is mar	- I	3 Suicide 6 Could not be	26s. PLACE OF INJURY building, etc. (Spe	— At hom	e, farm, s	street, fectory, of	lice	28f. LOCA	TION (Street	
CTOR afte	巴	4 Homicide determined	building, etc. (Spe.	ary)				City o	or Town, State)	
DIRECTOR: / hours after d	2	29a. CERTIFIER 1 X CERTIFYING PHYSI	CIAN: To the heat of my know	lades des		4 -1 -1 -1 -1 -1	i diamento de la companio			
RAL Z	₩.	one) —	CIAN: To the best of my know							
THE HOSPITAL OR ATTENDING THE FUNERAL DIRECTOR: After filed within 72 hours after death PORTANT: If item 28 is ma	COMPLET		R: On the basis of axaminatio	. end/or III	vaenger10	in my opinion	ween occured at th	w time, date i	ino piaca, ar	
THE HOSP THE FUNE filed within PORTANT	BE	296 SIGNATURE AND TITLE OF CERTIFIES					29c. LICENSE N			
PPZ	0	Landa VII	behil				1001	1852	<u>'</u>	

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

BROWN

6. AGE (In yrs. last birthday)

84

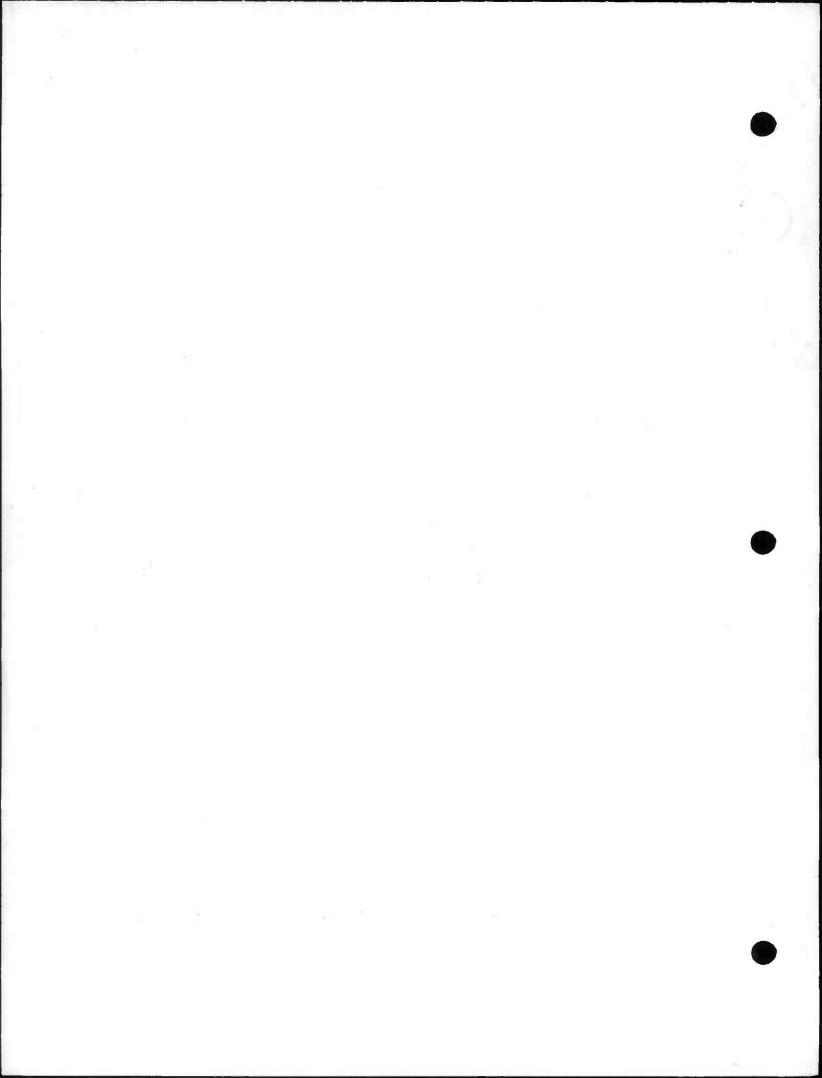
2. DATE OF DEATH MONTH 01

7. DATE OF BIRTN (Month, Day, Year)

Nov. 9,

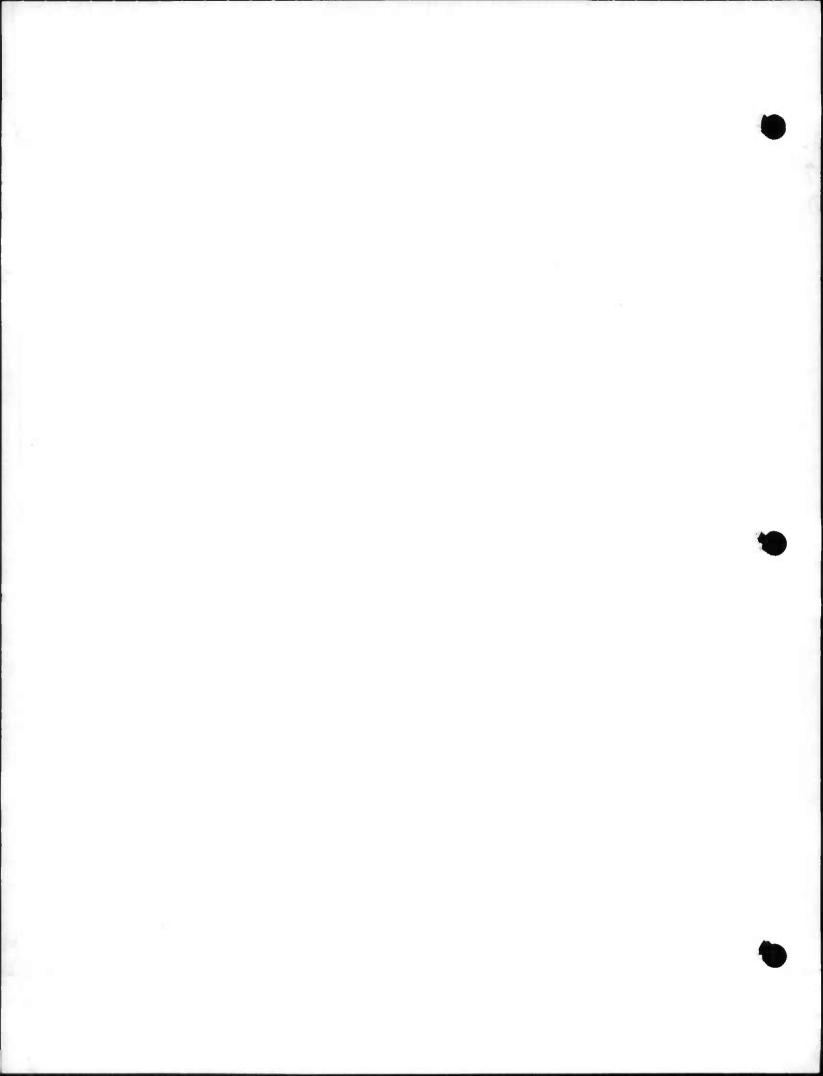
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 05514 94 REG. NO. 3. TIME OF DEATH 94 26 9:50PM 8. BIRTNPLACE (State or Foreign Country) 1909 Virginia 9c. COUNTY OF DEATN Prince George's 10d. INSIDE CITY LIMITS? 1 TES 2 NO 10g. CITIZEN OF WNAT COUNTRY? United States 14. RACE — American Indian, Black, White, atc. Specify White SINESS/INDUSTRY ortation Sumame) vn, State, Zip Code) Rainier, M.D. 20712 CATION — City or Town, State ntwood, M.D. me, Inc. Brentwood, M.D. 20722 iratory arreat, Approximate Interval Between Onset and Death NEASE AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 2 🗌 NO 1 TES 2 NO INJURY OCCURED and Number or Rural Route Number nd due to the ceuse(s) and menner sa stated.

29d. DATE SIGNED (Month, Day, Year)



DIVISION OF VITAL RECORDS, P.O. BOX 68/60, P. BALTIMORE, MARYLAND 21215-0020	N. T.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.	7
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proces is the burial-transit permit. Proces is the fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	- Show
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1. DECEDENT'S NAME (First, Middle, Lest) LORA ELLEN BEALE 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF										3. TIME OF DEATH					
- 1												FEBRUARY 16 1994			7:47 A M
	101 101112-30 1112-		5. SEX	6. AGE	(In yrs. las		IF UNDER	DAYS	IF UNDE	R 24 HRS.		Month, Day, Year)		8. BIRTH Count	HPLACE (State or Foreign ry)
	579-20-75		1 □ M 2 √ F	8	0	YRS.						PR 7, 1			ITANA
œ	9a. FACILITY NAME (If not institution, give street and number)							9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF E						DEATH	
DIRECTOR	HOMEWOOD NURSING CARE CE					R	WI	LLI	AMS	PORT	1		WA	SHIN	IGTON
1 1 1	10a. STATE	10b. COUNT	Υ			10c. CI1	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
	MARYLAND WASHINGTON						VILI	IAM	SPO	RT					1 YES X NO
₹	100. STREET AND NUMBER 16505 VIRGINIA AVENUE							10	. ZIP COD				10g. Cf1		WHAT COUNTRY?
FUNERAL									2	1795				U.S	S.A.
5	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES	2 N							RIGIN? (Specify Yes erto Rican, etc.)	or No-		E — American Indian, k, White, etc.
B	3 - Widowed 4 - Divo		IF YES, GIVE V	WAR OR D	ATES 21			1 TYES	2 NO	Specify	y:			Spec	WHITE
8	15. DEC	EDENT'S EDU highest grade	CATION		16a. DE	CEDENT'S	USUAL O	CCUPATH	DN			16b. KIND OF BUS	SINESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0		College (1-4 or 5	+)	We.	Do NOT u	se retired.)		ost of work	ing					
MP					ADM	INI	STRA	OITA	II			U.S. N	AVY	DEP	ARTMENT
B			ENNETT									R. HARD			
2	JEANNE VA		A CITE	ואסי								Number, City or Town			NIX 12204
	20a. METHOD OF DISPOSIT		A CHILL			ND DATE		-		LALK	_			City or To	NY 12204
	1 Donation 5 Other	o 1 Per	oval from State			matory or o	ther place	1		DTIIM	1				URG, MD
1	21. SIGNATURE OF FUNERA		CENSEE	pri	<u> </u>	DDOI				ESS OF FA		~			
	Lan	12.	Linker	Ze .			5	04	MAII	N ST	٠,				RAL HOME MD 21773
	23. PART i. Enter the di	seases, Dr	complications the	t cause	d the de	ath. Do	not enter	r the mo	de of dy	/ing, suci	h aa	cardiac or respi	ratory ar	rest,	Approximata
	IMMEDIATE CAUSE (Fine)											Interval Between Onset and Death			
	disease or condition a. WASSIVE CEFT AND JUNE CLOSET SCHEMIC														
	DAYS														
CERTIFICATION	Sequentially list conditi	ons,	0.			UENCE O		101	CON	>					DAY.
₽	If any, leading to immediates. Enter UNDERLY	NG	. (6	161	3100	JAS	an	m		Dise	14				161
画	CAUSE (Disease or inju that initiated events					WENCE O		-				>			
8	resulting in death) LAS	' (d												
	PART ii. Other significa	nt condition	ns contributing to	death b	ut not n	esulting	in the u	nderiyin	g cause	given in	Part	I, 24a. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS
EDICAL	H		TENSON	4								PERFOR	1		MAILABLE PRIOR TO COMPLETION OF CAUSE
E C												1 1 163 2	Jan .		OF DEATH? 1 YES 2 NO
7.1														1	
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					_	LACE OF I	DEATH (Chi	eck or	nly one)			
YSI	1 TES 2 NO		1 Inputient 2	ER/Out	patient 3	□ DOA	4 New	R: rsing How	10 5 🗆 R	tesidence	6 🗆	Other (Specify)			
F	27. MANNER OF DEATH	Danding	26a. DATE OF (Month, E			28b. TIN	E OF	WC	IURY AT ORK?		28d	. DESCRIBE HOW II	NJURY OC	CURED	
1 Vestural 5 Pending Investigation 2 Accident Investigation 2 Sec. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATIO															
TED		Could not be determined	building,	etc. (Spec	cify)	me, term,	street, 180	логу, отне	•		281.	LOCATION (Street a City or Town, State)	and Numbe	r or Runal i	Route Number,
COMPLET	29a. CERTIFIER (Check only	IFYING PHYS	ICIAN: To the best of	my know	ledge, de	eth occum	ed at the	time, data	and place	e, and due	to th	e cause(s) and man	ner as sta	Red.	
OM															a) and manner as stated.
BE C	250. SIGNATURE AND TIPLE	by germent	11		>				29c. LIC	ENSE NUN	IBER		29d. DAT	TE SIGNED	(Month, Day, Year)
0 8	MICI	M) ME	DICE	12/) ME	eta	h)17	06	7	> 2	2/17	194
	TEDHEN	PERSON WH	O COMPLETED CAU	SE OF DE	ATH (ITER	1 27) (7)100		Cour	4.1	TIL		Lhama	نام می	w 11	(X > 1700)
1	31. DATE FILED (Month, Day,		32. REGISTRA			10 6	1/	un C	IL	100		HAGUS	TER	10 00	1) (1141)
	FFB 1 7 10	QA .	- Lindsand	con-N	سالهاليب	-									

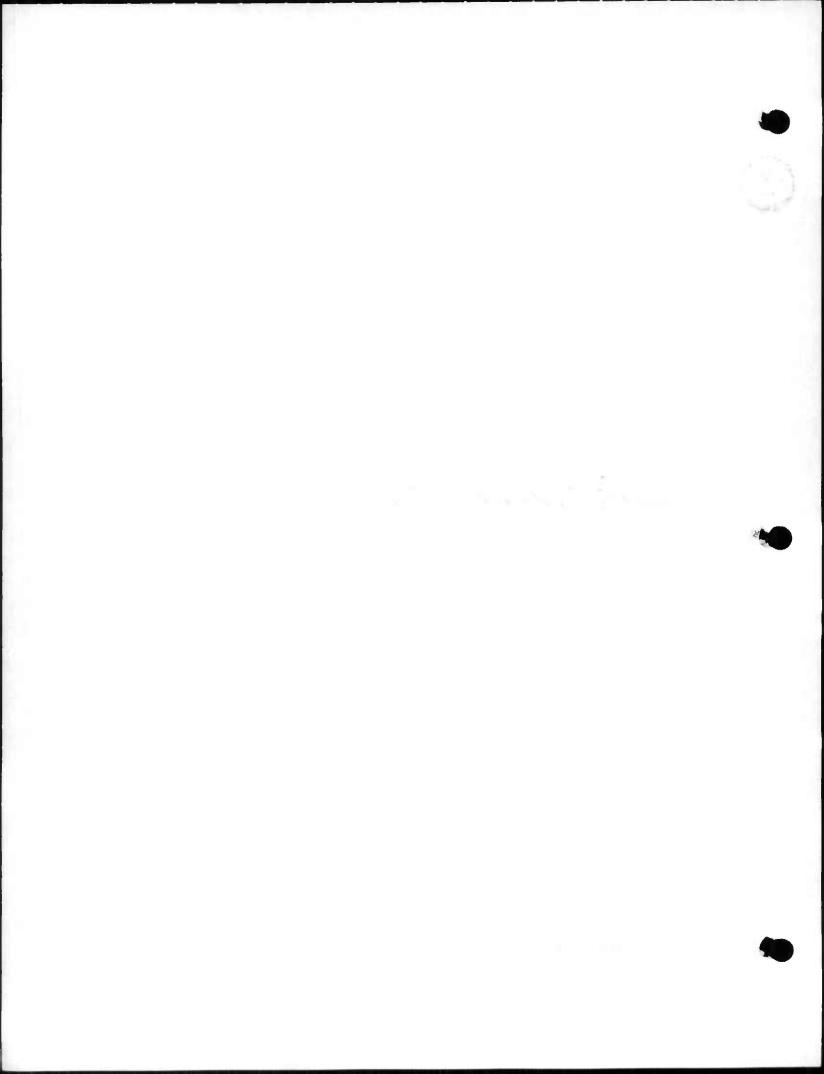


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RECORDS,	
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DIVISION	
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2	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 and after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, considing, or enforcial.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE H TO THE F	IMPORT/

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPA	RTMENT	OF H	EALTH DEAT	AND I	MENTA	L HYGIEI	-	94	05516
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF DEATH
	Dorothy Eliza	abeth BENNER						Feb		1994	YEAR	7:30 Pm
		5. SEX 6. AGE (In	yrs. last birthday)	-		IF UNDER		7. DATE	OF BIRTH		8. BIRTI	IPLACE (State or Foreign
		215-18-2277 1 M 2 K F 71 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Dec. 29 1							1922	Mar	vland	
~	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF											M
0	637 Antietam Drive Hagerstown Washington											on
DIRECTOR	10a. STATE 10b. COUNTY										10d, INSIDE CITY	
DIR	Maryland Was	shington	in column	agers								LIMITS?
	10e. STREET AND NUMBER					. ZIP CODE				10n, CIT	ZEN OF V	VHAT COUNTRY?
ER.	637 Antietam Drive	2				217	742				S.A	
FUNERAL		12. WAS DECEDENT EVER IN	U.S. ARMED	13. V	WAS DEC	ENDENT O	F HISPAN	NIC ORIGII	17 (Specify Ye	1		— Amaricen Indien, c, White, etc.
ВУ Б	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES		1	yee, spi	ocify Cuber 2 X NO	Nexice Specify	m, Puerio y:	Ricen, etc.)		Soci	r, White, etc.
15. DECEDENT'S EDUCATION 168. DECEDENT'S USUAL OCCUPATION 168. KIND OF BUSINESS/INDUST									White			
ETE	(Specify only highest grade co	empleted)	(Give kind of life. Do NOT L	work done d	CUPATIO	N st of working	g	168	KIND OF BU	SINESS/INC	DUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		maker					Own Ho			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Home	maker		18. MOTH	ER'S NA		Middle, Maider			
BE C	Luther Lenhart							Ditc		Surriemej		
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street a				ber, City or Tov	vn, State, Zic	Code)	
2	Jimmy Lee Benner			N. Mu								1. 21740
	20a METHOD OF DISPOSITION 1 \(\text{N} \) Burlel 2 \(\text{Cremetion} \) 3 \(Removi	20b. F	PLACE AND DATE	OF DISPOSI	TION /A/a	mo of		017	20- 10	CATION	Ott	
	4 Donation 5 Other (Specify)	C	edar La	wn Me	mor	ial P	ark	2-1	8-94	Hage	rstor	wn, Maryland
	21, SIGNATURE OF ELINERAL SERVICE LICEN	ISEE		22. N	AME AN	D ADORES	S OF FAC	CILITY				al Home
	-> Coot	Milles	nnic,	41	5 E	. Wil	son	B ₁ v				Md. 21740
TION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) e. Arteriosclerotic Cardio Vascular Disease Oue TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL	PART ii. Other significant conditions of	t not reaulting	reaulting in the underlying cause given in I					Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
N.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PL	ACE OF OE	ATH (Che	ock only on	e)			
Sic	7.7	OSPITAL:	lent 3 DOA	OTHER:		5 X Res	Idenca	8 Othe	r (Specify)			
E	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIN		28c. INJU	/RY AT	T		CRIBE HOW	NJURY OCC	UREO	
à	1 X Natural 5 Pending 2 Accident Investigation			ME	1 🗌 Y	ES 2 🗌	NO					
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural F City or Town, State)									oute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEGICAL EXAMINER: (IN: To the best of my knowled On the best of examination a	ige, daath occurr	ed at the tim on, in my op	ne, date d	end place, o	end due	to the cau	se(e) end mai	ner ee state	ed. e ceuse(e)	end manner se stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER				T	29c. LICEN						(Month, Day, Yeer)
	Janual w ?	Ti How	7			DOI	062				18/93	
2	30. NAME AND ADDRESS OF PERSON WHO C										.0,00	
	Edward W. Ditto, III,	M.D. 217 W	V. Washing	gton S	treet	Ha	gerst	town,	Md. 2	1740		
	31. DATE FILEO (Month, Day, Year) FEB 2 2 1994	32. REGISTRAR'S SIGNAT	URE - Rendal	4.							_	



FOR

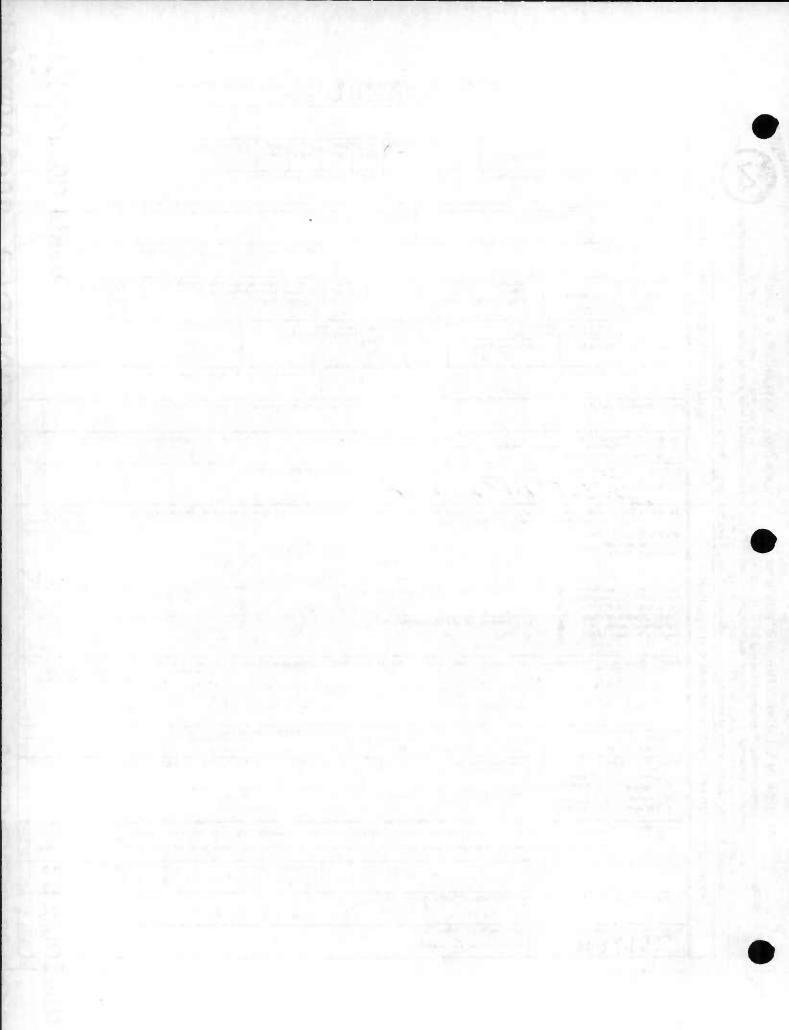
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	HILL	CATE OF	DEATH	REG. N	10.					
1	1. DECEDENT'S NAME (First, Middle, Last		Barno	5		2. DATE OF DEATH MONTH	3. TIME OF DEAT						
=1	4. SOCIAL SECURITY NUMBER	5. 9EX	8. AGE (In yrs. lest		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	T	8. BIRTHPLACE (State or Fo.				
	212-09-5996	1 🖾 M 2 🗆 F	74	YRS.	MONTHS DAYS	HOURS MIN.	Dec. 18,	1919	Maryland				
~	9a. FACILITY NAME (If not institution, giv		LINE		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COL	JNTY OF DEATH				
DIRECTOR	Washington Count	1		Hager	rstown		Wo	ishington					
띮	10a, STATE 10b. COU			10c. CITY	, TOWN OR LOCA	TION		10d, INSIDE CITY					
		ington	ngton Funkstown										
RAL	104. STREET AND NUMBER				10	f. ZIP CODE		10g. CI1	TIZEN OF WHAT COUNTRY?				
FUNER	23 West Baltimor							PANIC ORIGIN? (Specify Yes or No.— 14. R					
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 N	0	If yes, sp		clean, Puerto Rican, atc.)		14. RACE — American India Black, White, atc. Specify: White				
8	15. DECEDENT'S E (Specify only highest gro	DUCATION ade completed)	(Gh	ve kind of w	USUAL OCCUPATION done during mo	ON ost of working	166, KIND OF BUSINESS/INDUSTRY						
9	Elementary/Secondary (0-12)	College (1-4 or 5 +	Ho.	Do NOT use	e retired.)								
COMPLET	17. FATHER'S NAME (First, Middle, Last)	0	1 0	wher	and ope		AME (First, Middle, Maid	vern					
	Archibald E. Bar				oil ourname)	n Somethey							
) BE	19a, INFORMANT'S NAME (Type/Print)	19b	Noane Wilson 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code)										
2	Phyllis I. Barne	S	2	23 W. Baltimore St., Funkstown, Md. 21734									
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Re	amoval from State	20b. PLACE A	ND DATE O	F DISPOSITION (Na	ame of		LOCATION -	- City or Town, Stata				
	4 ☐ Donation 8 ☐ Other (Specify)		Funks	town	Cemeter		2-17-94	Funk	stown, Maryl				
	MINNICH FUNERAL HOME												
	SCAN	01100	Knne	4	415 E.	Wilson	Blvd., Ha	agerst	own, Md. 217				
	23. PART I. Enter the diseases, of shock, or heart failure				ot enter the mo	oda of dying, suc	ch as cardiac or re	apiratory a	rreat, Approxime				
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cerebro vascular accident												
	resulting in death)	a. DUE TO	(OR AS A CONSEQ			acuq	ens		NO				
z		· re:	spira	1-01	ny in	suff	cience	1	LUCE				
CATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF)								1 101				
2	CAUSE (Disease or Injury	G	OR AS A CONSEC) (V	6 11	ears	ailur	MEE					
RTIFI	that initiated events resulting in death) LAST	DOE 10	(OH AS A CONSEC	UENCE OF):								
8		A											
DICAL	PART II. Other significant condit	long contributing to	death but not re	eaulting in	n the underlyin	g cause given in	Part I. 24a. WAS PERI	ORMED?	MAILABLE PRIOR				
E	Motorcerto	0.000					1 YES	2 700	COMPLETION OF CO				
Σ							-		1 TYES 2 T				
IAN:	25. WAS CASE REFERRED TO MEDICAL				26. PI	LACE OF DEATH (C)	heck only one)						
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:								
> II	27. MANNER OF DEATH	28a. DATE OF (Month, D		26b. TIME	OF 28c. INJ	JURY AT	28d. DESCRIBE HOW INJURY OCCURED						
F	1 Natural 5 Pending	n			M 1 🗆	YES 2 NO							
зу РНУ			F INJURY At hor	ne, farm, st	treet, factory, offic	:0							
D BY	2 Accident investigation 3 Suicide 6 Could not be 26. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)												
ETED BY	2 Accident Investigatio 3 Suicide 6 Could not i 4 Homicide determined	building,	etc. (Specify)				City or lown, St						
ETED BY	2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only	YSICIAN: To the best of	my knowledge, dea		d at the time, date		s to the cause(a) and s	nanner as str					
ED BY	2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only	YSICIAN: To the beat of an	my knowledge, dea		d at the time, date		s to the cause(a) and s	nanner as str	ated. the cause(s) and manner as at TE SIGNED/Month, Day, Year)				

30. HAWE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

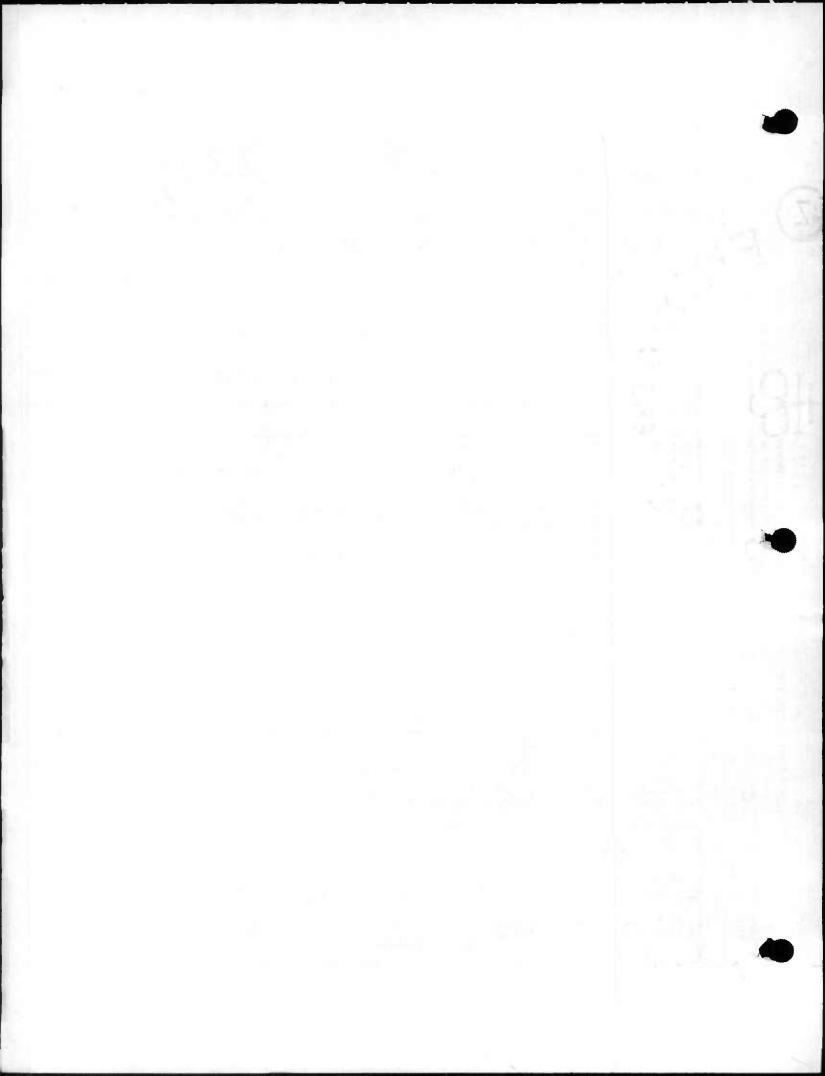
FEB 1 7 1994

Cleve land Ave.



TO THE HOSPITAL OR ATTEN TO THE FUNERAL DIRECTOR: be filed within 72 hours after IMPORTANT: If 11em 28 i	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 metring 6 may be retained by the hospit	After this certificate has been signed by the attending physician and complete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
₽₽%₹	=	ECTO	hours aft	m 28
-	THE HOSPITAL OR AT	THE FUNERAL DIF	filed within 72	APORTANT: If Ite

	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF ICATE OI		MENTAL HYGIEN REG. NO	- (3)	05518				
	1. DECEDENT'S NAME (First, Middle, Last)	THOMAS	BRA	66		2. DATE OF OEATH MONTH	9 9	S. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 230-58-1700	5. SEX 6. AGE	(In yrs. lest birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1.100	BIRTHPLACE (State or Foreign Country)				
	9a. FACILITY NAME (If not institution, give a	treat and number	16	OF CITY TOWN	OR LOCATION OF DE	4.	9c COUNTY	ETERSBURG, VA				
œ	3/6/ 75 1	4		90. GIT, 10WI			0					
5	RESIDENCE OF DECEDENT	wenve		4/1	NOUZ	7	18%	NE GENOPES				
EC	10a. STATE 10b_COUNT	Y	10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY				
DIRECTOR	MD VM	take been	res L	ANDE	VER			LIMITS? 1 X YES 2 NO				
FUNERAL	10e. STREET AND NUMBER			1	OI. ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?				
E	310175	venue			20785		U.	S. A.				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I				IIC ORIGIN? (Specify Yes	_	. RACE — American Indian, Black, White, etc.				
BY F	1 XXNever Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TY YES IF YES, GIVE WAR OR D. 1-29-68 TO 1	ATES		specify Cuban, Mexical Specify			Specify: 16 CAC				
8	15. DECEDENT'S EDU	CATION	16a. OECEDENT'S			16b. KIND OF BUS	SINESS/INDUS					
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of ille. Do NOT u	work done during ri se retired.)	nost of working							
COMPLETED	Constant for the first for the	4 YRS	DEC	UEB		DELL	ATLANT	TC				
≥	17. FATHER'S NAME (First, Middle, Lest)	1 110	БЕСС	DUK	40 4407115010 114			10				
		10				ME (First, Middle, Malden						
BE	JOHN S. BRAGG, S	R.			MAR	Y ROBIN	SON					
6	19a. INFORMANT'S NAME (Type/Print) J. EMMETT BRAGG		1111-111-11			Route Number, City or Tow		,				
	20a. METHOD OF DISPOSITION	Low				WASH., D.						
	1 Durial 2 Cremation 3 Name	oval from State Con	PLACE AND DATE	ther place)		1		or Town, State				
	4 Donation 8 Other (Specify)		ASTVIEW			2/10 PET	ERSBUE	RG, VA				
	The standard of the latest standard of the la	PA	6.0	PINCE		GLER FUNER						
	23. PART I. Enter the diseases, or o	complications that source	came.	1 324 -	8TH ST.	, N. E. W.	ASH.,	D. C. 20002				
	ahock, pr heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. CANDIA	ech line.	lhyi	Innia			Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other significant condition	s contributing to death b	ut not resulting	in the underlyi	na csuse alven in	Part I. 24a, WAS AN	AITTOPSV	24b. WERE AUTOPSY FINDINGS				
PHYSICIAN: MEDICAL				,		PERFOR 1 YES 2	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
₹	25. WAS CASE REFERRED TO MEDICAL			26.1	PLACE OF DEATH (Chi	ick only one)						
ပ္က	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	. 4							
<u>≥</u>	27. MANNER OF DEATH	1 Inpatient 2 ER/Outp			me 5 N Residence							
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIM	URY W	URY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCUR	ED				
TED BY	2 Accident 3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, off	ca	28f. LOCATION (Street a City or Town, State)	and Number or F	Bural Route Number,				
ш	29a. CERTIFIER											
COMPLETED	(Check only	CIAN: To the best of my know R: On the basis of examination						suse(s) and manner as stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIER	ul depi	y Wels	(a)	29¢ LICENSE NUM	BER 2	29d. DATE SI	GNED (Month, Day, Year)				
٥		ORF MIN H	ATH (ITEM 27) (Type	Print)	1	114.0	1715	110 MAZNA)				
	31. DATE FILED (Month; Day, Year)	32. REGISTBAR'S SIGN	ATURE Ande	eens!	somy /	र ११वा	1001	16 1010101				
	FFB 0 7 1994	+ Juna ward	and and all all									



BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the burial-transit or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit in filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Chinosophi

	1 - STATE STATE OF MARYLAND / DEP/		MENTAL HYGIENE	0.1	05510
		FICATE OF DEATH	REG. NO.	914	115519
	t. DECEDENT'S NAME (First, Middle, Last)	TRI TICON	2. DATE OF DEATH	100/ YEAR	3. TIME OF GEATH
		URLESON	FEBRUARY 9",	1994	3:56 AM M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthde	MONTHS DAVE MOURE MIN	7. DATE OF BIRTN (Month, Day, Year)	Count	1 1
1	9a. FACILITY NAME (If not institution, give street and number)		4-12-19	14 The	
10R	8154 LAKEVIEW	96. CITY, TOWH OR LOCATION OF D POMFRET	DEATH	CHARLE	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. (CITY, TOWN OR LOCATION	/		10d. INSIDE CITY LIMITS?
	Maryland Charles County F	omtret Md			1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
Ü	8/54-Lake, VIEW DR.	2067	5	4.5	•
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF NISPA If yea, specify Cuban, Maxic	NIC ORIGIN? (Specify Year o	r No- 14. RAC	E - American Indien, k, White, etc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	1 TES 2 NO Speci		Speg	12 h
					black
TED	(Specify only highest grade completed) (Give kind)	of work done during most of working	16b. KIND OF BUSI	NESS/INDUSTRY	
1 2	Elementary/Secondary (0-12) College (1-4 or 5+)	use retired.)	1 1	+	
COMPLET	correge car.	renter	Contro	clor	
	17. FATNER'S NAME (First, Middle, Last)	18. MOTNER'S N.	AME (First, Middle, Maiden St	urname)	
H	William Burleson	Kal	10 Jenk	Ins	
2	19a. INFORMANT'S NAME (Type/Print) OITIA BUT/ESON 8/5	NG ADDRESS (Street and Number or Rural)	Noute Number, City or Town,	n fret	ml. 20675
		E OF DISPOSITION (Name of	DATE 20c. LOCA	ATION - City or T	own, State
	Donation 5 Other (Specify)	ant Church Con	2-12-94 W	elcon	pe Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSPE	22. NAME AND ADDRESS OF F	ACILITY Minton	mores 7	3ms I.H.
	1 total	HIG V	10100		1
	23. PART I. Enter the diseases, or complications that caused the death. D	4/119-Kenne	dy at, III.	Wash	. D.C. 2011
	shock, or heert fellure. List only one cause on each line.	not anter the mode of dying, suc	chras cardiac or reapire	etory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Fine) disease or condition	0 - 00			Onset and Death
	resulting in deeth)		SIAIE		274.
	DUE TO (OR AS A CONSEQUENCE	OF):			
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	OF):			
3	ceuse. Enter UNDERLYING CAUSE (Disease or Injury				
E	thet initiated events DUE TO (OR AS A CONSEQUENCE	OF):			
E	resulting in deeth) LAST				
O	PADT II Other elemificant conditions contribution to death but not contributed to				
MEDICAL	PART II. Other significent conditions contributing to death but not resulting	g in the underlying cause given in	Part I. 24a. WAS AN AI PERFORM		AWAILABLE PRIOR TO
ă			1 TES 2	KNO	COMPLETION OF CAUSE OF DEATN?
ME.			_ ′	'	1 - YES 2 - NO
ż					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEATH (C	heck only one)		
Si	1 VES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA	OTHER: 4 Nursing Name 5 Residence	6 Other (Specify)		
РНҮ		TIME OF 26c. INJURY AT WORK?	28d. DESCRIBE HOW INJ	JURY OCCURED	
Β¥	1 Netural 5 Pending 2 Accident Investigation	M 1 YES 2 NO			
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, fern building, atc. (Specify)	n, atreet, factory, office	281. LOCATION (Street and	d Number or Rural	Route Number,
COMPLETED	4 Nomicide determined		City of Town, State)		
7.	29a. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the beat of my knowledge, death occur	erred at the time, date and place, and du-	e to the cause(a) and mann-	er se stated	
M	(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, dearn occurrence of the control of the contr				a) and manner as stated-
	29b. SIGNATURE AND TITLE OF CERTIFIER				
BE	Krief H. Matter	29c. LICENSE NU		AND AND SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (A	D-2835	04		1-17

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

KRISHAN MATHUR M.D. 31. DATE FILED (Month, Day, Year) 1994

11340 PEMBROOKE SQUARE SUITE 213 WALDORF MD. 20603

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TO BE COMPLETED BY FUNERAL DIRECTOR THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page hier within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

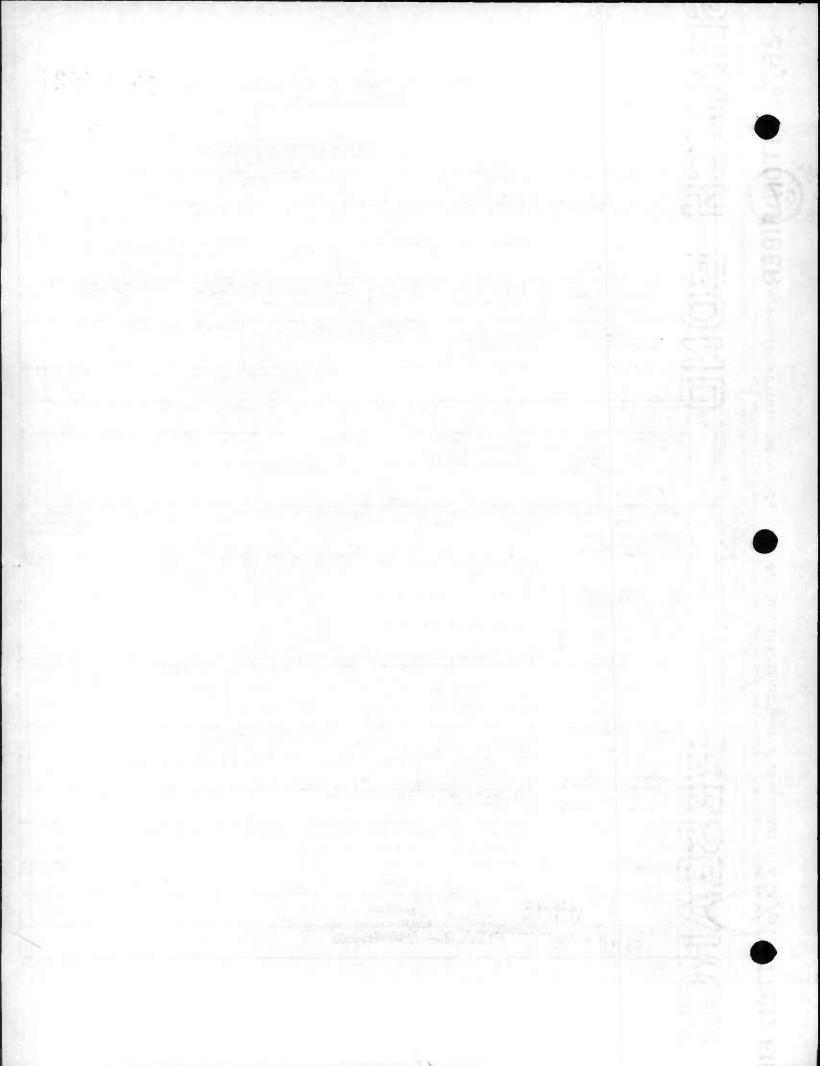
REGISTRAR			C	ERITE	ICALE	OF	DEATH	REG. N	0.		
1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
MARY		ICE BR	IGHAM					2-2-		TEAR	8:25 p M
4. SOCIAL SECURITY NUMBER 19-26-9		5. SEX	6. AGE (In yrs. I		IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-21-		Count	HPLACE (State or Foreign try)
		1 🗆 M 🌠 🗍 F	101	YRS.							ORIA, VA
9e. FACILITY NAME (If not it							R LOCATION OF DE		9c, COI	JNTY OF	DEATH
WASHINGTO		VENTIST	NURSI	NG	Т	AKC	MA PAR	K	PR	INCE	GEORGES
10a. STATE	10b. COUNTY	1		10c. CITY	, TOWN OF	LOCAT	ION				10d. INSIDE CITY
MD	PRINC	CE GEOR	GES_		TA	KON	IA PAR	K			1 X YES 2 □ NO
10e. STREET AND NUMBER						101	ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?
7525	CARI		VENUE				209	12		U.S	.A.
11. MARITAL STATUS 1 Never Merried 2	Married	12. WAS DECEDEN FORCES? 1	YES 2 X	NO				IC ORIGIN? (Specify n, Puerto Rican, atc.)	fes or No-	14. RAC Blac	E — Americen Indien, ik, White, etc.
3 Widowed 4 Dive		IF YES, GIVE V	WAR OR DATES				NO Specify			Spec	
15. DEC	EDENT'S EDU	CATION completed)	16a. D	ECEDENT'S	USUAL OCC	CUPATIO	N st of working	16b. KIND OF I	USINESS/IN	DUSTRY	Difficit
Elementary/Secondary (College (1-4 or 5	- 4	fe. Do NOT us	e retired.)	ang mo	st or working				
12				C	OOK						
17. FATHER'S NAME (First, M	liddle, Last)						18. MOTHER'S NA	ME (First, Middle, Meid	en Sumeme)		
19e, INFORMANT'S NAME (Vne/Print)		1.	Ob MAII 110	ADDOCAC	(Day	and Albanah				
Inemiesex.com equicasi		ıs						Route Number, City or 1			20743
20g. METHOD OF DISPOSIT			20b. PLACE	AND DATEO	F DISPOSIT				OCATION -		IGHTS, MD
1 X Buriel 2 Crematic	(Specify)	oval from State	cemetery, c	rematory or oti	her place)			2-7-94			
21-BIONATURE OF FUNETIA	SERVICE LIC	ENSEL	732110		22. N	AME AN	D ADDRESS OF FA	CILITY			D. MD
Coulker	0	Kon	1000					NERAL SI			
23. PART I. Enter the d	Iseesea, pro	pmplications the	t coused the d	leeth Do n	Dt enter t	be mo	te of dylon auci	I AVE. I	W WA	SH.	DC 20011
ahock, Dr h	eert fellure.	Liat only one ceu	ise Dn each lin	10.			se or dying, acci	ir as cardiac or igi	piratory at	1600,	Interval Between
IMMEDIATE CAUSE (Fir disease or condition_	nal	Acn	in all cases								Onset and Death
resulting in death)		DUE TO	OR AS A CONS	EQUENCE OF	j: _						
		Sw.	allowing	Dy	5- Fun	Hic	1				
Sequentielly list condit if any, leading to imme		DUE TO	OR AS A CONSI OR AS A CONSI OR AS A CONSI	EOUENCE OF):	0	,				
Cause. Enter UNDERLY CAUSE (Disease or inju		c. Cer	ebroves	culer	Prs	49-	L				
that initiated events resulting in death) LAS					7:						
Touristing in death, End		s. U7	hoposcles	951							
PART II. Other algnifice	nt condition	a contributing to	deeth but not	reaulting is	n the und	erlying	ceuse given in	Part I. 24a. WAS	N AUTOPSY	248	. WERE AUTOPSY FINDINGS
								PERF	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								_ ' '	2 🗆 🗚	- 1	OF DEATH?
											1 YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL					26. PL	ACE OF DEATH (Che	ock only one)			
1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	ng Home	5 Residence	8 Other (Specify)			
27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY ey, Year)	28b. TIME	OF 2	8c. INJU	JRY AT	28d. DESCRIBE HOV	INJURY OC	CURED	
	Pending Investigation	į-nonii, D					25 2 NO	c	-		
3 Suicide 8	Could not be	28e. PLACE O building,	F INJURY — At h	ome, ferm, si	treet, fector	y, office		281. LOCATION (Stree City or Town, Sta	t end Numbe	or or Rural	Route Number,
	determined		-								
								to the cause(e) end n			e) end manner se stated.
296. SIGNATURE AND TITLE	OF CERTIFIE	L MT	7				29c. LICENSE NUM	BER	29d. DA	TE SIGNED	(Month, Day, Year)
- Usilor	11.6	1001 PLY					y2030	62	0	X/8/	14
30. NAME AND ADDRESS OF	ELS		SE OF DEATH (IT)	Below	Print)	PI) 11,	Hsville 1	VID :	2000	- 2
31. DATE FILED GADD, \$00.	Au) and					10	riga	וואטועכ ו	av <	2/0	diam.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with
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2	OR
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05521 94 FOR STATE REGIST STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	1. DECEDENT'S NAME (First	, Middle, Lest) th	В.	Boo	7	IOATE	- 01	DEA		2. DATE OF MONTH	DA		YEAR 3	3:20Å
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	, , ,	8. BIRTHPI	LACE (State or Foreig
	057 09 3595	5	1 🗆 M 2 🖫 🛣	76	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct.		917	Note:	York
	Se. FACILITY NAME (If not institution, give atreet and number)					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA								
DIRECTOR	Poctors Community Hospital						Lanham Prince Ge					corge's		
EC	10a. STATE	10b. COUNT			10c. CIT	TY, TOWN OR LOCATION					1	IOd. INSIDE CITY		
5	Maryland Prince George's Bowie												¥	LIMITS? YES 2 NO
ME	100. STREET AND NUMBER		10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?						
FUNERAL	2703 Filbert Lane								2071	.5	=	Uni	ted S	States
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES NO					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify yes, specify Cuban, Maxican, Puerto Rican, e 1 ☐ YES 2 ☐ NO Specify:						etc.) Black, White, atc. Specify:		
ED	15. DEC	EDENT'S EDU	JCATION a completed	16a.	DECEDENT'S	USUAL O	CCUPATI	ON		-	ND OF BUS	INESS/INC	DUSTRY	WILLEC
LET	Elementary/Secondary (I	0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u		uumg m	ust or workin	v					
MP	12 Homemal													
COMPLET	17. FATHER'S NAME (First. Middle, Last) William C. Banks						18. MOTHER'S NAME (First, Middle, Malden Surname) Mary Jane MacDonald							
BE	19a. INFORMANT'S NAME (19b. MAJLING	3 ADDRESS	S (Street		_	Route Number,			Code)	
2	Jack S. Bo			Tarille.						re Bo				20715
	20e. METHOD OF DISPOSIT		novel from State		CE AND DATE		ITION (N	ame of		DATE	20c. LO	CATION —	City or Town	n, Stela
	4 Donation 5 Other	r (Specify)		Metr	cremetory or copoli	tan					A1	exan	dria	Virgini
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A.													
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximate													
CERTIFICATION	Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING													
ERTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST						OF):							
	PART II. Other significa	ent conditio	ns contributing to	deeth but no	ot resulting	In the underlying cause given in Part i				Part I. 24	a. WAS AN	AUTOPSY	24h V	VERE AUTOPSY FINE
MEDICAL											PERFOR	MED?	6	WAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
SICIAN:	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF D	EATH /C/H	eck only one)				
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER	R:			6 Other (S	pec#v)			
PHY	27. MANNER OF DEATH 1 Natural 5	Pending	28a. DATE OF (Month, D		28b. TII		28c, IN.	JURY AT ORK?		28d. DESCR		NJURY OC	CURED	
ED BY	2 Accident 3 Suicide 6 4 Homicide	2 Accident 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or fown. State)									ON (Street s own, State)	and Number	r or Rural Ro	ute Number,
MPLET	4 Homicide determined building, stc. (Specify) City or Yown, State)													
	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(s) and man													
CON	(Check only one) 2 MED	ICAL EXAMIN	ER: On the beals of a											and manner as stat
TO BE CON	(Check only one) 2 MED AND TITLS	DF CERTIFIE	ER: On the beals of a	xamination and/	or Investigati	on, in my c	opinion,	death occur	red at the	time, data and	d place, an	d due to ti	ne cause(a)	
BE CO	(Check only one) 2 MED	PERSON MANUAL PROPERTY OF CERTIFIE PROPERTY OF CERT	ER: On the beele of a 티르아오아 가 또 Knee 원호(2025 SUBJECTS - 대한	SE OF DEATH (I	for investigation of the second of the secon	a, Print)	DLY, I	29c. LICE	red at the	time, data and	d place, an	d due to ti	ne cause(a)	
BE CO	(Check only one) 2 MED 200. BIGNATUSE AND TITLS	PERSON W	ER: On the beele of a 티르아오아 가 또 Knee 원호(2025 SUBJECTS - 대한	SE OF DEATH (I	for investigation of the second of the secon	a, Print)	DLY, I	29c. LICE	red at the	time, data and	d place, an	d due to ti	ne cause(a)	



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DIVISION OF VITAL RECORDS, P.O. BOX 68760. BALTIMORE, MARYLAN

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TIP THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARY	CERTIF	RTMENT OF H	DEATH	REG. NO	E 9	4 05522
	1. DECEDENT'S NAME (First, Middle, Last)							3. TIME OF DEATH
	Marie Louise	Bowie				ebruary	5 199	
	4. SOCIAL SECURITY NUMBER 215486393		(In yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	June 3, 18		BIRTNPLACE (State or Foreign Country) arvland
TOR	so. FACILITY NAME (If not institution, give st Southern mary la RESIDENCE OF DECEDENT		al cent		n LOCATION OF DE		9c. COUNT	y of DEATH e George's
DIRECTOR	Maryland Prince		4-1	TY, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 J. NO
	10e. STREET AND NUMBER	e George's	I FO	restvill	. ZIP CODE		10- CITIZE	N OF WHAT COUNTRY?
FUNERAL	7/20 Man1hana Dil							
N.	7420 Marlboro Pike		IM II C ADMED	12 48 050	20747	IC ORIGIN? (Specify Yes		S. A.
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2-1-1NO DATES	If yes, sp	ecity Cuban, Mexicar 2 2 MO Specify.	, Puerto Rican, etc.)	l or No — 1	I. RACE — American Indian, Black, White, atc. Specify:
ED	15. DECEDENT'S EDUC	CATION	164 DECEDENTS	B USUAL OCCUPATION	OM.	16b. KIND OF BU	SINESS/INDI	White
COMPLETE	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT to Homema	work done during mo use retired.)	est of working	At Hon		
ш	17. FATHER'S NAME (First, Middle, Last) Allen Perrie Bov	vie				ME (First, Middle, Maiden Louise Bo		
TO B	196. INFORMANT'S NAME (Type/Print) Mary T. Arnold					Nashington		20744
	20e. METHOD OF DISPOSITION 1 M Burisi 2 Cremation 3 Reme	0.011 0.0110	interery, cramatory or	Enicono	ame of 2/8/94 1 Cemeter	For	estvi.	lle, Maryland
	21. SIONATURE OF FUNERAL SERVICE LIC	ENSEE	DIPHATY	22. NAME AI	ND ADDRESS OF FAC	CHLITY TO THE	1 T	Home, Inc.
	1 Sel Bates	>		6633	Old Alexa	ander Ferr	y Rd.	Clinton, Md.
	23. PART L Enter the diseases, or of shock, or heart failure.	complications that cause	ed the death. Do	not enter the mo	ide of dying, auch	aa cerdiac or reap	iratory arres	Approximate
	iMMEDIATE CAUSE (Finel disesse or condition	Respirato		lure				Onset and Death
		DUE TO (OR AS	A CONSEQUENCE	*				
Z		Right-sid	ded Pne	umonia				48-72hrs
ATIC	Sequentially list conditions, if any, iseding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	A CONSEQUENCE O					
RTIFIC	resulting in death) LAST	4						
CERTIFICATION		d						
-	PART II. Other significent condition					DEDECT		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
-	PART II. Other significent condition Severe hypoxel	mia even c	n high	oxygen	, coron	DEDECT	RMED?	
-	PART II. Other significent condition Severe hypoxel artery disease	mia even c	n high	oxygen ngestiv	, coron e heart	ary 1 TYES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
-	PART II. Other significent condition Severe hypoxel	mia even c	n high	oxygen ngestiv	, coron e heart	ary 1 TYES	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_	PART II. Other significent condition Severe hypoxel artery disease	mia even c	on high onic con nic illa	OXygen ngestiv ness,fa	, coron e heart	ary 1 ves 2	NO NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	PART II. Other significent condition Severe hypoxer artery disease failure, anemi 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	mia even o with chro a of chron	on high onic con nic illr tpettent 3 DOA	OXYGEN ngestive ness,fa: 26.Pi OTHER: 4 Nursing Non ME OF 28c. IN. WC	, coron e heart r-advan	ary 1 ves 2	97	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significent condition Severe hypoxet artery disease failure, anemi 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 TYES 2 NO 27. MANNER OF DEATH	with chron of chron of chron 1 Alphalem 2 CRIVOU	on high onic con nic ill tention 3 DOA 28b. TH	OXYGEN ngestiv ness,fa 26.Pi OTHER: 4 Nursing Norn ME OF 28c. IN. JURY M 1	coron e heart r-advan LACE OF OEATN (Che to 5 Residence HURTY AT HERY YES 2 NO	PERFOI 1 VES 2 Ced age ck only one) 6 Other (Specify)	9 7	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition Severe hypoxel artery disease failure, anemi 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 296. CERTIFIER (Check only) CERTIFYING PNYSH	mia even of with chrona of	on high onic con nic ill typetlent 3 DOA 28b. Til IN TY — At home, farm,	OXYGEN AGENTIAL AND ADDRESS A	COYON e heart r-advan LACE OF OEATN (Che to 5 Residence INRY YES 2 NO e and place, and due	PERFORM T YES : CCC age ock only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(s) and ma	9 7 INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
BY PHYSICIAN: MEDICAL	PART II. Other significent condition Severe hypoxel artery disease failure, anemi 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 296. CERTIFIER (Check only) CERTIFYING PNYSH	with chro a of chron HOSPITAL: 1) A inpetient 2 = ER/Ou 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (Sp	on high onic con nic ill typetlent 3 DOA 28b. Til IN TY — At home, farm,	OXYGEN AGENTIAL AND ADDRESS A	COYON e heart r-advan LACE OF OEATN (Che to 5 Residence INRY YES 2 NO e and place, and due	PERFOLATION (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Fown, State) to the cause(s) and mailing, data and place, as	9 7 and Number of the due to the	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,

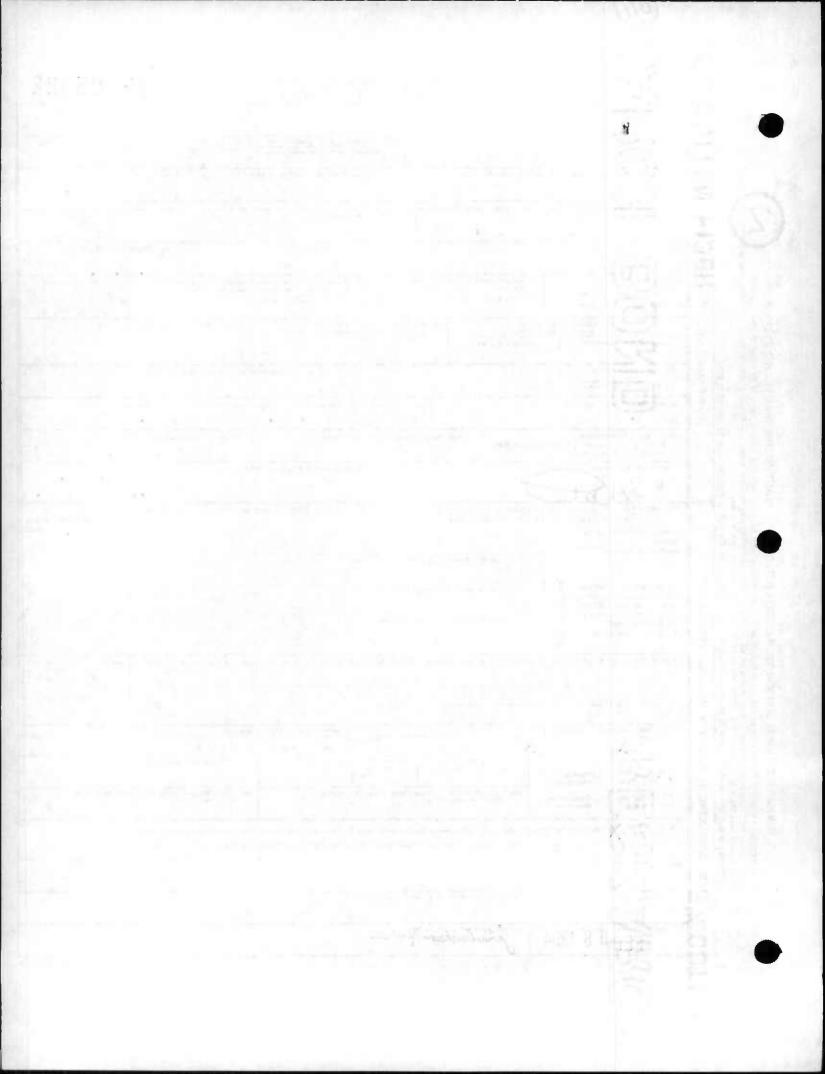
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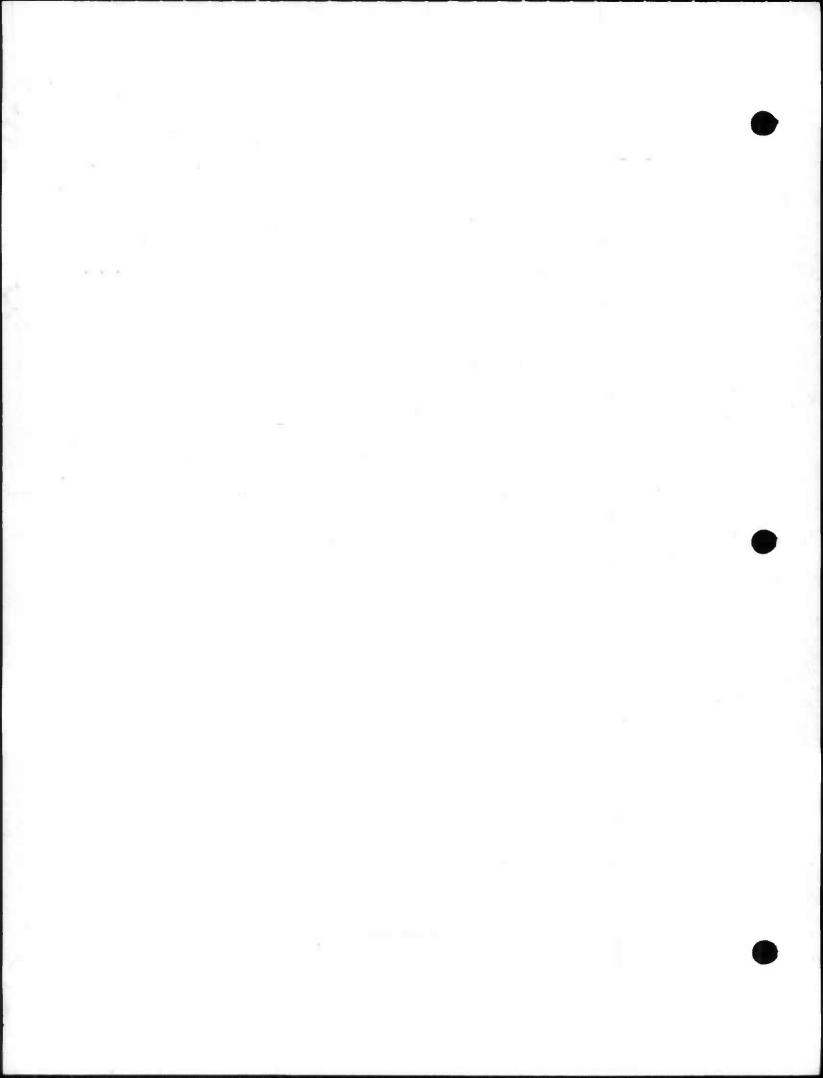


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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR Alice Eleanor 1994 Benden February 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTNPLACE (State or Foreign MOUNE 1 - M 2 V 193-10-8514 May 24, 1916 PA 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 1910 Billings Avenue Capital Heights Prince George's 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Capitol Heights Maruland Prince George's 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1910 Billings Avenue page 5 should be detached for use as the burial-transit 20743 U.S.A. the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuban, Maxican, Puerto Rican, etc.)

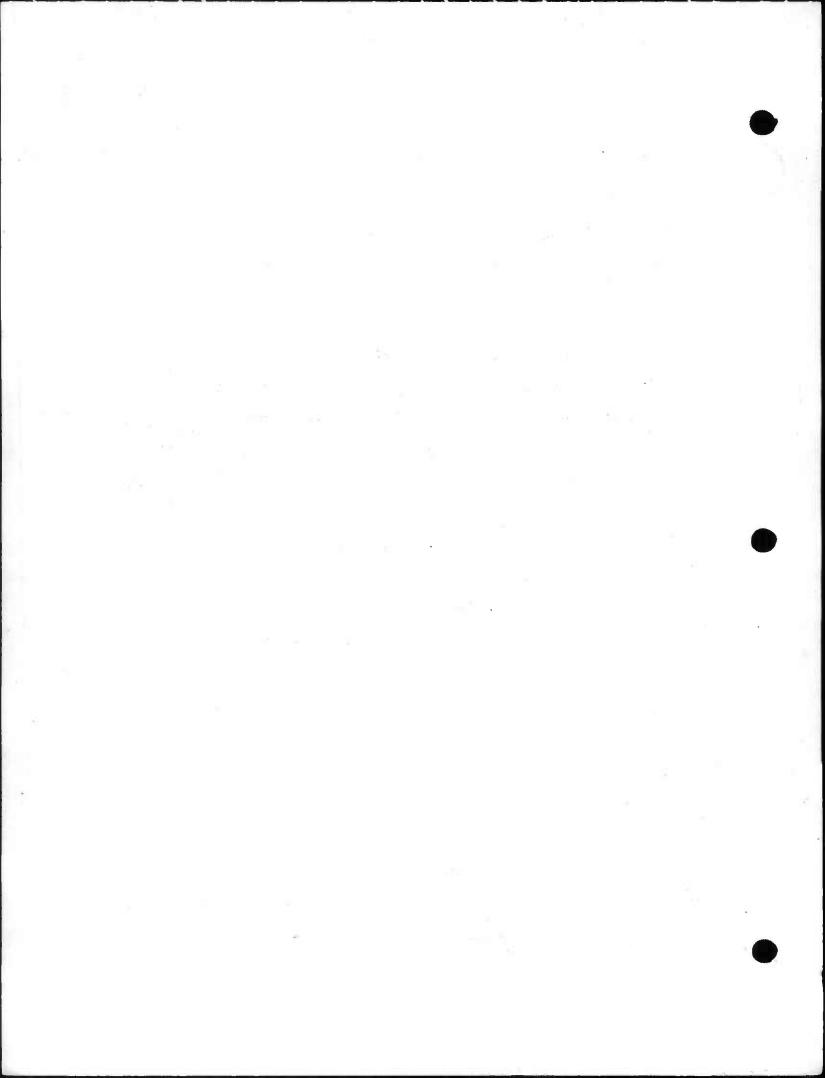
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. LAND 21215-0020 1 Never Merried 2 Merried FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES Specify В 3 Widowed 4 Divorced Caucasian COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 186. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 8th N/A Homemaker Home ORCE. 17. FATNER'S NAME (First, Middle Last) 16. MOTHER'S NAME (First, Middle, Meiden Sumeme) Ħ John Grodes BE Amelia Stephenovich be notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Cletus Benden Same as 10 A-F 20e. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must l 1 M Buriel 2 Cremetion 3 R 4 Donation 5 Dother (Specify) filled in by the funeral director, Cemeteru 9 1994 Suitland Maruland examiner 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd Clinton, Md20785 23 shows any injury, or other traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate cremation, or IMMEDIATE CAUSE (Final Onset and Death Cancer disease or condition resulting in death) and completely fi o burial, cremation DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 0 If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST attending the atten Mental h PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? Signed by the 1 | YES 2 1 YES 2 NO DIVISION OF VITAL RE certificate has been in the State Dept. of PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: HOSPITAL DR ATTENDING PHYSICIAN: 1 TYES 2 Inpatient 2 ER/Outpatient 3 DOA the 27. MANNER OF DEATH L DIRECTOR: After this cent hours after death with the litem 28 is marked, o 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 26d. DESCRIBE NOW INJURY OCCURED Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not ba COMPLETED 4 Homicide TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT: If item 21 29e. CERTIFIER CERTIFYING PNYSICIAN: To the best of my knowledge, death occur 29c. LICENSE NUMBER BE 0 DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day. Mondall 1994 0

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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-)	1. DECEDENT'S NAME (First, Middle, Last)						MONT	OF OEATH	NY .	YEAR 3.	TIME OF DEATH	
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7	1		4. SOCIAL SECURITY NUMBER 577-09-7458	1 🗆 M 2 📈 F	93	YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	SEB	OF BIRTH	00 u	vashi	ngton, D.	
C	actual	100	90. FACILITY NAME (If not institution, give str Physicians Memori RESIDENCE OF DECEDENT			- 1	ary, town o	R LOCATION OF DE	ATH		Charl		Н	
permit. Pages 1,	OIBEC		100. STATE 10b. COUNTY Maryland Charle	8	10	ISS	VN OR LOCAT	ION					d. INSIDE CITY LIMITS? YES 2 NO	
200	FIINEBAI	EHAL	11515 Honeysuckl	e Court			10t	2064	5				states	
215-0020 attending physician.	2	5	11. MARITAL STATUS 1 Never Married 2 Merried 3XXWIdowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO		If yee, spe	ENDENT OF HISPAN acity Cuben, Mexica 2 NO Specifi	n, Puerto	Y? (Specify Yes Ricen, atc.)	or No- 1	4. RACE — Bleck, W Specify: Whit		
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AN the hos	at once.	- 11	17. FATHER'S NAME (First, Middle, Last) William August	Reinburg		manaic	0.0	18. MOTHER'S NA			Sumeme)			
MAR retained 5 should	TO B	1	190. INFORMANT'S NAME (Type/Print) JOANN Shepherd		19b. M.	AILING ADD	RESS (Street e	nd Number or Rural i	Poute Num	ber, City or Tow				
ORE 6 may	r must be	200. METHOD OF DISPOSITION 1 VI Burlet 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 200. PLACE AND DATE OF DISPOSITION (Name of Canal Fill Pher Cage Nettery Feb 7, 1994 Suitland									id, M	aryland		
BALTIMOR after death. Page 6 ma	val. Il examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, I Old Alexnader Ferry Road, Clinton, M 20735 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, App												
BOX 68760, ficate be executed with ours physician and completely filled in b	ma hygene prof to butal, cremation, or removally, or other traumatic event, the medical of CERTIFICATION		23. PART I. Enter the diseases, or c shock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUE	NCE OF):	tus	de of dying, suc	h ee car	dlac or reapi	ratory arrei	nt,	Approximate interval Betwee Onset and Deat	
RECORDS, P v requires that the death been signed by the atten	hows any injur		PART II. Other significent conditions	e contributing to death bu	npt reeu	oliting in the	underlying	g cause given in	Pert I.	24a. WAS AN PERFOR	RMED?	AM CC OF	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
上年 章	ed, or item 23 s PHYSICIAN:		25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpet	tient 3 🗆 I		HER:	ACE OF DEATH (Ch						
O ₹ ₹	> 본 .	- 11	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28	8b. TIME OF INJURY		URY AT RK? YES 2 NO	28d. DE	SCRIBE HOW I	NJURY OCCU	RED		
ISI TEN	28 is		3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	At home,	ferm, atreet,	tactory, office			CATION (Street or Town, State)	and Number of	r Rurai Rout	e Number,	
3 3	i ite			CIAN: To the best of my knowle R: On the basis of examination									d menner ee stated.	
TO THE HOSPIT	IMPORTAL O BE C		29b. SIGNATURE AND TITLE OF CENTIFIER	harm A	1D			29c, LICENSE NUI			29d. OATE	SIGNED (M	onth, Day, Yeer)	
6	\ [*]		SO. NAME AND ADDRESS OF PERSON WHE Nirendra N. Bhadu	ri, M.D.		7) (Type, Print)	6 Pos Waldo	t Office rf, Mary	Roa lanc	d,#101 20604	,P.O.	Box	1437	
			FEB 0 8 1994	32. REGISTAAR'S SIGNA	Son-R	ndalla	ah	À.						



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60 BALTIMORE, MARYLAND 21215-0020 with mours after death. Page 6 may be retained by the hospital or attending physic

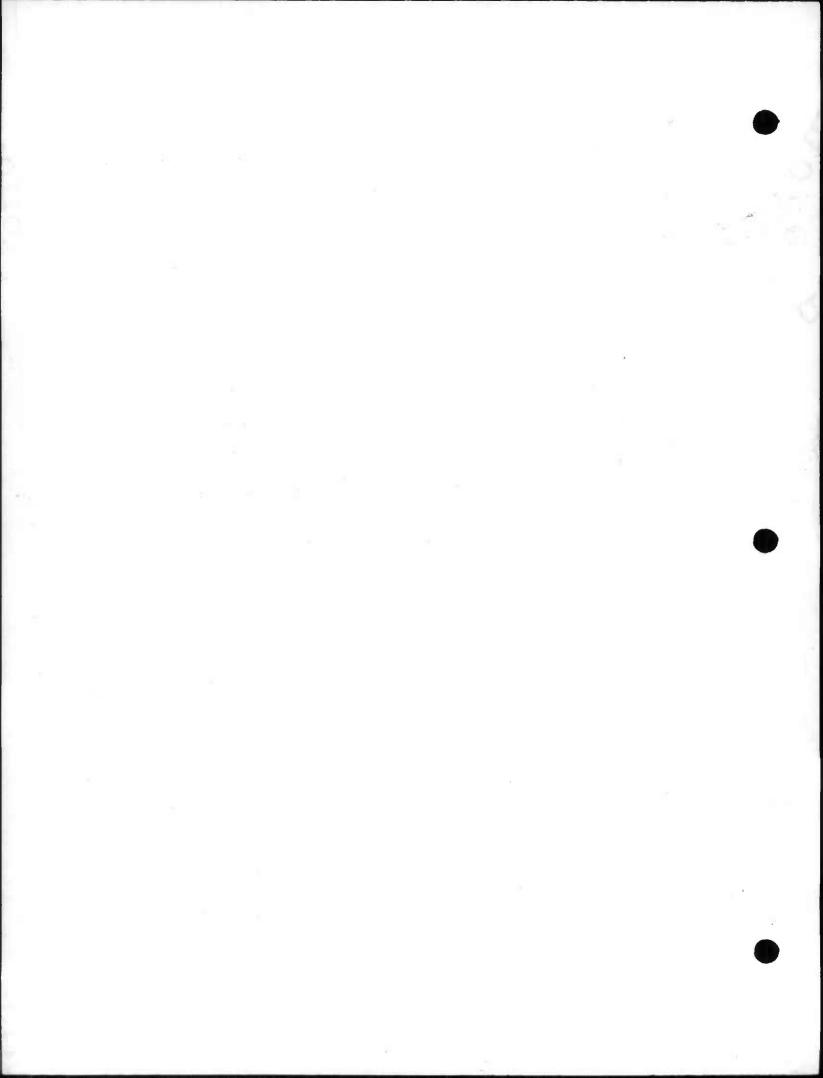
DIVISION OF VITAL RECORDS, P.O. BOX 68760

92. REGISTRAN'S SIGNATURE
Grina Savidson-Rondane

DHMH-18 Rev 1/89

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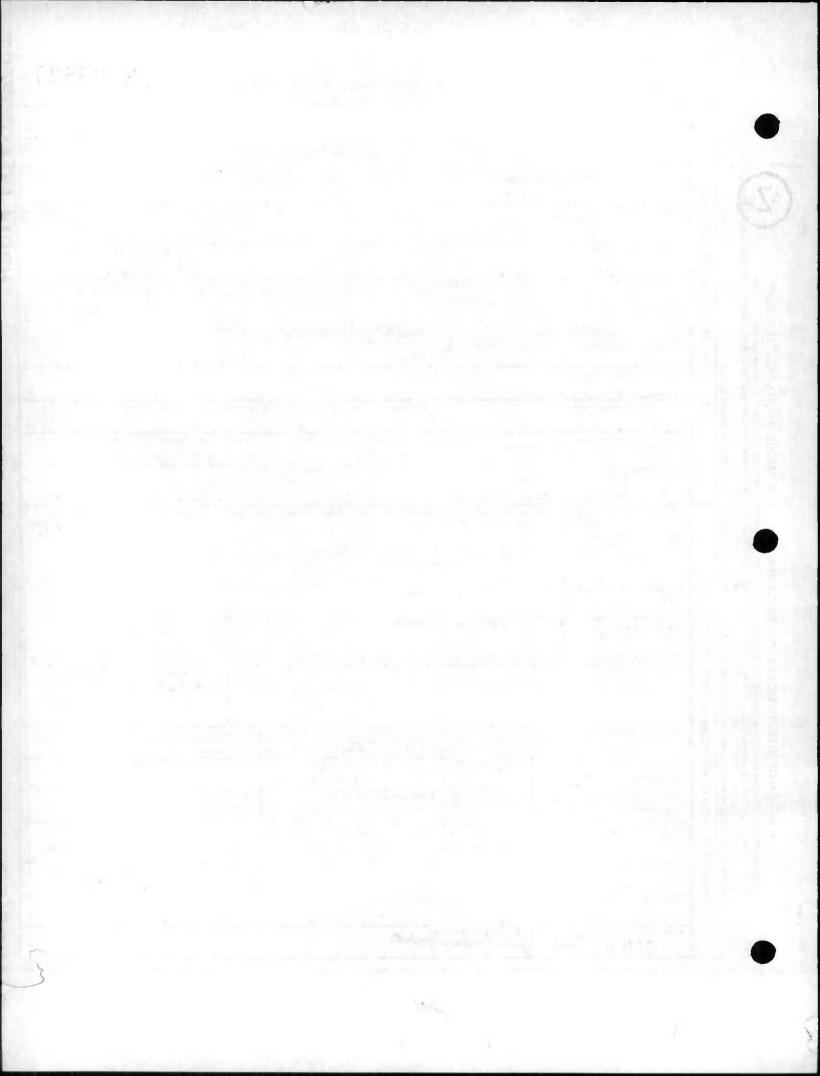
DIVISION OF VITAL RECORDS, P.O. BOX 68760



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed writing. Then after death, Page 6 may be retained by the hospital or attending physician.	10 THE FUNELMAL UNELIUM; After this certaincate has been signed by the attending physician and completely filled in by the transfer part of the signed by the attending physician and completely filled in by the signed by the State Debt, of Health and Mental Hyglene prior to burlal, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITA	TO THE HOSPITAL OR ALTENDING PHYSICIAN; The	TO THE FUNEKAL UNHECTOR; After this certificate in the filed within 72 hours after death with the State (IMPORTANT: If item 28 is marked, or item

A DECEDENTIS NAME (First Middle In	et)		ENTIF	ICATE	UF	DEA	П	1	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lau	Vivian		aylor					2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH 9:35 P.
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, Di	BIRTH		8. BIRTH	PLACE (State or Foreign
577-34-1689	1 0 M 2 X F	66	YRS.	MONTHS	DAYS	HOURS	MIN.	March		927		nington, I
9a. FACILITY NAME (If not institution, given	re atreet and number)			9b. CITY	, TOWN	R LOCATI	ON OF O	EATH		9c. COU	INTY OF DE	EATH
Pleasant Living	g Nursing	Home		Edg	ewa	ter				Anne	e Aru	ınde1
10a. STATE 10b. COU			10c, CIT	Y, TOWN C	OR LOCAT	ION						10d, INSIDE CITY
			Was	hing	ton,	D.C						LIMITS?
10e. STREET AND NUMBER					101	ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?
3611 Alton Pla	CO N W				1 2	0008				I	J.S.A	
11. MARITAL STATUS	12. WAS DECEDER			13.				NIC ORIGIN? (S	Specify Yes			- American Indian, White, atc.
1 X Nover Married 2 Married	FORCES?	MAR OR DATES	NO		If yes, sp	ecity Cuba	n, Mexic	en, Puerto Rica	n, atc.)		Black	, White, atc.
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(Specify only highest gri		- 4	Give kind of te. Do NOT u	work done is retired.)	during mo	st of working	g					
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12			<u>Clerk</u>		_				.R.S.			
17. FATHER'S NAME (First, Middle, Last)								AME (First, Midd				
Vivian Vance Car	ylor							Kathar				
19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS	S (Street a			Route Number,			p Code)	
Harry B. Kemp		1	107 h	hirra	v D	rivo						
20e. METHOD OF DISPOSITION			EANDDATE					DATE	200.100	CATION -	City or Tox	en State
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21. SIGNAPONE OF FUNERAL SERVICE	Copies /	//		I ZZ.	NAME A	Cat	SS OF F	's Son	c			20016
- Lenny	1. +-	.(/								Uac		ton, D.C.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONS	EOUENCE O	F):	2							
PART II. Other eignificant condit	d.	death but not	moulting	in the un	elaelule.		eluse le	Bed La	a. WAS AN			
						, , ,			PERFOR	MED?	240.	WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
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EXAMINER?	HOSPITAL:	FR/Outnoties	3 🗆 2004	ОТНЕ			alda	8 Other (S	manth d			
27, MANNER OF GEATH	25a, DATE OF		28b. TIN		28c. INJ		=HOSINCS	28d. DESCR		Lilley on	Cliber	
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3 Suicide 8 Could not 8	building	OF INJURY — At I , etc. (Specify)	nome, farm,	street, fact	tory, offic	•		281. LOCATH City or T	DN (Street a lown, State)	nd Numbe	or or Rural A	loute Number,
onel	YSICIAN: To the best o) and manner as state
296. SIGNATURE AND TITLE OF CERTIF	FIER					29c. LICI	ENSE NU	MBER	I	29d. DAT	TE SIGNED	(Month, Day, Year)
mudekeles	DO Test	- Medici	na			11/	141	84			PIII	90
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CALL	SE OF DEATH OF	FM 27 (3-	Drine1		II.	1-1-1	0 1		0	7 7	17
Marsha Blakesle	e, M.D.	7706 Q	uarte		1d F	kd.	G1e	n Burn	ie, M	D. 2	1060	
31. DATE FILED (Month, Day, Year)	32 REGISTR	WIGGOT-	nda DO								-	W PART
FEB 0 1 1994	4 June 1	midon-No	- lane									

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FUNERAL

BY

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notified at

must be

Item 23 shows any injury, or other traumatic event, the medical examiner

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

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COMPLETED

BE 2

OF DEATH			T	- 00	000	
REG. NO.	24	U	U	0	Lu	-
LHYGIENE	QI.	Ω	7	4	1	1

10d. INSIDE CITY LIMITS? 1 YES 2 NO

8. BIRTNPLACE (State or Foreign Nebraska

AM

d	Marth		herine	Conne	r					Peb. 13		9 9 4	3. TIME OF DE
	4. SOCIAL SECURITY NUMBER 218-56-133		5. SEX 1 M 2 X F	6. AGE (In yrs.)	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Morth, Day, Year) Jan. 10,1	910		PLACE (State or any) Oraska
OR	90. FACILITY NAME (# not # Harford Me	emorial	,	al				de Gi				NTY OF O	
5	RESIDENCE OF DEC	CEDENT											
DIRE	Maryland	10b. COUNTY Har	ford			y, town o		TION					10d. INSIDE CIT LIMITS? 1 YES 2
RAL	10e. STREET AND NUMBER 601 Cornel		et, Apt.	206			200	1001	E	Mark to A	10g. CIT USA	IZEN OF	WHAT COUNTRY?

10e. STREET AND NUMBER 601 Cornell Street, Apt. 206 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES

13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or If yea, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 YES 2 XNO Specify: Specify:

Iuvaffss

	1		MITTLE
15. DECEDENT'S (Specify only highest g		16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINESS/INDUSTRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemaker	Home
17. FATHER'S NAME (First, Middle Last		14 MOTHER'S	MASSE /First Atlatetic Atlates Commons

Henry Bornemann 19a. INFORMANT'S NAME (Type/Print)

3 ♥ Widowed 4 □ Divorced

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

3801 Baltimore Pike, Littlestown, Pa. 17340 Charles/T. Conner 20a. METHOD OF DISPOSITION
1 Disposition 3 Disposition 3 Donation 3 Donation 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE fell Air Membrial Gardens 2-16-94 Bel Air, Md.

23. PARTY Inter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

22. NAME AND ADDRESS OF FACILITY
HOWARD K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. 21009

Emma

anock, or neart falls	Iry. List only one cause on each line.	Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Carlis - Nulmonary abrest	Onset and Dea
Sequentially list conditions,	Lever by 26 to Central News Fren	
if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE OF):	
that initiated events resulting in death) LAST	. Soute mie ASCVO	

The state of the s	- Contributing to death but not re	solding in the underlying cause given	III Part

PERFORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE
1 TES 2 NO	OF OEATH?
	1 TES 2 NO

25. WAS CASE REFERRED TO ME	DICAL	26. PLACE OF DEATH (Check only one)						
EXAMINER? 1 YES 2 NO		HOSPITAL: 1 inpatient 2 ER/Outpatient	OTHE 4 Nu	R: Irsing Home 5 - Residence	e 6 ☐ Other (Specify)			
27. MANNER OF DEATN 1 Netural 5 Pend 2 Accident Invest	ling itigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TII	ME OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOW INJURY OCCURED		
3 Sulcide		28a. PLACE OF INJURY - A	home, farm,	street, fac	ctory, office	261, LOCATION (Street and Number or Bural Bouts Number		

29a. CERTIFIER	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated	
40h 1 1.	Light CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and this to the causala) and manner as eleter	1
ICHICK ONLY		*
one)		

MEDICAL EXAMINER: On the basis of sxamination	n snd/or investigation, in my opinion, death occured at the time, date and place,	and dus to the cause(s) and menner as stated.
29b. SIGNATURE AND THE OF CERTIFIER	29c. LICENSE NUMBER	29d DATE SIGNED (Month Day Year)

Juny	D20655	1 2/13/94
30. NAME AND A SORIESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)		TADRE DE GLYCE, 40

Sedia Davidor To

DHMN-16 Rev 1/89

nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event,



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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE	OF DEATH		REG. NO				
1. DECEDENT'S NAME (First,							2. DATE	OF DEATH	eb 3	, 199K/s.	TIME OF DE	ATH
Woo Bok C							2	-	3	19 3	2:53	P
SOCIAL SECURITY NUMB		5. SEX		rrs. lest birthday)	MONTHS 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		OF BIRTH		8. BIRTHPLA Country)	ACE (State or	Foreign
139-70-80		1 M 2 7 F	8	33 YRS.		25.55/10		9, 19	10	Kore	ea	
. FACILITY NAME (If not in						OWN OR LOCATION OF	DEATH		9c. COUI	NTY OF DEAT	н	
Montgomer	y Gene	ral Hosp	<u>ital</u>		0	lney			Mo	ntgome	ery	
e. STATE	10b. COUNTY				, TOWN OR					10-	d. tNStDE CI	TY
Maryland	Mon	tgomery		S	ilver	Spring				1	LIMITS?	NO
14909 Duny	/egan	Ct				101. ZIP CODE 20	906			zen of wha m Resi		
1. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.	S. ARMED	13. W	S DECENDENT OF HISP	ANIC ORIGI	N? (Specify Yes	or No—	14. RACE — Black, W	American to	dlen,
Never Married 2 Wildowed 4 Divo		FORCES? 1 IF YES, GIVE W	AR OR DATE	z X NO		res, specify Cuban, Mexi		Rican, etc.)			Asian	
	EDENT'S EDUC highest grade		16	Se. DECEDENT'S	USUAL OCC	UPATION ing most of working	168	. KIND OF BUS	SINESS/IND	USTRY		
Elementary/Sepondary (0		College (1-4 or 5 +)	life. Do NOT us	naker	ing most of working		Orma II.				
1.4				11011161	maker			Own Ho				
(Unobtaina	able)	Sun					btain	able)	Lee			
Dr. Young	S. Ch	oi		19b. MAILING 4200 T	ADDRESS (S	street end Number or Run r St, Kens	ingto	ber, City or Town	n, Stelle, Zip 2089.	Code)		
AZMETHOD OF DISPOSITI	ON 3 Page	coral forum State		ACE AND DATE O		ON (Name of	DAT	E 20c. LO	CATION -	City or Town,	State	
☐ Donation 6 ☐ Other	(Specify)		Ge	ry, crematory or ot ate of I	Heaver	n Cemetery	Feb	5 Si	lver	Sprin	ig. MT)
SIGNATURE OF FUNETIAL	SERVICE LIC	oled . 11			22. NA	ME AND ADDRESS OF	FACILITY H	ines-R	inal	di Fur	eral	Home
NAME OF	NI	Model			1180	00 New Ham	pshir	e Ave,	Silve	er Spr	ing.	MD 2
3. PART I. Enter the di	seases, or c	omplications that	ceused th	ne deeth. Do n	ot enter th	e mode of dying, au	ich as can	diac or reapi	ratory arr	eat.	Approxi	mate
ahock, of he MMEDIATE CAUSE (Fin	ert imilite.	List only one ceu	se on eech	ine.		_					interval	Between
lisease or condition	→	. 52,		a st	12 11.	# 1	01	4			4	no Double
eaditing in death)	,	DUE TO	OR 45 A CC	ONSEQUENCE OF	1:	7		1			1	1
e de la marca de la comunicación d		a I I V	1	100	2	2 He	mu	nh	ILC	2	1 -	7/2
Sequentially list condition of the sequential sequential in the sequential se	liate	O DOE TO	OR AS A CO	DISEQUENCE OF	j:	0	. (D			N.
cause. Enter UNDERLYii CAUSE (Disesse or injui		. J. rem	me	ix K	ich	vaex B	and	mA	new	MUM	1-3	has
hat initiated events esuiting in death) LAST		DUE TO	OR AS A CO	INSEQUENCE OF): /			,		0		
		d										
ART ii. Other significat	nt condition	a contributing to	deeth but	not resulting is	n the unde	riying cause given i	n Part 1.	24a. WAS AN		24b. WE	RE AUTOPSY	FINDINGS
								PERFOR	-		MPLETION DE	
								1 YES 2	PNO		DEATH?	
										1 1	YES 2	NO
WAS CASE REFERRED TO	MEDICAL					26. PLACE OF DEATH (C	Chack only or	ne)				
EXAMINER? 1 YES 2 NO	Ì	HOSPITAL: 1 Inpetient 2	FR/Outpatia	of 3 [] DOA	OTHER:						4	
MANNER OF DEATH		26s. DATE OF	INJURY	28b. TIME		g Home 5 🗌 Residence		CRIBE HOW II	LIURY OCC	TIBED		
	Pending	(Month, Da	ly. Year)	INJU	JRY	WORK?	100.00	JOHNEL HOW II		ONED		
2 Control	nvestigation	28e. PLACE OF	INJURY	At home, ferm, at			281, LOC	ATION (Street e	nd Number	or Bural Boids	Number	
	Could not be letermined	building, e	etc. (Specify)					or Town, State)	.,,	or ribrer ribbie	realinear,	
. CERTIFIER	EVING BUYOU											
						, date end place, end du						
			amination en	Cor investigation	i, th my opin	ion, death occured at th	ne time, date	end place, en	due to the	o ceuse(s) end	d manner ee	stated.
b. SIGNATURE AND TITLE	OF CERTIFIER	10	· /) 40.	1	29c. LICENSE N	UMBER		29d. DATE	SIGNED (MO	th, Day, Year	r)
Konne	1	Viru	1	a M	J.D.	D195	-80		14	te	696	1
NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type,	Prist)		0					
8111 1/2	or h	1010	75	Vien C	1/1	y My	2					
FEB W. Park 1	994	gusta gusta	Cachon 16	Herris		U						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Jeans after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit in be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

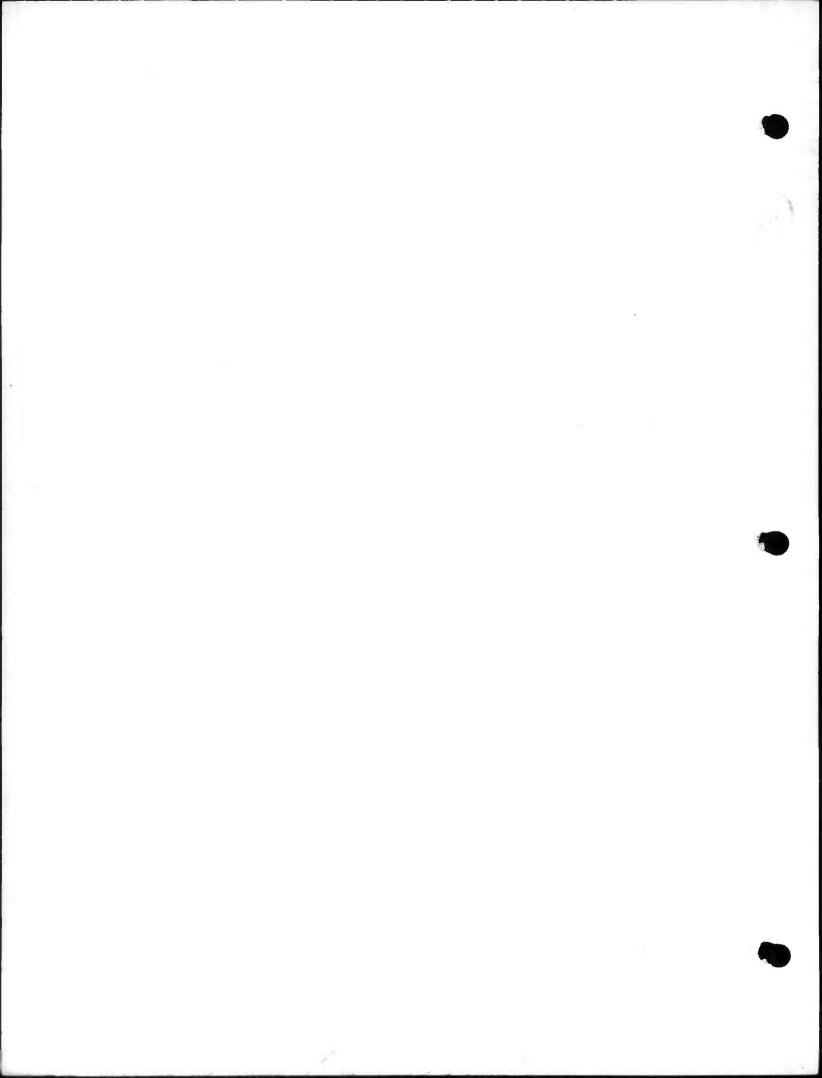
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

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death Page & may be retained by the hospital or attending the principle
Pane 6 may be n
r death

DIVISION OF VITAL RECORDS, P.O. BOX 68760.	BALTIMORE, MARYLAND 21215-0020
DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.	age 6 may be retained by the hospital or attending physician.
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per hours after death with the State Debt, of Health and Mental Molene prior to burial, cremation, or removal.	director, page 5 should be detached for use as the burial-transit per
the second secon	

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DANIEL HANNON,

JAN 29 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ALERSHAN SON HARD

M.D.

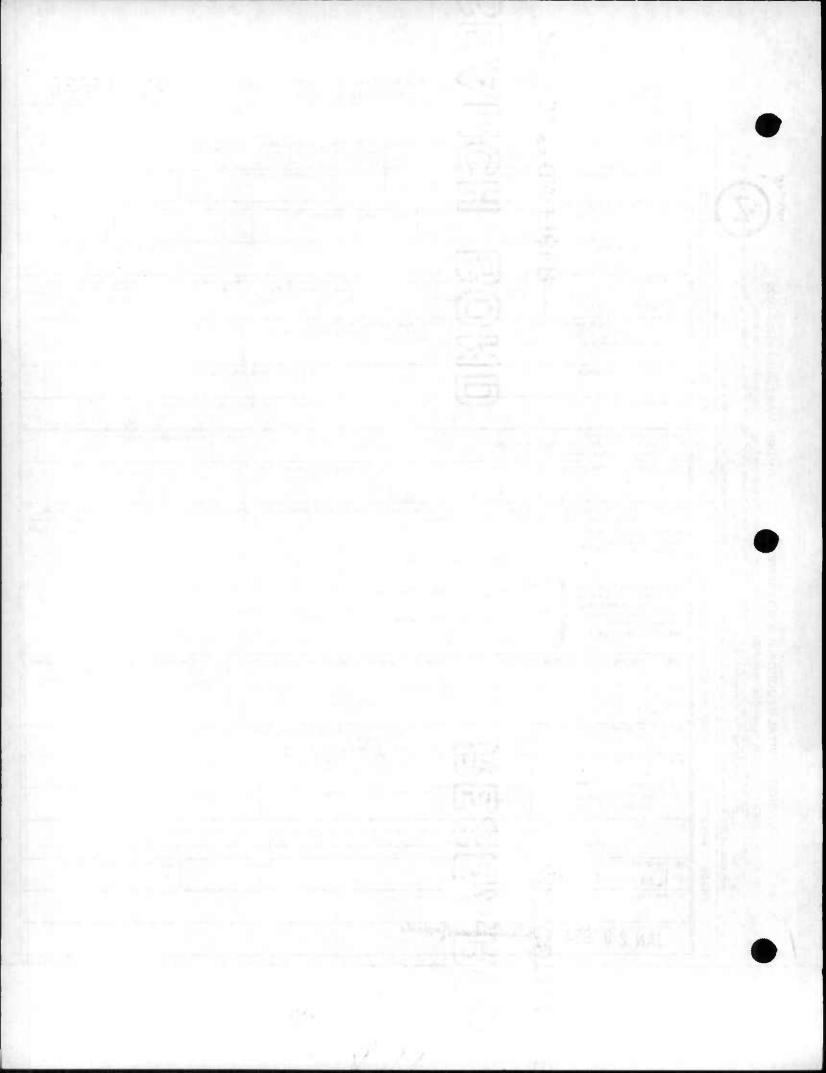
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 91 FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH THOMAS RAY COLLINS 01 1994 10:55 A M 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign Country) DAYS 1 M 2 | F 251-18-0512 79 JUN. 10, 1914 SOUTH CAROLINA 9a. FACILITY NAME (If not institution, give alreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF OEATH DIRECTOR BROOK GROVE NURSING HOME OLNEY MONTGOMERY RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY POOLESVILLE 1 YES 2 NO FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 17405 HOSKINSON ROAD 20837 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES Z NO Specify: Specify: BY 3X Widowed 4 Divorced WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 8 TRUCK DRIVER CAUSEY AND LONG 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ASA L. COLLINS BE SUSAN SMITH 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 **GLENDA** CHAPMAN 17405 HOSKINSON ROAD POOLESVILLE MARYLAND 20837 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State HILLCREST CEMETERY CONWAY, SOUTH CAROLINA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. avo 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart fellure. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition . PNEUMONIA 48 HRS. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PARKINSON'S 3 YR NO Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate cause. Enter UNDERLYING CERTIFICAT CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES 2 X NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 6 □ Residence 6 □ Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 ☐ YES 2 ☐ NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY 3 Suicide 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined ETED. 4 Homicide 29e. CERTIFIER (Check only one)

2 MEDICAL EXAMINED: On the heat of avarianting ender improvements and the time, date and place, and due to the cause(a) and manner as stated. COMPL TO THE HOSPITAL
TO THE FUNERAL I
De filed within 72 h
IMPORTANT: If I 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

D 23124

18111 PRINCE PHILIP DRIVE OLNEY, MARYLAND

1-25-94

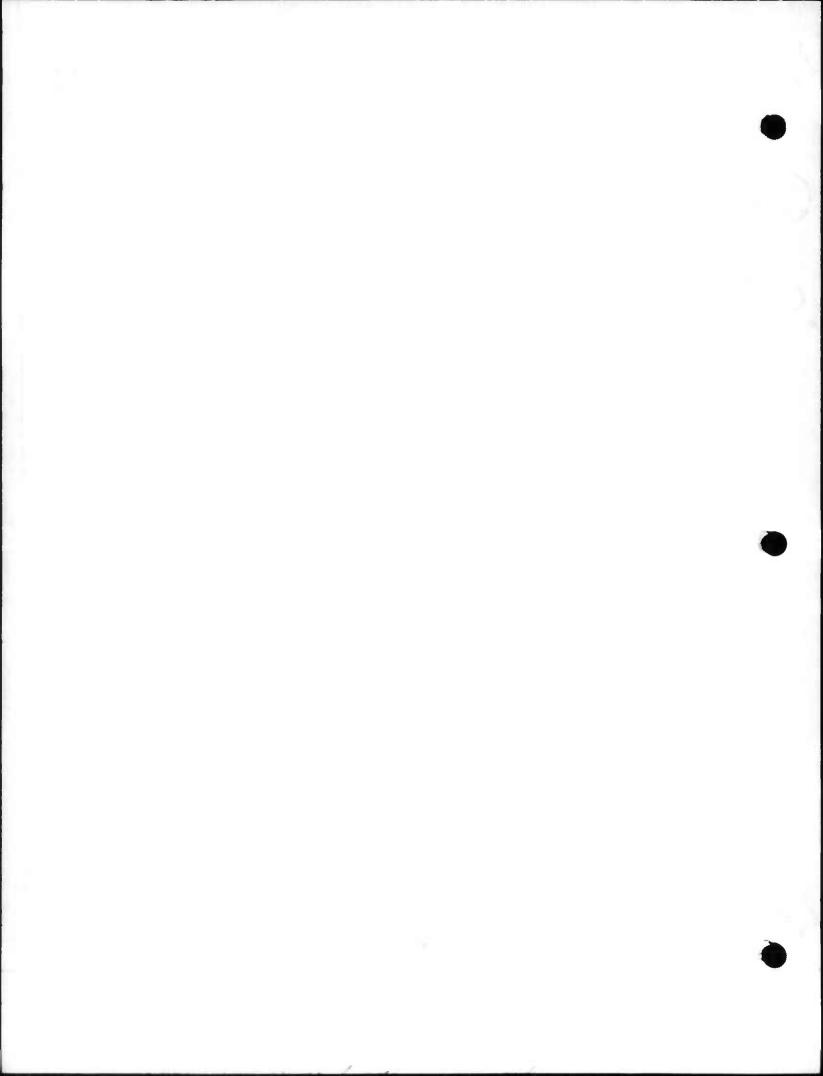


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	DR A)IREC	OULS	E
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x nouns after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	王	E	file	2
	2	2	2	=

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 05531

	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT		MENTAL HYGIEN	_	02231			
	1. DECEDENT'S NAME (First, Middle, Last)			<u> </u>	2. DATE OF DEATH		3. TIME OF DEATH			
	ELLIS WAY	NE CLAR	-1<		MONTH D		V 0200 AM			
		. SEX 6. AGE (In yrs. les			7. DATE OF BIRTH (Molth, Day, Year)		BIRTHPLACE (State or Foreign Country)			
1	220 38 175/1	BM20F 50	YRS. MONTHS	DAYS HOURS MIN	11 20	43	MARYLAND			
~	Sa. FACILITY NAME (If not institution, give street	t and number)	9b. CITY,	TOWN DR LOCATION OF D	EATH	9c. COUNTY OF DEATH				
DIRECTOR	9225 BRANDY IA.		LAU	JREL		HOV	VARD			
EC	10a. STATE 10b. COUNTY		10c. CITY, TOWN OF				10d. INSIDE CITY LIMITS?			
		NTGOMERY	BURT	CONSVILLE			1 TES 2 HO			
FUNERAL	3314 TAPESTRY	CTRCIE		101. ZIP CODE 20866			N OF WHAT COUNTRY?			
NE		2. WAS DECEDENT, EVER IN U.S. AR	WED 40 W			U.S.				
	1 Never Married 2 Married	FORCES? 1 YES 2 1	NO II	AS DECENDENT OF HISPA yes, specify Cuben, Mexic	n, Puerto Rican, etc.)	s or No 14	I. RACE — American Indian, Black, White, etc.			
ВУ	3 Widowed W Divorced	IF TES, GIVE WAN ON DATES	'	□ YES 2 NO Specif	у:		Specify: WHITE			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	mpleted) /G	CEDENT'S USUAL OC	CUPATION iring most of working	16b. KIND OF BU	SINESS/INDUS	THY			
LE		College (1-4 or 5+)	Do NOT use retired.) PLUMBE	סי						
JMC	17. FATHER'S NAME (First, Middle, Last)		TIOMDI		AME (First, Middle, Maiden	0				
	ELLIS CLARK			AMY						
) BE	19a, INFORMANT'S NAME (Type/Print)	19	b. MAILING ADDRESS	(Street and Number or Flural	Route Number, City or Tow	m, State, Zip C	ode)			
10	DONNA CLARK		SAME AS	10e						
	20a. METHOD OF DISPOSITION 1 □ Surial 2 □ Cremation 3 □ Remova		AND DATE OF DISPOSIT	TION (Name of	DATE 20c. LC	CATION — CR	y or Town, State			
	4 Donation 5 Other (Specify)	FT.	LINCOLN	CEMETERY	2/7/94 B	RENTW	OOD, MD			
	21. SIGNAL ORE OF PUNERAL SERVICE ACENT	2011	TA				ARROLL ST NW			
	Muhal C	Lyw		WASHINGTO						
	23. PART I. Enter the diseases, or con shock, or heart failure. Lis	nplications that caused the de t only one cause on each line	eath. Do not enter t	he mode of dying, suc	h as cardiac or resp	iratory arres	t, Approximate Interval Between			
	IMMEDIATE CAUSE (Final disease or condition	1			7 -		Onset and Death			
	resulting in death) a. Atheroscientic Carcinoranalar Disease Yr									
z										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (DR AS A CONSEC	QUENCE OF):							
S	CAUSE (Disease or injury									
HE.	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):							
	d									
AL	PART II. Other significant conditions of		resulting in the unc	leriying cause given in	Part i. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO			
EDIC	(1) cigarelle.	Y21/			1 _ YES :	BHO	OF DEATH?			
2					— 1		1 TES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C)	neck only one)					
SIC		IOSPITAL:	ODOA 4 Numi							
Ή	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		28c, INJURY AT	28d. DESCRIBE HOW	INJURY OCCU	RED			
ВУР	1 Natural 5 Pending 2 Accident Investigation	(MONIN, Day, 1987)	M	WORK? 1 YES 2 NO						
	3 Suicide 6 Could not be	26s. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, atreet, facto	ry, office	281. LOCATION (Street City or Town, State		Rural Route Number,			
ETE	4 Homicide determined		-							
COMPLETED		N: To the best of my knowledge, de								
GO.	MEDICAL EXAMINER:	On the besis of sxamination and/or	investigation, in my op	inion, death occured at the	time, date and place, ar	nd due to the	cause(s) and manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	- Dep	ty ME	29c. LICENSE NU	MBER	29d. DATE :	SIGNED (Month, Day, Year)			
0	30, NAME AND ADDRESS OF PERSON WHO C	DUPLETED CAUSE OF DEATH OFF	and to	D 31	417	2	14144			
	PATITICE A TOYE	T.		L Come or	Ellis	A CI	= 121042			
	31. DATE FILED (Morith, Day, Year) FEB 0 8 1994	34, RECHOTRAR'S SIGNATURE			9	. 11 00	7 1			
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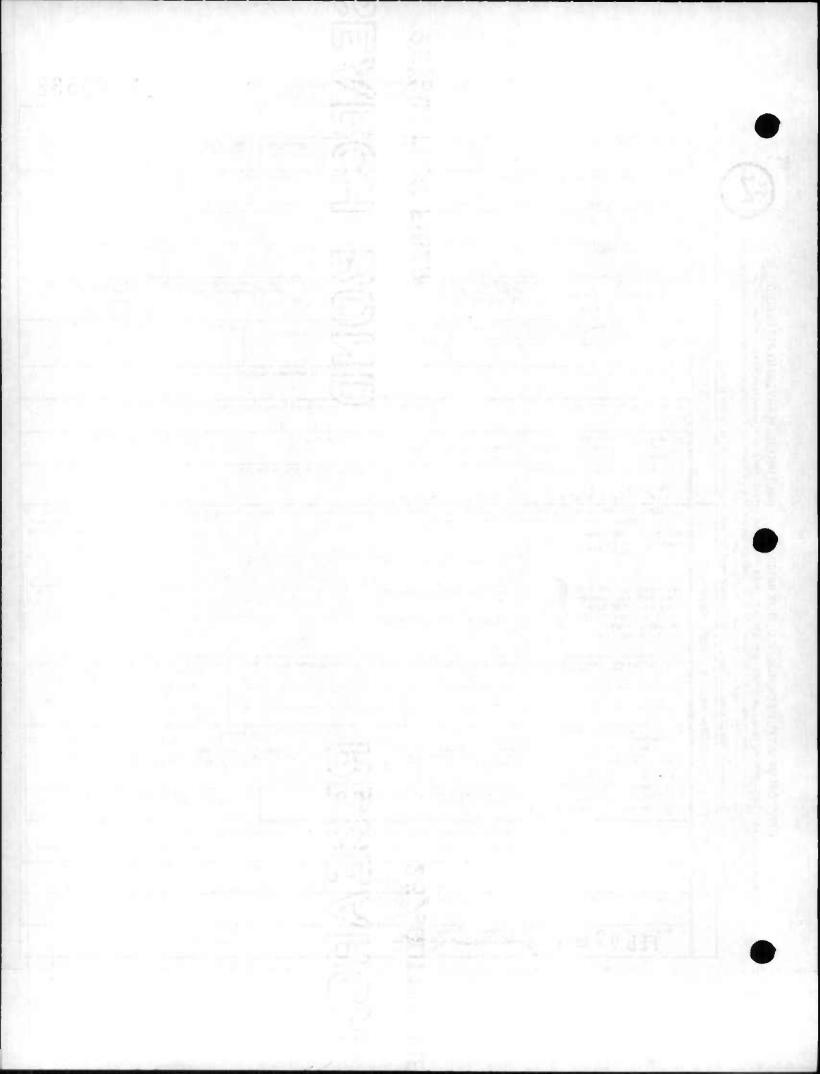


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ISION OF VITAL RECORDS, P.O. BOX 68760,	The second of the second
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BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	E SUNO:	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medic
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1 - STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTA	L HYGIENE REG. NO.	94	05532
1. DECEDENT'S NAME (First, Middle, La CHARLES	L.		ISTIANSO		MONT	OF DEATH	YE	3. TIME OF DEATH 11:30 A
4. SOCIAL SECURITY NUMBER 124-20-8043 9. FACILITY NAME (If not institution, gi	1 M 2 F	65 YRS.	F UNDER 1 YEAR NONTHS DAYS 9b. CITY, TOWN O	HOURS MIN.	Sept	of BIRTH th, Day, Year) t. 21,19	(SHITHPLACE (State or Foreign Country) New York
10500 Rockvill			Rockv		CAIN			gomery
10e. STATE 10b. COU	ntgomery		TOWN OR LOCATE	ON				10d. INSIDE CITY LIMITS? 1 YES 2 MO
106. STREET AND NUMBER 10500 Rockvill	e Pike		101.	20852		10	USA	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 Y YE IF YES, GIVE WAR OR W.W. I	S 2 NO	II yes, spe	NDENT OF HISPA city Cuben, Mexic 2 NO Speci	en, Puerto	N7 (Specify Yes or I Ricen, atc.)		RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S ((Specify only highest gi Elementary/Secondary (0-12)		18e. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mos	N I of working	16t	. KIND OF BUSINE	SS/INDUST	RY
	4	Nuclear	Physici		_			Warfare Cent
17. FATHER'S NAME (First, Middle, Lost) Carl Arne Chri			French (Middle, Maiden Surr	neme)	
19a. INFORMANT'S NAME (Type/Print)	stranson	19b, MAILING A	ADDRESS (Street or			e Coyle	tete, Zip Coc	fe)
Charles A.P. C	hristianson		Ranny Rd				1209	
20e. METHOD OF DISPOSITION 1) Burlel 2 Cremation 3 F 4 Donation 8 Other (Specify)	2	ob. PLACE AND DATE OF emetery, premetory or oth ROCKVILLE	DISPOSITION (Na	ne of	2/1	E 20c. LOCATI		or Town, State
21. SIGNATURE OF FUNERAL SERVICE		Oan-	Josep	h Gawle	r's	Sons, In	c.	gton,DC 2001
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR CE	S A CONSEQUENCE OF	ter					4 mo
PART II. Other significent conditions	contributing to desth	but not resulting in	the underlying	ceuss given in	Part i.	24a. WAS AN AUT PERFORMED 1 YES 2		24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C	heck only o	ne)		-
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Or 28e. DATE OF INJUR (Month, Day, Year	y 28b. TIME	4 Nursing Home	IRY AT	8 🗆 Othe 28d. DE	er (Specify) SCRIBE HOW INJU	RY OCCUR	ED
2 Accident Investigation 3 Suicide 8 Could not determined	be 28e, PLACE OF INJU building, etc. (S)	RY — At home, farm, at pecify)				CATION (Street and or Town, Stets)	Number or F	lural Route Number,
onel —	IYSICIAN: To the best of my known							use(e) end menner ea stated
29b. SIGNATURE AND TITLE OF CERTIFICATION OF THE STATE OF PERSON 30, NAME AND ADDRESS OF PERSON	Dans	DEATH (ITEM 27) (Type, I) Print)	29c. LICENSE NU	MBER (c) 29 	ad. DATE SI	GNED (Month, Day, Year)
SHAWN CLAUSEN. 31. DATE FILED (MORID, Day, 1989) FEB 0 7 1994	M.D. 5401 WF	ESTERN AVE		HINGTON	, D.	C. 20016		





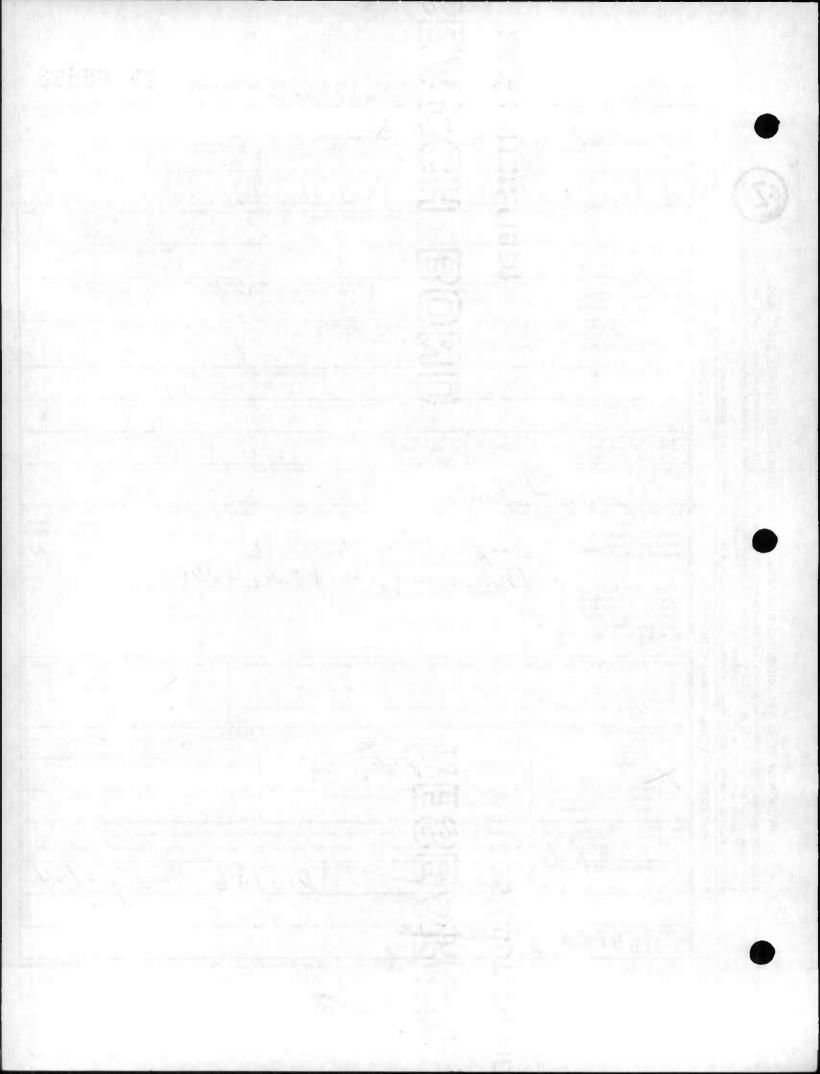
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within burs after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, I	Henry	Cook	0		2. DATE OF MONTH	BAY 9	YEAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 1 (Month, Da	y, Year)	8. BIRTHPLACE (State or Foreign Country)	
HO.	219-01-1825 90. FACILITY NAME (If not institution, insti	give street and number) ealth C	13	Gai	or Location of D thers			Maryland TY OF DEATH TYOUR PY	
DIRECTOR	100. STATE 10b. CO			OWN OR LOCA	rsburg	-		10d, INSIDE CITY LIMITS? 1 YES 2 XNO	
	100. STREET AND NUMBER	Horregomery	CICL I	-	1. ZIP CODE		10g. CITIZ	ZEN DF WHAT COUNTRY?	
FUNERAL	415 Russell Ave	nue, #411	ER IN U.S. ARMED	13. WAS DE	20877			ed States	
0	1 Never Married 2XXMarried 3 Wildowed 4 Divorced	FORCES? 1 []			pecify Cuben, Mexico 3 2 NO Specif		n, etc.)	14. RACE — American Indian, Black, Whita, atc. Specify: White	
PLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		16a. DECEDENT'S USL (Give kind of work life. Do NOT use re Engi	done during m tired.)	ON ost of working	Dep	of Business/MDN artment of Transp		
BE COMPLET	17. FATHER'S NAME (First, Middle, Las France		Engr	neer			le, Maiden Surname) Williams		
90	190. INFORMANT'S NAME (Type/Print) Geraldine L. Co	oke					City or Town, State, Zip Gaithersbu	code) arg, MD 20877	
	29a. METHOD OF DISPOSITION 1		20b. PLACE AND DATE OF D cometery, crematory or other Montgomery	Crema:	torium, 2	DATE /4/94 Inc.	Bethesda	a, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE	CE LICENSEE		Home/	NO ADDRESS OF FA	e, Inc.		umphrey Funeral Montgomery Ave	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST LAGRACATORY TAULUM DUE TO (OR AS A CONSEDUENCE OF): DUE TO (DR AS A CONSEDUENCE OF): DUE TO (DR AS A CONSEDUENCE OF):								
EDICAL CE	PART II. Other significent cond	th but not resulting in t	he underlylr	ig cause given in		PERFORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
IN: IN	1 □ YES 2 🖔 NO								
PHISICIAN	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 X NO	HOSPITAL;	Outpatient 3 DOA 4	THER:	LACE OF DEATH (C)		pecify)		
DI FILI	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation Pending 2 Accident No. N								
3 Suicide 8 Could not be determined determined 28s. PLACE DF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street at building, etc. (Specify) City or Town, State)								or Rural Route Number,	
COMPLE		PHYSICIAN: To the best of my						ed. e cause(e) and manner as stated.	
0 00	29b. SIGNATURE AND TITLE OF CER	Mun			DI O	MBER 6	29d. DATE	3/94	
	Steven Levenson	M.D., 301	Russell Aver		aithersb	arg, MI	20877	//	
	31. DATE FILED (Mogin, on 1994)	JAME STANS	stemplondanc						



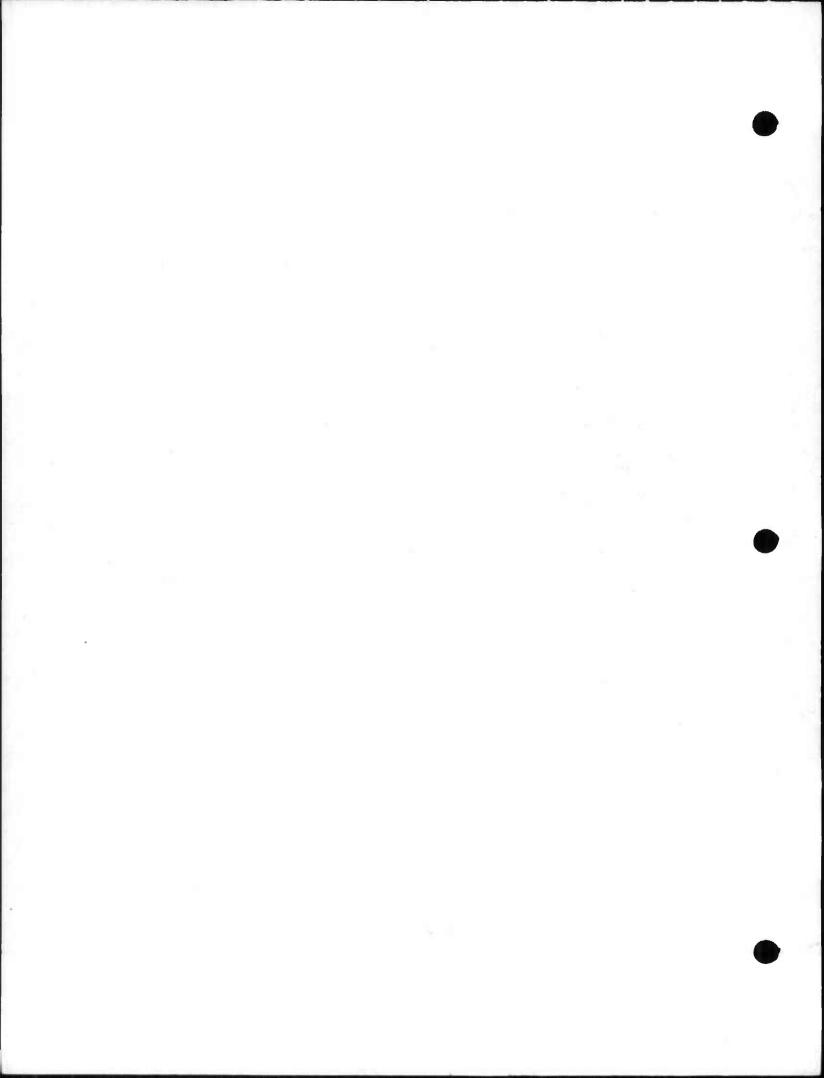
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	1 - FOR STATE REGISTRAR	8	TATE OF MA	RYLAN	D / DEPAR CERTIF	TMENT	OF H	EALTH	AND I	MENT	TAL HYGIEN	E g	L	05534
	1. DECEDENT'S NAME (First, Mid		T. 11								TE OF DEATH		YEAR	3. TIME OF DEATH
	Edith Ingrid Cenney												994	1:27PM M
	4. SOCIAL SECURITY NUMBER	5. 9		AGE (In yr	s. lest birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DA	TE OF BIRTH onth, Day, Year)		8. BIRTH Count	IPLACE (State or Foreign
	214-74-9162		M 2XXF	52	YRS.	WONTHS	UAYS	HOURS	MIN.		t. 3, 1	941		many
_	9e. FACILITY NAME (If not institut	tion, give street e	nd number)			9b. CITY	TOWN C	R LOCAT	ION OF DI	EATH		9c. COU	NTY OF D	EATH
6	1215 Simmons					Roc	kvil	le				Mon	tgom	ery
DIRECTOR		b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CITY
HI	Maryland M	ontgome	erv		ROC	kvil	le							LIMITS?
	10e. STREET AND NUMBER	0110 9 0 1111			1 1100			. ZIP COE	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	1215 Simmons	Drive						2085	51			Ger	many	
5	11. MARITAL STATUS		WAS DECEDENT E								GIN? (Specify Yes	or No-	14. RACI	E — American Indian, k. White, atc.
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced		FORCES? 1 [OR DATES	XXIII				an, Mexica Specif		to Rican, atc.)		Spec	tty:
						- 1								White
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7	Elementary/Secondary (0-12)	Col	liege (1-4 or 5+)		Clerk						Dry Cl	0220	r	
COMPLETED	17. FATHER'S NAME (First, Middle,	Last)			CIGIN			18. MOT	HER'S NA	ME (Fig	st, Middle, Melden			
	Wilhelm Hu	hne							ına G			ourname,		
BE	190. INFORMANT'S NAME (Type/F		_		19b. MAILING	ADDRESS	(Street e				umber, City or Tow	n, State, Zi	p Code)	
2	Harold T. Ce	nnev			1215	Sim	mons	Dri	ve.	Roc	kville,	Mar	vlan	d 20851
	20e. METHOD OF DISPOSITION 1		P4-4-		ACE AND DATE	OF DISPOS						CATION -		
	4 Donasion 5 Other (Spe		rom State	Par	klawn	Memo Memo	rial	Par	k 2	17/	94 Roc	kvil	le,	Maryland
	21. SIGNATURE OF PUNERAL SE	RVICE LICENS	1											rey Funeral
	I	15	DALL		м00803	Ho	me/R	ockv	rille	, I	nc. 30 , Maryl	0 We	st M	ontgomery
	23. PART I. Enter the disea	6ea, Dr comp	licetione that o	eused th	e death. Do		the mo	de of dy	ing, suc	h as c	ardiac or resp	ratory ar	rest,	Approximate
	shock, or heart	fallure. List i	only one cause	Dn eech	line.							College Co		interval Between Onset and Death
	diseese or condition Respiratory Failure Respiratory Failure							2 Years						
	resulting In deeth) a. Respiratory Failure 2 Years DUE TO (OR AS A CONSEQUENCE OF):								5 10010					
z	Severe Chronic Obstructive Pulmonary Disease 15 Years									15 Years				
E	Sequentially list conditions if any, leading to immediate	e	DUE TO (O	AS A CO	NSEQUENCE C	F):								Since
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c	Asthma			_								Age 3
E	that initiated eventa resulting in death) LAST		DOE 10 (0	AS A CO	NSEOUENCE (HF):								
CERTIFICATION	100-100-100-100-100-100-100-100-100-100	d												1
AL (PART II. Other algorificant of	conditione cp	ntributing to de	eth but i	not resulting	in the ur	derlyin	g ceuse	given in	Pert i.	24a. WAS AN		248	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
5	Cor pulmonale							1 TES 2			COMPLETION OF CAUSE OF DEATH?			
ME														1 YES 2 NO
ż														
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO ME EXAMINER?		SPITAL:			26. PLACE OF DEATH (Check only one)								
YSI	1 TYES 2 NO		Inpatient 2 🗆 E	R/Outpatle	nt 3 🗆 DOA	4 Nur		6 5 X F	tesidence	6 🗆 0	ther (Specify)			
F	27. MANNER OF DEATH 1 🔀 Natural 5 🗍 Pend	dian	28e. DATE OF IN (Month, Day,		28b. TII	JURY		RK?		28d. I	DESCRIBE HOW I	NJURY OC	CURED	
B		atigation	M 1 YES 2 N			NO NO								
	3 Suicide 6 Coul 4 Homicide dete	ld not be	28e. PLACE OF i building, etc	. (Specify)	At home, farm,	street, faci	ory, offic	•			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
	AN OFFICIEN													
틸	000)		To the beat of m											
COMPLETED	2 [MEDICAL	EXAMINER: On	The basis of exar	nination en	d/or investigati	on, in my o	pinion, d	eath occu	ared at the	lime, d	late end place, er	d due lo l	he ceuse(e) end menner ee stated.
BE (29b. MONATURE AND TITLE OF	CERTIFIER	10						ENSE NU		r /	29d. DA	TE SIGNED	(Month, Day, Year)
6	and y	amer	14(L)					D	13:	54	5 (ma)		11	4/94
	30. NAME AND ADDRESS OF PE												_	202-2
	Carol W. Gar		D. 115			rget	own	Road	i, Ro	ckv	ulle, N	laryl	and	20852
	31. DATE EILED (MONTH, Day) 1990	34 8	(מוין שופרטאיי	James	- Acceptable									

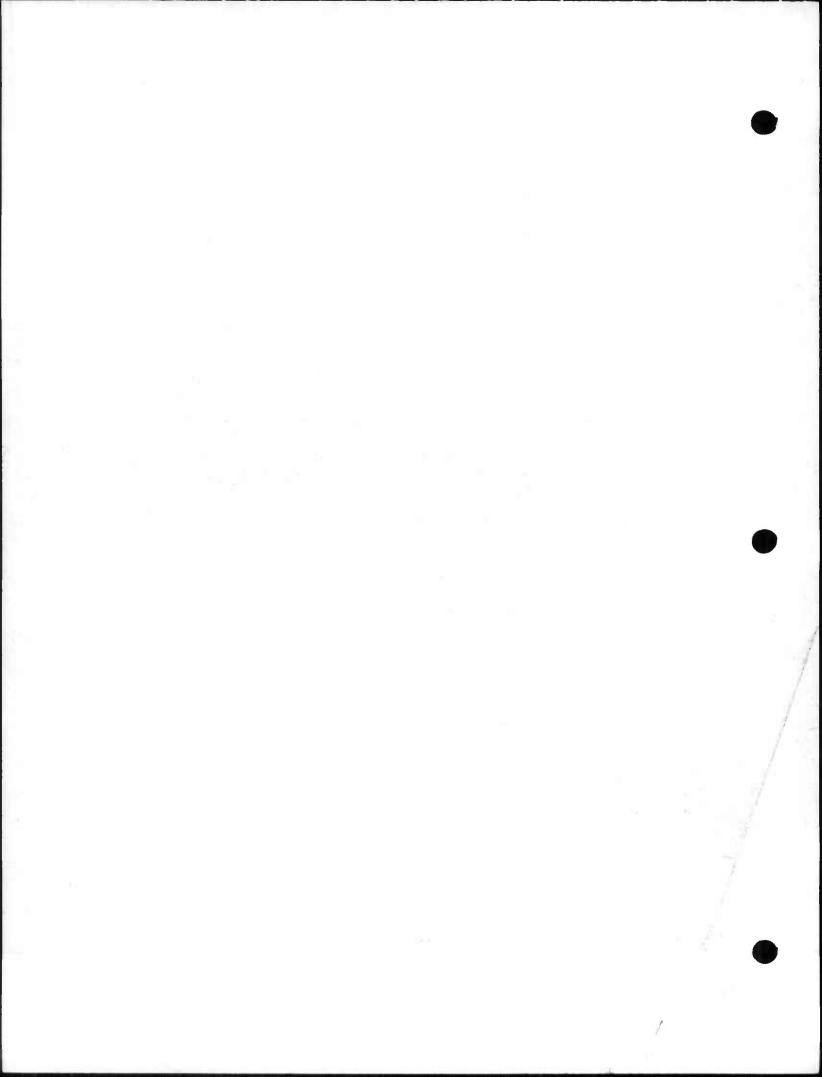


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the funeral director, page 5 should be detached for use as the bunal-transit permit. Page 1	the funeral direct
firer death. Page 6 may be retained by the hospital or attending physician.	fter death, Page 6
BALTIMORE, MARYLAND 21215-0020	BALTIMO

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nous after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	101	10	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	F
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

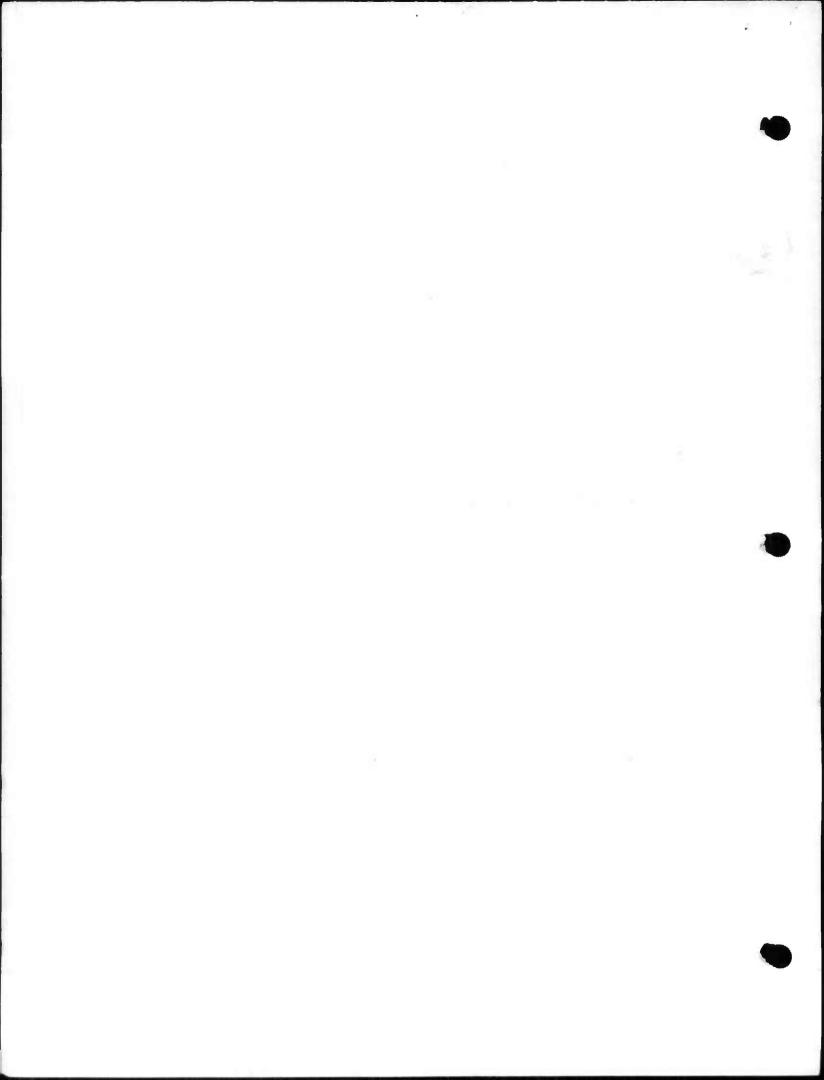
	REGISTRAR		CE	RIIFIC	ATE OF	DEATH	REG	. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEA			3. TIME OF DEATH
	Hazel Margaret Connor						February 5, 1994 4:06 PM			
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last	hirthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	-		IPLACE (State or Foreign
	064 00 0046	1 🗆 M 2 💢 F	Hood E. M. Hotel		NTHS DAYS	HOURS MIN.	(Month, Day, Ye	mr)	Count	ry)
	264-28-0846		72	222			May 28,	1921		Florida
	9a. FACILITY NAME (If not institution, give a	reet and number)		96	CITY, TOWN	OR LOCATION OF DE	ATH	9c. CO	UNTY OF D	HTAB
8	Holy Cross Hospit	al			Silv	er Sprin	q		Mont	gomery
5	RESIDENCE OF DECEDENT									<u> </u>
DIRECTOR	10a. STATE 10b. COUNTY	,			OWN OR LOCA					10d. INSIDE CITY LIMITS?
ā	Maryland Mo	ntgomery		S:	ilver	Spring				1 TYES 2 TO NO
	10a. STREET AND NUMBER				10	. ZIP CODE		10e. Cl	TIZEN OF V	WHAT COUNTRY?
8	10000 Brunswick	Avenue	#316			20910				States
FUNERAL	11. MARITAL STATUS									
교	1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2 XN	D D		ENDENT OF HISPAN ecify Cuban, Mexican			14. RAC Blac	E — American Indian, k, White, atc.
BY	3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE W				2 NO Specify		,	Spec	elfy:
	X									White
<u>iii</u>	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Gh	e kind of work	JAL OCCUPATI	ON ast of working	16b. KIND O	F BUSINESS/I	DUSTRY	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementarry/Secondery (0-12) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 12 Waitress 16. MOTHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname)							-			
릴	12		Was	itress			Res	stauran	nt	
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAI		_		
Ö	Clarence S. Joh	nson					Andrew			
H	19a. INFORMANT'S NAME (Type/Print)	113011								
2						and Number or Rural F				
-	Michael A. Conn	or	C,	/O Sau	ıdi Ara	bian Oil	Co., Di	nahran	, Sau	di Arabia
- 1	20a. METHOD OF DISPOSITION		20b. PLACE A	ND DATE OF 0	ISPOSITION (N	me of 2/9/94	OATE 20	c. LOCATION -	- City or Te	own, Stata
	1 ☐ Burial 2 ☑ Cremation 3 ☐ Rame Donation 5 ☐ Other (Specify)	oval from Stata	cemetery, cren	natory or other	place)	torium, I		etheed.	a M:	aryland
	NI. SIGNATURE OF FUNERAL SENSICE LIC	ENSEE /	Thomas	OMCLY						
	21.119	11 -	***	0046	Chevy	Chase T	nrey Fu	neral 57 Wis	HOMe/	Bethesda- In Avenue
	Which and L.	84 8DI=	MO	0846	Bethe	sda, Mary	land 2	0814-3	501	III HVCHUC
	23. PARY I. Enter the diseases, or o	omplications that	ceused the des	th. Do not	enter the mo	de of dving, such	as cardiac or	reapiratory a	rrest	Approximate
	shock, or heart fallure.	List only one dous	e on aach line.			,				interval Between
	IMMEDIATE CAUSE (Final disease or condition by Prain Flumon									
	resulting in death)	Brain								
ľ	24	DUE TO (OR AS A CONSEO	UENCE OF):						
Z	Arteriosclerotic Heart Disease									
은	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEO	UENCE OF):						
3	cause. Enter UNDERLYING	Chroni	ic Ohstr	nctiv	Pulm	onary Dis	sease			
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEC	UENCE OF):	I dain	Jilury Dre	case			
E	resulting in death) LAST									
9		d								
EDICAL CERTIFICATION	PART II. Other significant condition	s contributing to	death but not re	eulting in t	he underlyin	a cause alven in	Part I. 24a, W	AS AN AUTOPS	248	. WERE AUTOPSY FINDINGS
S					,			RFORMED?		AVAILABLE PRIOR TO
ă							1 U Y	ES 2 X NO		OF DEATH?
									- 1	1 YES 2 NO
÷ l										
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL				28. P	ACE OF OEATH (Che	ck only one)			
8	EXAMINER? 1 YES 2 NO	HOSPITAL:	FD/0-1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		THER:					
<u>×</u>	27. MANNER OF OEATH	1 Inpatient 2 1				ne 5 🗆 Residence				
효	1 X Natural 5 Pending	28a. OATE OF I (Month, Da		28b. TIME O		URY AT PRK?	28d. OEŞCRIBE I	10W INJURY O	CCURED	
BY	2 Accident Investigation				M 1 🗆	YES 2 NO				
	3 Suicide 6 Could not be	26a. PLACE OF	INJURY — At hon	na, ferm, stree	t, factory, offic	•	261. LOCATION (S		er or Rural	Route Number,
<u> </u>	4 Homicide determined	Conducty, 6	inc. (Spoully)				City or Town,	State)		
<u> </u>	29e. CERTIFIER						_			
COMPLETED	(Check only									
6	2 MEDICAL EXAMINE	R: On the beals of axi	emination and/or in	vestigation, i	n my opinion, o	leath occured at the	time, deta and pla	ca, and dua to	the couse(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1 1				29c, LICENSE NUM	IBER	29d D4	TE SIGNE	(Month, Day, Year)
H	Trace	2 /11.	1/1/1.	l	MIN					
	7700000	1000	Myou	~		D1978	<u>ာ</u>	F	epru	ary 8, 1994
	Tourist William D19785 February 8, 1994 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
2										
ĭ	Frauke Westphal,			Mill	Road,	Rockville	e, MD 2	0851		
ĭ	Frauke Westphal, 31. DATE FILED (Month, Day, Year)	M.D. 80	9 Veirs		Road,	Rockville	e, MD 2	0851		
Ţ	Frauke Westphal,	M.D. 80	9 Veirs		Road,	Rockville	e, MD 2	0851		/



(Blessey)

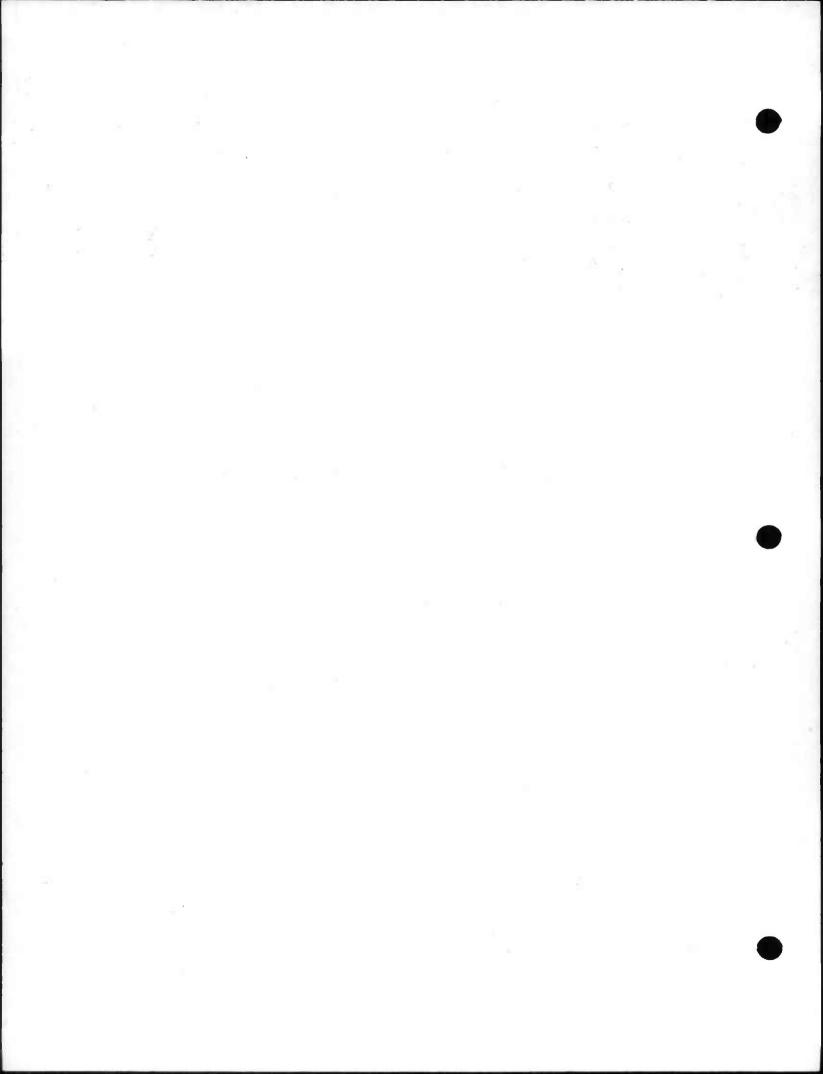
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HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the borial community or removal.	DRIANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
PITA	ERAI n 72	T: 1
HOS	FUNE	IAN
w	무용	E

_	1 - FOR STATE REGISTRAR	STATE OF MAR			F HEALTH AND OF DEATH	MENTAL HYGIE		05536
- 6	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Emily Wolfe Cro	pper				Feb. 13		EAR I IO.OO D M
	4. SOCIAL SECURITY NUMBER		NGE (In yrs. last birtho	ay) _ IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTY	-	BIRTHPLACE (State or Foreign
	579 30 5590	1 M 2 F 8	0 YR	S.	WN OR LOCATION OF E		914	Country) VICI Y OF DEATH
DIRECTOR	Salisbury Nursin		Center		sbury, Md.	21801	WICO	
E E	10a. STATE 10b. COUNT	Υ	10c.	CITY, TOWN OR L	OCATION			10d, INSIDE CITY
	Md Word	ester	00	ean Cit	V			LIMITS?
AL	10a. STREET AND NUMBER			Journ Oil	101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	1566 Teal Drive				21842		USA	
<u>S</u>	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS		NIC ORIGIN? (Specify Y		. RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 1		If yo	s, specify Cuban, Maxic	an, Puarto Rican, etc.)		Bleck, White, etc.
BY	3 Widowed 4 Divorced	IF TES, GIVE HALFI	OH DATES	'''	YES 2 NO Speci	īy:		Specify: White
G	15. DECEDENT'S EDU	CATION	16a, DECEDEN	T'S USUAL OCCU	PATION	16b, KIND OF B	ISINESS/INDIES	
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind	of work done during Tuee retired.)			JOINTEGO/111000	
PL	and the state of t	2	House	wife /ma	thou a	hama		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		Thouse	wife/mo	Married Co.	NME (First, Middle, Maide	Anther	
	- 1000000000000000000000000000000000000	115					,	
H	Sidney Sommervi	He	1		Emily	<u>/ Patterso</u>	n	
임			A lo	JNG ADDRESS (St	reet and Number or Rural	Route Number, City or To	wn, State, Zip Co	Salisbury, Mo
.	Grace Ann Crop	oer	7110	ates Kii	on raims,	32403 WIL	. Herm	on Ku., 21801
	20e. METHOD OF DISPOSITION 1 Guriel 2 Cremetion 3 Rem	oval from State	20b. PLACE AND DA		N (Neme of	OATE 20c. L	OCATION — City	y or Town, State
	4 Donation 5 Other (Specify)		Evergre	en		Be	rlin. A	ld.
	21. SIGNATURE OF EMPERAL SERVICE LI	1	_		E AND ADDRESS OF F		400 1	
	> 1/2 SHA /2	Julage					, 108 V	Villiams St.
	23. PART i. Enter the diseases, or	complications that ca	used the death. I	no not enter the	lin. Md.	2 18 1 1	dreton, emen	. Approximata
	anock, or neert failure.	List only one cause t	on each line.		mode of dying, act	on the outdide of the	on active	intarvai Between
	IMMEDIATE CAUSE (Final disease or condition	. 6	0 1					Onset and Death
- 1	resulting in death)							
- 1	OUE TO (OR AS A CONSEQUENCE OF):							
8	Sequentially list conditions,	b. Off TO OR	AS A CONSEQUENC	01.	and le	Elux	-	1327
F	if any, leading to immediate cause. Enter UNDERLYING	//	AS A CONSEGUENC	- (1)				11
윤	CAUSE (Disease or Injury	c. Drie TO (OR	AS A CONSEQUENC	E OF				103-7-
Ē	that initiated events resulting in death) LAST	90E 10 (OR	AS A CONSEQUENC	E OF):				
CERTIFICATION		d						
	PART ii. Other eignificent condition	e contributing to das	th but not reaulti	ng in the under	lying cause given in	Part I. 24a, WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
ঠ						PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						4 G VEC	2 NO	OF DEATH?
유								
MED							•	1 TYES 2 NO
AN: MED	24 WWO COOF DEFENDED TO MEDICAL						*10	1 TES 2 NO
ICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			6. PLACE OF DEATN (CA			1 YES 2 NO
YSICIAN: MED	EXAMINER?	HOSPITAL:	Outpetient 3 DO	OTHER:	6. PLACE OF DEATN (C)	neck only one)		1 YES 2 NO
PHYSICIAN: MED	EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH		IRY 28b.	OTHER:	Nome 5 Residence	neck only one)	INJURY OCCUR	
3Y PHYSICIAN: MEDIC	EXAMINER?	1 Inpatient 2 ER/	IRY 28b.	OTHER: 4 Nursing TIME OF INJURY 260	Nome 5 Residence	8 Other (Specify)	INJURY OCCUR	
B√	EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicida 8 Could not be	1 Inpatient 2 ER/ 26a. OATE OF INJL (Month, Day, Ye) 28a. PLACE OF IN.	JRY 28b.	OTHER: 4 Voursing TIME OF INJURY M 1	Nome 5 Residence INJURY AT WORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street	and Number or	DED.
B√	EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 ERJ 26s. OATE OF INJL (Month, Day, Ye	JRY 28b.	OTHER: 4 Voursing TIME OF INJURY M 1	Nome 5 Residence INJURY AT WORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE NOW	and Number or	DED.
B√	EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Sulcida 8 Could not be determined	1 Inpetient 2 ERI 28a. OATE OF INJL (Month, Day, Ye 28a. PLACE OF IN. building, etc.	IRY 28b. IURY — At home, far Specify)	TIME OF 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nome 5 Residence INJURY AT WORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State	and Number or .	DED.
B√	EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Sulcida 8 Could not be determined 29a. CERTIFIER (Check only)	1 Inpetient 2 ERI 26s. OATE OF INJ. (Month, Day, Ye 28s. PLACE OF IN. building, etc.	IRY 28b. URY — At home, far specify)	OTHER: 4 D Nursing TIME OF INJURY M 1 m, street, factory,	Nome 5 Residence INJURY AT WORK? YES 2 NO office	8 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
COMPLETED BY	EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Sulcida 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	1 Inpatient 2 ER/ 26a. OATE OF INJL (Month, Day, % 26a. PLACE OF IN. building, etc.) CIAN: To the best of my s R: On the bests of sxamin	IRY 28b. URY — At home, far specify)	OTHER: 4 D Nursing TIME OF INJURY M 1 m, street, factory,	Nome 5 Residence INJURY AT WORK? YES 2 NO office date and place, and due on, death occured at the	8 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State) to the cause(a) and mit time, data and place, a	and Number or of one of the control	Rural Route Number,
B√	EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Sulcida 8 Could not be determined 29a. CERTIFIER (Check only)	1 Inpatient 2 ER/ 26a. OATE OF INJL (Month, Day, % 26a. PLACE OF IN. building, etc.) CIAN: To the best of my s R: On the bests of sxamin	IRY 28b. URY — At home, far specify)	OTHER: 4 D Nursing TIME OF INJURY M 1 m, street, factory,	Nome 5 Residence INJURY AT WORK? YES 2 NO office	8 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State) to the cause(a) and mit time, data and place, a	and Number or of one of the control	Rural Route Number,
E COMPLETED BY	EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicida 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29a. SHANATURE AND TITLE OF CERTIFIER	1 Inpetient 2 ERU 26s. OATE OF INJL (Month, Day, % 28s. PLACE OF IN. building, etc. CIAN: To the best of my in R: On the basis of examination of examination of the basis of examination of exami	IRY 28b. IURY — At home, far Specify) cnowledge, death occurrently death occurrently	OTHER: 4 D Nursing TIME OF INJURY M 1 m, street, factory, surred at the time, setion, in my opinion	Nome 5 Residence INJURY AT WORK? YES 2 NO office date and place, and due on, death occured at the	8 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State) to the cause(a) and mit time, data and place, a	and Number or of one of the control	Rural Route Number,
BE COMPLETED BY	EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Sulcida 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	1 Inpetient 2 ERU 26s. OATE OF INJL (Month, Day, % 28s. PLACE OF IN. building, etc. CIAN: To the best of my in R: On the basis of examination of examination of the basis of examination of exami	IRY 28b. IURY — At home, far Specify) Inowledge, death occupation and/or investig	A OTHER: A D'Aursing TIME OF INJURY M 1 m, street, factory, surred at the time, setion, in my opinic	Nome 5 Residence INJURY AT WORK? YES 2 NO office date and place, and during, death occurred at the	8 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State to the cause(a) and must time, data and place, a	and Number or or on the control of t	Rural Route Number,
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suleida 8 Could not be determined 4 Nomicide 8 Centifying Physic (Check only one) 2 MEDICAL EXAMINE 30. NAME AND ADDRESS OF PERSON WH	1 Inpetient 2 ERI 26a. OATE OF INJ. (Month, Day, Ye 28a. PLACE OF IN. building, etc. CIAN: To the best of my 3 R: On the basis of examin	IRY 28b. IURY — At home, far Specify) Inowledge, death occurrence and/or investig	A OTHER: A D'Aursing TIME OF INJURY M 1 m, street, factory, surred at the time, setion, in my opinic	Nome 5 Residence INJURY AT WORK? YES 2 NO office date and place, and during, death occurred at the	8 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State) to the cause(a) and mit time, data and place, a	and Number or or on the control of t	Rural Route Number,
BE COMPLETED BY	EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicida 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29a. SHANATURE AND TITLE OF CERTIFIER	1 Inpetient 2 ERU 26s. OATE OF INJL (Month, Day, % 28s. PLACE OF IN. building, etc. CIAN: To the best of my in R: On the basis of examination of examination of the basis of examination of exami	IRY 28b. IURY — At home, far Specify) Inowledge, death occurrence and/or investig	A OTHER: A D'Aursing TIME OF INJURY M 1 m, street, factory, surred at the time, setion, in my opinic	Nome 5 Residence INJURY AT WORK? YES 2 NO office date and place, and during, death occurred at the	8 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State to the cause(a) and must time, data and place, a	and Number or or on the control of t	Rural Route Number,



DX 68760 BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificant be enscured within 25 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be desirched be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriet, committen, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
.O. BC	certificate	ding physic lygiene pric	other tr
DIVISION OF VITAL RECORDS, P.O. BOX 68760	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competitive films in by the before within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, commartion, or removal.	IT: If Item 28 is marked, or Item 23 shows any injury, or
	TO THE HOS	TO THE FUN be filed with	IMPORTAN

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / CE	DEPARTMENT OF		IENTAL HYGIEN	E 91	4 05537		
	1. DECEDENT'S NAME (First, Middle, Leet) Cha Neo CHUN	G			2. DATE OF DEATH DA January	79 199	3. TIME OF DEATH 2:29a.m		
	4. SOCIAL SECURITY NUMBER 5.	6. AGE (In yrs. last	birthday) IF UNDER 1 YEA MONTHS DAY	R IF UNDER 24 HRS. 8 HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 24,	8. Bi	RTHPLACE (State or Foreign syntry)		
_	9a. FACILITY NAME (If not institution, give street		эь. city, том Lanh	N OR LOCATION OF DEA		9c. COUNTY O			
CTOF		Poctor's Community Hospital RESIDENCE OF DECEDENT				Prin	ce George's		
DIRECTOR	Maryland Montgo	mery	Silver	Spring		10d, INSIDE LIMITS 1 X YES			
ERAL	13819 Castle Blvd	i., #23		10f. ZIP CODE 20904		10g. CITIZEN C	DE WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	O If yes,	DECENDENT OF HISPANI apacify Cuban, Maxican, YES 2 NO Specify:	C ORIGIN? (Specify Yes , Puarto Rican, atc.)	se or No. 14. RACE — American Indien, Black, White, atc. Specify: Korean			
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	(Giv Bollege (1-4 or 5 +)	EDENT'S USUAL OCCUP to kind of work done during Do NOT use retired.) Homemaker	uring most of working					
BE CO	17. FATHER'S NAME (First, Addish, Cost) Unk.			18. MOTNER'S NAM Unk	IE (First, Middle, Maiden	Sumame)			
10	Jae Hee Yoon	196.	MAILING ADDRESS (Stre 3819 Castle	et and Number or Rural Ro Blvd., #2	oute Number, City or Town 23, Silver	n, State, Zip Code, Spring	g, MD 20904		
	20s. METHOD OF DISPOSITION 1 CXBurlet 2 □ Cremation 3 □ Removel 4 □ Donation 5 □ Other (Specify)	rom State cemetery, crem	ND DATE OF DISPOSITION natory or other place) Ont Memoria	(Name of all Gardens	DATE 20c. LOC	cation — city o	r Town, State		
	21. BIGHATURE OF PURITIAL SERVICE LICENS	Kens	22. NAME Rend	AND ADDRESS OF FACT ON/Hale Full Annapolis	neral Home		20706		
П	23. PART S Enter the diseases, or com shock, or heart failure. List	plications that ceused the dee t only one cause on each line.					Approximate interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	adult Re	spiratory	Distress.	Synden	ne	Onset and Death		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
AL	PART II. Other algnificant conditions c	contributing to death but not re	sulting in the underly	ring cause given in P	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
MEDIC	- Significa	least for	ryars_		1 YES 2	PHO	OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26	PLACE OF DEATH (Chec	ck only one)				
IYSI		OSPITAL: Unpatient 2 ER/Outpatient 3 (28a, DATE OF INJURY		Iome 5 - Residence 8	111111	_			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M 1 [WORK? YES 2 NO	28d. DESCRIBE NOW IN				
ETED	3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY — At hore building, stc. (Specify)	ne, term, street, tactory, o	mea	281. LOCATION (Street a City or Town, State)	nd Number or Rui	rel Route Number,		
COMPLETED		N: To the best of my knowledge, dear On the bests of examination and/or in					ne(s) and manner as stated.		
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	18		29c. LICENSE NUME D/490	10	> 1/-	NED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEM 730 7 BALTO 32. REGISTRAN'S SIGNATURE Lina Davidson	27) (Type, Print) MORZ AL	ot. Col	loge Pa	ih M	1d 20740		
	31. DATE FILED (Month, Day, Year)	Lina Davidson	Aandall				,		
	FERO S 1991	0					DHMH-16 Rev 1/89		



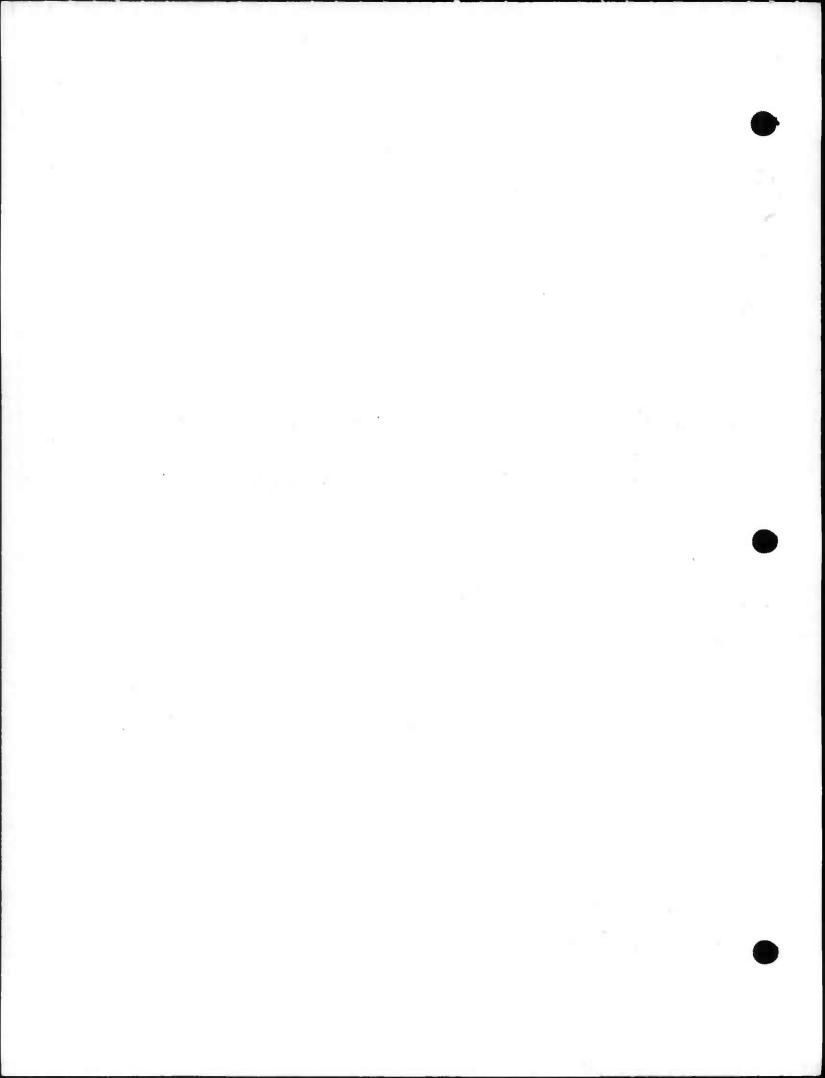
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the recent of the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Memial Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	II OD ATTONDING DUVOICIAM: The last requires that the death cardificate he executed with
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM CERTIFICA				YGIENI IEG. NO.	94		5538
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH	, ve	3. T	TIME OF DEATH
- 0	EDGAR J.	OCELLIA				01	26		94	11:16PM M
- 33	The Court of the C		MON	THE DAYS	IF UNDER 24 HRS.	7. DATE OF E (Month, De		8.	BIRTHPLA Country)	CE (State or Foreign
	332 32 4230	1 X M 2 □ F 80	YRS.				14,			ngton.D.C.
æ	9e. FACILITY NAME (If not institution, give stree				R LOCATION OF DE	ATH		9c. COUNTY		
2	Prince George ts Ho	spital Center	r _	Chever	rly			Prince	e Geo	orge's
DIRECTOR	10e. STATE 10b. COUNTY			WN OR LOCAT	ION				100	I. INSIDE CITY
		George's	Dist		Heights				1 [YES 2 X NO
M M	100. STREET AND NUMBER 2114 Glendora Dri			101.	ZIP CODE			10g. CITIZEN		COUNTRY?
FUNERAL		VE 12. WAS DECEDENT, EVER IN U.S	ADMED	12 WAS DEC	20747 ENDENT OF HISPAN	IIC OBICINIS (C	anality Van		S.A.	American Indian,
	1 Never Married 2 Married	FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES	□NO	If yes, spe	city Cuban, Maxicas 2/ NO Specify	n, Puerto Ricar		OF 140-	Black, WI	hita, atc.
BY	3 Widowed 4 Divorced	1934 - 1964		1 123	a E IIIO Specify	•		1	Specify:	Vhite
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.		Give kind of work	done during mos	N st of working	16b, KIN	O OF BUS	INESS/INDUST	TRY	
١٣	Elementary/Secondary (0-12)	College (1-4 or 5+)	U. S. N			,	V/= 1 = 4			
\$	17. FATHER'S NAME (First, Middle, Lest)		0. D. I	lavy	18. MOTHER'S NAI	_	Milit			
	Edgar Allen Colle	r				ie Wali		surriennes		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street a	nd Number or Rural F			, State, Zip Coo	de)	
유	Bernice S. Coller		2114 G1	endora.	Dr., Di	stric	t Hei	ghts,	Md.2	20747
	20a. METHOD OF DISPOSITION 1.A. Burlet 2 Cremation 3 Remove	20b.PL/ cemeter.	ACE AND DATE OF DI	SPOSITION (Na	me of	OATE	20c. LO	ATION — City	or Town,	State
	4 Donation 5 Other (Specify)	[ArIi	ngton Na	tional	Cemeter	y 2/2,	94	Arling	gton,	Va.
- 1	M. 0	20 1			e P. Kal					
_	Mergon	ale			Oxon Hil					20745
	23. PART I. Enter the diseasea, or cor shock, or heart failure. Lis	mplications that ceused the at only one cause on each	e deeth. Do not e line.	enter the mo	de of dying, such	h ss cardisc	or reepli	atory srrest	,	Approximate interval Batween
	IMMEDIATE CAUSE (Finel disease or condition	Pulmona	I.	6						Onset and Death
	resulting in death) a	DUE TO (OR AS A CO	NSEQUENCE OF:	0,00	5' \(\sigma\).					
2	C .	DUE TO (OR AS A CO	Syen	0575	\$ _					
CERTIFICATION	Sequentially list conditions, if sny, lesding to immediate	DUE TO (OR AS A CO	NSEQUENCE OF):							
2	CAUSE (Disease or injury	0115 77 (07) 40 4 60								
Ë	thet initieted events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):							
E E	d									
AL.	PART II. Other significent conditions	contributing to desth but r		e underlying	ceuse given in	Part I. 24	PERFOR	NUTOPSY MEO?		RE AUTOPSY FINDINGS ILABLE PRIOR TO
ద		1.11	mia		/	1 (YES 2	NO		MPLETION OF CAUSE DEATH?
M	Kenal Insu	2	1	shere	-	_			1 [YES 2 NO
AN	Meuropathy, 25. WAS CASE REFERRED TO MEDICAL	Diverticu	10515	26 PI	ACE OF DEATH (Che	nck only one)				
SIC		HOSPITAL:		HER:	e 5 🗆 Rasidenca		nec/ful			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. INJ	URY AT			JURY OCCUR	EO	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 V	RK? 'ES 2 NO					
	3 Suicide 6 Could not be	28a. PLACE OF INJURY — Juilding, atc. (Specify)	At home, farm, atreet	i, factory, office		261. LOCATIO	N (Street a	nd Number or I	Rumil Route	Number,
	4 Homicide determined									
COMPLETED		AN: To the best of my knowledg								
ତ୍ର	2 MEDICAL EXAMINEN:	On the basis of examination an	d/or investigation, in	my opinion, de	eath occured at the	time, data and	placa, and	due to the co	euse(s) an	d manner as stated.
BE	29b. SIGN TURE AND TITLE OF CERTIFIER	fran Co	ringPhy	Dr.	29c. LICENSE NUN			29d. DATE SI	GNED (Mo	ntty, Day, Year)
ဍ	30, NAME AND ADDRESS OF PERSON WHO				D310	•		C. X.	27	74
	Stuart Turken	./		616	en bei	4 1	d. 2	077	01.	# 730
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATU	RE 1 00		***	1				
	IAN 9 1 1994	Gulia Davidson	-Managac							

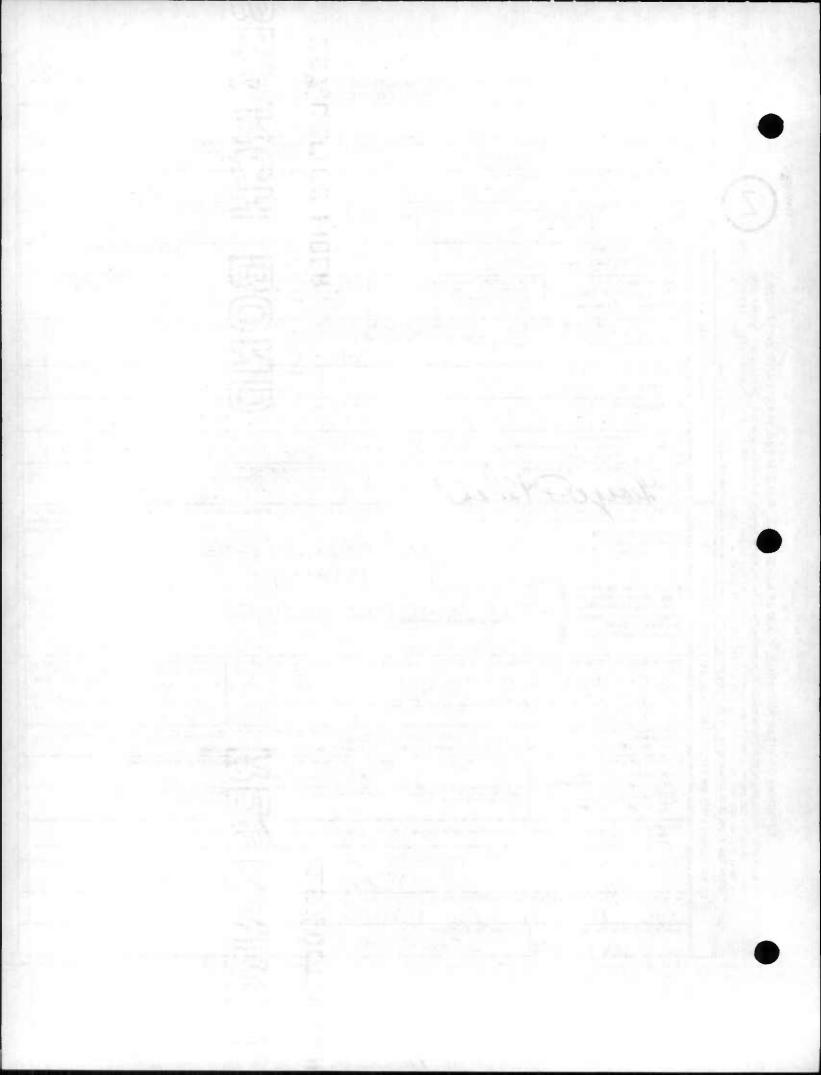
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ALTIMORE, MARYLAND 21215-0020	h. Page 6 may be retained by the hospital or attending phy
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7	deal
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Harold A Cox January 22 1994 1 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) April 24, 1917 Maryla 9a. FACILITY NAME (If not institution, give street and number) Southern Maryland Hospital Center Clinton Prince Geometry 10a. STATE 10a. STATE 10a. COUNTY Maryland Prince George's 0xon Hill 10a. STREET AND NUMBER 10a. STREET AN									
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 1 M 2 F 76 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 1 M 2 F 76 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 1 M 2 F 76 4. SOCIAL SECURITY NUMBER IF UNDER 14 HRS. 7. DATE OF BIRTH (Month, Day, Velor) April 24, 1917 Maryla 9a. FACILITY NAME (If not institution, give street and number) Southern Maryland Hospital Center Clinton Prince Geo RESIDENCE OF DECEMENT 10a. STATE 10b. COUNTY Maryland Prince George's Oxon Hill	ce (State or Foreig								
577481005 1 M M 2 F 76 YRS. MONTHS DAYS HOURS MAN. April 24, 1917 Maryla 9a. FACILITY NAME (If not institution, give street and number) Southern Maryland Hospital Center Clinton Prince Geo RESIDENCE OF DECEMENT 10a. STATE Maryland Prince George's 10c. CITY, TOWN OR LOCATION OXON Hill	and								
Southern Maryland Hospital Center Clinton Prince Geometry 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 10d. CITY, TOWN OR LOCATION									
RESIDENCE OF DECEDENT 100. STATE 100. STATE 100. CITY, TOWN OR LOCATION Maryland Prince George's 0xon Hill	/								
RESIDENCE OF DECEDENT 106. STATE 106. COUNTY Maryland Prince George's 106. CITY, TOWN OR LOCATION 106. 106. CITY, TOWN OR LOCATION 1 106.	orge's								
	LIMITS?								
N. S.	YES 2 NO								
2214 Alice avenue, Apt. 3 20745 U.S.A.	COURTAIN								
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14, RACE - A.	American Indian,								
IF YES, GIVE WAR OR DATES 1 YES 2X NO Specify: Specify:									
	White								
15. DECEDENT'S EOUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refeting.)									
Elementary/secondary (0-12) College (1-4 or 5+)									
Taxi Cab Driver Taxi 17. FATHER'S NAME (First, Middle, Lest) Taxi Cab Driver Taxi 18. MOTHER'S NAME (First, Middle, Melden Surname)									
Willie Keefe Anna Worthington									
100 HECOMANTIC NAME (Trac/Digit)									
Bonnie C. McConaty 3965 Hunting Creek Rd. Huntingtown, Md.20	639								
20a. METHOD OF, DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of OATE 20c. LOCATION — City or Town, S									
1 Burlei 2 Cremetion 3 Removal from State Competery, crematory of their place Crematory 1/25/94 Alexandria, V	Virgin:								
22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home									
6160 Oxon Hill Rd. Oxon Hill, Md.									
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest.	Approxima								
ahock, or heart failure. List only one cause on each line.									
disease or condition (DR DAL ARIA ARICRA DITE ACE									
DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions . CARDIOMY OPATHY									
Sequentially list conditions, oue to (or as a consequence of):									
CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Sequentially list conditions, oue TO (OR AS A CONSEQUENCE OF):									
d									
PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?	RE AUTOPSY FIN								
ONSESTIVE MEARY AILURE 11 YES 2 NO COM	WPLETION DF CA								
MYOCARDIAL INFARCTION 10	YES 2 N								
ž									
EXAMINER? HOSPITAL: OTHER:									
1 Sinpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK?									
2 Accident investigation 28s. PLACE OF INJURY — At home, farm, street factory office. 28s. PLACE OF INJURY — At home, farm, street factory office.	Number.								
building, etc. (Specify) City or Town, State)	- 101								
29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
29a. CERTIFFIER (Check only one) 20a. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner se stated. 20a. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and	l manner as etc								
O -									
29b. SIGNATURE NO TITLE OF CONTIFIER. 29d. DATE SIGNED (Moni	mn, Dey, Year)								
0 1012499 1-2	7-7								
II 30, WAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Time Print)	201								
TO MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	DIV								
30, MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IZEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	070								

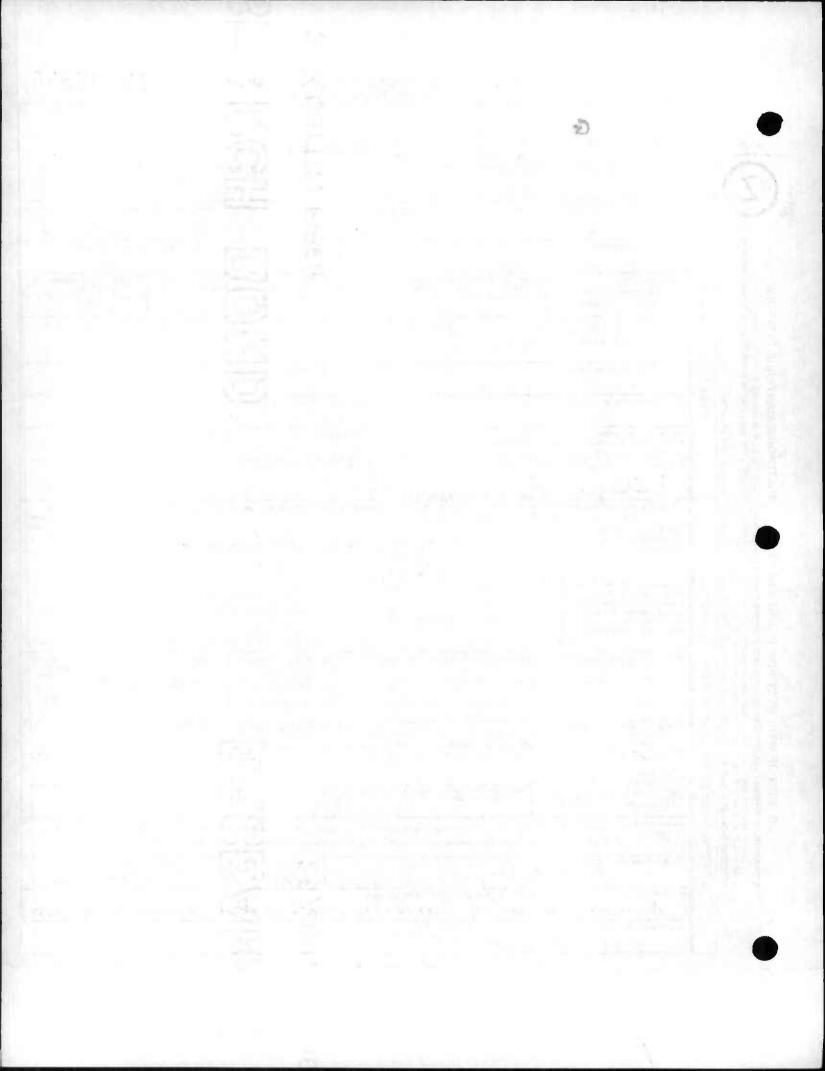
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	1. DECEDENT'S NAME (First, Middle, La	CIENI	BV					2. DATE	OF DEATH	° 9	YEAR 3.	1620
	4. SOCIAL SECURITY AUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.		OF BIRTH	8	BIRTHPL/	VCE (State or I
3	None	1 □ M 2 ️ F	93	YRS.	MONTHS D	W8 +	HOURS MIN.	5/	7/1900]	Country) Paris	, Tex
стой	98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK, MD MONT RESIDENCE OF DECEDENT											н
DIREC	10a. STATE 10b. COU			10c. CIT	TY, TOWN OR L	OCATIO	N				10	d. INSIDE CIT
	Md	PG		Hya	ttsvil	1e					124	LIMITS?
NERAL		um Manor					IP CODE				USA	T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2V	21 NO If yes, specify Cuben, Mexica				in, Puerto	N? (Specify Yes Rican, etc.)	or No—	Specify:	American Ind
LETED	15. DECEDENT'S E (Specify only highest gi Elementary/Secondary (0-12) 12 Yrs	College (1-4 or 5 + 2 YYS		18s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retred.) HOUSEWIFE				SINESS/INDUS	STRY			
E COMPL	17. FATHER'B NAME (First, Middle, Last)											
TO BE	190. INFORMANT'S NAME (Type/Print) Harriet Moten		16	b. MAILING	ADDRESS (S	net and	Number or Rurel I	Rd.	ber City or Tow , Hyat	n, State, Zip C tsvil	le, M	ſd.
	20s. METHOD OF DISPOSITION 1 Burlei 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Harmony Memorial Park Cemetery Landover, Md.											
3	21. SIONATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY John T. Rhines Co., Inc. 3030 12th St NE, DC 20017											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO	(OR AS A CONSE	OUNCE O	15	<u> </u>	Da-	fue	<u> </u>			
JICAL CEF	PART II. Other significant conditions	lons contributing to	death but not	reculting	in the unde	lying o	cause given in	Part I.	24e. WAS AN PERFOR	MED?	AM	RE AUTOPSY VILABLE PRIO MPLETION OF
ME									1 TYES 2	M NO		DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:		8 - Residence					
ВУ РНУ	27. MANNER OF DEATH 1 Matural 8 Pending 2 Accident Investigation	28a. DATE OF (Month, Di		28b. TIN	AE OF 28-	. INJUR	Y AT		SCRIBE HOW I	NJURY OCCU	RED	
ETED B	3 Suicide 8 Could not 4 Homicide determined	building,	28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)					CATION (Street of Town, State)	and Number or	Rural Rout	Number,	
COMPLE		YSICIAN: To the best of si										d manner ss
TO BE C	29b. SIGNATURE AND TITLE SERVI	eller	5			2	D359	BER 47		29d. DATE 8	29	onth, Day, Year
	30. NAME AND ADDRESS OF PERSON NONLINGTO 31. DATE FILED (Month, Day, Year)	. Ulko	SE OF DEATH (ITE Y O O O O O O O O O O O O	274	como,	me	many	tro	2 Mer	retore	nue,	uo:
	UI. DATE FILED (MORRI, Day, 1981)	JZ. HEGISTRA	IN 3 SIUNATURE	5-00 e	0.0							

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TO BE COMPLETED BY FUNERAL DIRECTOR

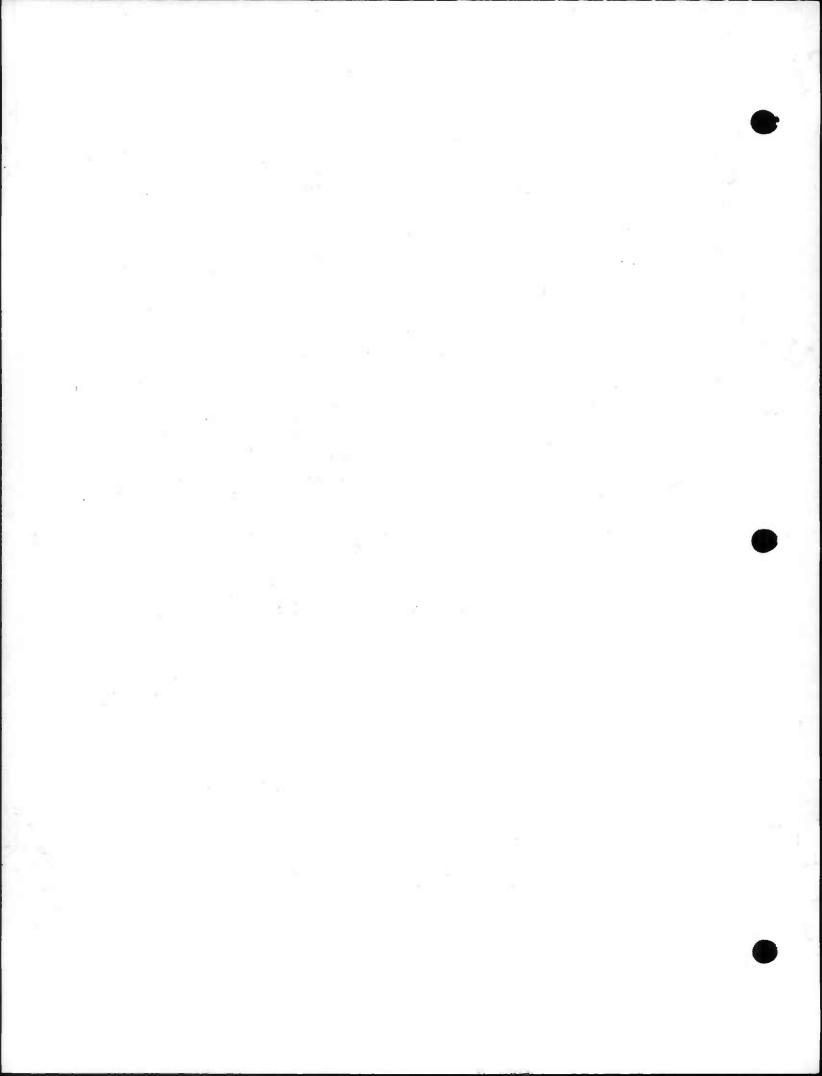
1 - STATE REGISTRAR		STATE OF MAR			OF DEAT		TENTAL HYGIENE REG. NO.	E	
1. DECEDENT'S NAME (First	t, Middle, Last)		02.1111	TOATE	OI DEA		2. DATE OF DEATH		3. TIME OF QEATH
	F	FRANCES	CROMER				0.2 0		AR
4. SOCIAL SECURITY NUME	BER 5.	SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1	YEAR IF UNDER	24 HRS.	7. DATE OF BIRTH	0.6	HRTHPLACE (State or Foreign
213-38-1629	9 1	☐ M 2 🔯 F	87 YRS.	MONTHS	DAYS HOURS	MIN.	(Month, Day, Year) 10 04 19	- 4	ckannon, WV
9a. FACILITY NAME (If not in			····	9b. CITY,	TOWN OR LOCATION	ON OF DE		9c. COUNTY	
Prince Geor	rge's Ge	neral Ho	spital	Che	verly			Prince	e George's
RESIDENCE OF DEC	10b. COUNTY		140-04	TV TOWN 00	LOOITION				
Maryland		George's		TY, TOWN OR					10d. INSIDE CITY LIMITS?
10s. STREET AND NUMBER		George S	Тнуа	ttsvi	TTE 101, ZIP CODE	F		40- 0/7/751	1 X YES 2 NO
3800 Hamil		et			2078			U.S.A	OF WHAT COUNTRY?
11. MARITAL STATUS		. WAS DECEDENT EV	ER IN U.S. ARMED	13. W			C ORIGIN? (Specify Year		RACE — American Indien,
1 Never Married 2 3 Widowed 4 Divo	Merried	FORCES? 1 IF YES, GIVE WAR	YES 2 X NO	11		n, Maxican	, Puerto Rican, etc.)		Black, White, atc. Specify: White
	EDENT'S EDUCAT		16a. DECEDENT	S USUAL OCC	CUPATION iring most of working	207	16b. KIND OF BUS	INESS/INDUST	RY
Elementery/Secondary (0	0-12) C	College (1-4 or 5+)	life. Do NOT	use retired.)					
12		4	Element	ary T			WV Schoo		tem
17. FATHER'S NAME (First, M Eric Christ		202					NE (First, Middle, Malden S	Sumame)	
19a. INFORMANT'S NAME (ner					Tallman		
Viris Crome							Hurst t curi 1		yland 20781
200 METHOD OF DISPOSIT	'ION		20b. PLACE AND DATE			eet,		ATION - City	
1 A Burtal 2 Crematic		from State	cemetery, cremetory or	other place)		ark	2/9/94 Lau		
21. SIGNATURE OF FUNERA	L SERVICE LICENS	BEE	IID NACION	22. N	AME AND ADDRES	SS OF FAC	ILITY		
MIOR	1						s Sons Fur		
23. PART i. Enter the d	Hearen or com	A.O. that as	used the death. De	47.	39 Balti	imore	Ave., Hya	ittsvi]	lle, MD 20781
disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY. CAUSE (Disease or injuthat initiated events	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury							Onset and Daath	
PART II. Other aignifica	ant conditions c	ontributing to das	th but not resulting	in tha und	ariving causa o	alven in F	Part I. 24s. WAS AN A	илторку 1	24b. WERE AUTOPSY FINDINGS
			•		,	,	PERFORM	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					/		1 TYES 2	XNO	OF DEATH?
				-	/		-	`	1 TYES 2 NO
25. WAS CASE REFERRED T	O MEDICAL				28. PLACE OF D	EATH (Chec	ck only one)		
1 YES 2 NO	H 1/2	OSPITAL:	Outpatient 3 DOA	OTHER:		sidence 8	Other (Specify)		
	Pending Investigation	28a. DATE OF INJE (Month, Day, Y		_	RBC, INJURY AT WORK?		28d. DESCRIBE HOW IN	JURY OCCURE	D
	Could not be determined	28e. PLACE OF IN. building, atc.	JURY — At home, farm, (Specify)	atreel, factor	ry, office		28f. LOCATION (Street ar City or Town, State)	nd Number or R	ural Route Number,
							o the cause(s) end menr ime, date and place, and		use(s) and manner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	2000	1001	Ř	29c. LICE	271	374	29d. DATE SIG	INED (Month, Day, Year)
30. NAME AND ADDRESS OF	F PERSON WHO C	OMPLETED CAUSE O	F DEATH (ITEM 27) (Typ	e, Print)		27			0 17
31. DATE FILED (Month, Day, FEB 0	9 1994	32. REGISTRAR'S	signature audson-Rand	all					

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician. To THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760

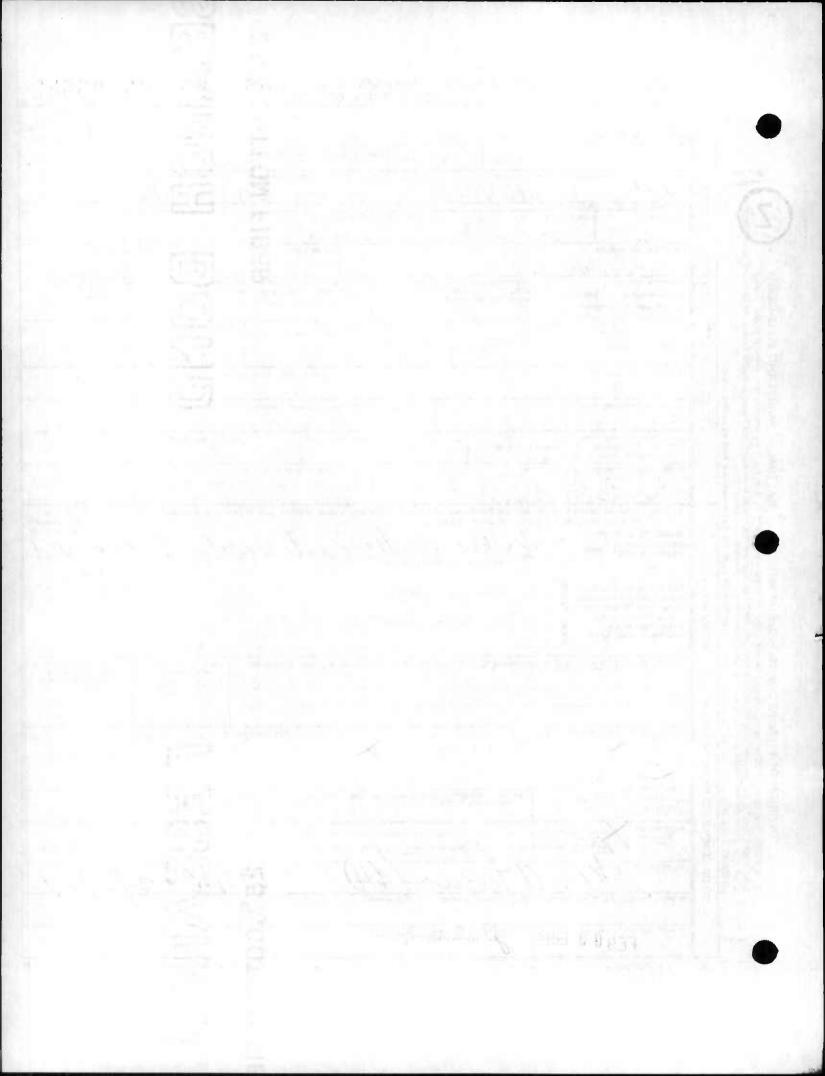
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



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or	-
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BALTIMORE, MARYL	ING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the
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ON OF VITAL RECORDS, P.O. BOX 68760,	9
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	1 - STATE REGISTRAR		CERTIFICATE	F HEALTH AND MENT OF DEATH	AL HYGIENE REG. NO.	4 0554		
	1. OECEDENT'S NAME (First, Middle,	H. Carey	yrs. leat birthday) IF UNDER 1 YE	Mo	2 2 94	3. TIME OF OEATH 25 BIRTHPLACE (State or Foreign		
	498-12-5715 De. FACILITY NAME (If not institution,	1 D M 2 T F 8	3 YRS. MONTHS BA	VS HOLING MIN (Mc	2/ 1910 Q	Country) ueen City, M y OF DEATH		
DIRECTOR	RESIDENCE OF DECEDEN		10c. CITY, TOWN OR LO		ung Me	ntgomen 19d. INSIDE CITY LIMITS?		
A A	Md . I	rince George's	Gree	nbelt 101. ZIP CODE	10g. CITIZE	1 1 YES 2 □ NO		
BY FUNER	9 P Southway 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN I FORCES? 1 YES IF YES, OIVE WAR OR DAT	2 ←NO If yes	20770 DECENDENT OF HISPANIC ORN s, specify Cuban, Maxican, Puerl YES 2 ND Specify:	SIN? (Specify Yes or No.— 1	USA RACE — American Indian, Black, White, atc. Specify: White		
ETED B	15. DECEOENT'S (Specify only highest Elementary/Secondary (0-12)		PATION 1 g most of working	6b. KIND OF BUSINESS/INOU	STRY			
once. COMPL	12 17. FATHER'S NAME (First, Middle, Las	0	Office Clerk		N.R.I.			
हा ।	Henry Nicholas			Stella Lu	ıla Stewart			
TO BE	Lynne A. Richa							
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	OUE TO (OR AS A C	the death. Do not enter the chiline.		ardisc or reepiratory srree	it, Approximat		
or other	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS A C						
MEDICAL CERTIFIC	If siny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	CONSEQUENCE OF):		PERFORMED?	AMAJLABLE PRIOR TO		
Ilem 23 shows any Injury, or other SICIAN: MEDICAL CERTIFIC	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	t not resulting in the under	6. PLACE OF DEATH (Check only	PERFORMED? 1 YES 2 NO one)	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?		
ked, or item 23 shows any injury, or other PHYSICIAN: MEDICAL CERTIFIC	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending	AL HOSPITAL: Inpatient 2 ER/Outpate 28a. DATE OF INJURY (Month, Day, Year)	conscouence of): t not resulting in the under tent 3 DOA 4 Surring 28b. TIME OF 18b. 18b. TIME OF 18b.	6. PLACE OF DEATH (Check only Home 5 - Residence 6 - Of	PERFORMED? 1 YES 2 NO one)	MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 ND		
IS is marked, or liem 23 shows any injury, or other ED BY PHYSICIAN: MEDICAL CERTIFIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conductors are conducted by the conductors are calculated by the cause of	DUE TO (OR AS A C d. d. AL HOSPITAL: 1 Inpatient 2 ER/Outpat 28e. DATE OF INJURY (Month, Day, Year) tion at be 28e. PLACE OF INJURY -	t not resulting in the under	6. PLACE OF DEATH (Check only Home 5 Residence 6 Of INJURY AT WORK? YES 2 NO	PERFORMED? 1 YES 2 NO one)	MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 ND		
If item 28 is marked, or item 23 shows any injury, or other WPLETED BY PHYSICIAN: MEDICAL CERTIFIC	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Algural 5 Pending investigated a Could in determine the conditions of the could in determine the conditions of the could in determine the conditions of the could in determine the could in the could	DUE TO (OR AS A C d. d. AL HOSPITAL: 1 Inpatient 2 ER/Outpat 28e. DATE OF INJURY (Month, Day, Year) tion at be 28e. PLACE OF INJURY -	t not resulting in the under t not resulting in the under t not resulting in the under 22 tient 3 DOA 4 burning 28b. TIME OF INJURY M 1 At home, farm, street, fectory, 29c, death occurred at the time,	6. PLACE OF DEATH (Check only Home 5 Residence 6 0 INJURY AT WORK? YES 2 NO office 281, L C	PERFORMED? 1 YES 2 NO one) ther (Specify) DESCRIBE HOW INJURY OCCU OCATION (Street and Number or lay or Town, State)	COMPLETION OF CAUSOF DEATH? 1 VES 2 ND RED Rural Route Number.		
item 28 is marked, or item 23 shows any injury, or other PLETED BY PHYSICIAN: MEDICAL CERTIFIC	If emy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1	DUE TO (OR AS A C d. DUE TO (OR AS A C d.	t not resulting in the under t not resulting in the under 2 GTHER: Hent 3 DOA 4 Mursing 28b. TIME OF 28c INJURY M 1 At home, farm, street, fectory, (1) dge, death occurred at the time, and/or investigation in my opinion	6. PLACE OF DEATH (Check only Home 5 Residence 6 0 INJURY AT WORK? YES 2 NO office 281, L C	PERFORMED? 1 VES 2 NO ther (Specify) DESCRIBE HOW INJURY OCCU OCATION (Street and Number of Town, State) cause(s) and manner as stated at and place, and due to the	AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 VES 2 ND RED Rural Route Number,		



3, P.O. BOX 13146, BALTIMORE, MARYLAND	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tiled in by the fined within 72 hours after death with the State Dept, or Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN REG. NO.		4 05543		
	1. DECEDENT'S NAME (First, Middle, Last) ARTHUR SYLVESTE					2. DATE OF DEATH DATE OF PERCENT DATE OF DEATH DATE OF DAT	14 199	4 3:10 p M		
	217-07-6571	1 XM 2 □ F 8.	4 YRS.	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 14, 1909 West Virginia				
TOR I	99. FACILITY NAME (# not institution, give stree Williamsport Nursi RESIDENCE OF DECEDENT	•		9b. CITY, TOWN OR LOCATION OF DEATH Williamsport			%c. COUNTY OF DEATH Washington			
DIRECTOR	10a. STATE 10b. COUNTY	shington		TOWN OR LOCATION				10d, INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 154 N. Artizan Str	eet		10f	OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1	12. WAS DECEDENT EVER IN FORCES? 1 XYES IF YES, GIVE WAR OR D. W. W. II	V U.S. ARMED 2 NO ATES	If yes, sp		IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)		RACE — Amarican Indian, Black, Whita, atc. Specify; White		
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co Elamentary/Secondary (0-12) 8		life. Do NOT use	ork done during mo	DN st of working	166. KIND OF BUS		RY		
BE COM	17. FATHER'S NAME (First, Middle, Last) Arthur Sylvester C	Cosner				ME (First, Middle, Maiden Pearl Lee				
TO B	192. INFORMANT'S NAME (Type/Print) Norman Cosner					Route Number, City or Town				
	204_METHOD OF DISPOSITION 1	al from State	o. PLACE OF DISPOSI other place)	TION (Name of cer	netery, crematory or	20c. LO	CATION — City	or Town, State		
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNEBAL SERVICE LICEN		eaver Run	-	TY D ADDRESS OF FA			n, W. Va.		
	·S CANT	Muns	rech	415 1	E. Wilson			vn, Md. 21740		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.									
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	SEPSIS			DAYS					
N	Sequentially list conditions, 6.	PNEUMONIA	A CONSEQUENCE OF					DAYS		
ICATIC	If sny, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	RESPIRATOR		ICIENCY				MONTHS		
CERTIFICATION	that initiated events resulting in deeth) LAST	CHRONIC OF	SSTRUCTIV		MONTHS					
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ATHEROSCLEROTIC HEART DISEASE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 (XNO)									
: ME	<u>HYPOTHYROIDISM</u>					_		1 TES 2 NO		
PHYSICIAN: MEDICA		HOSPITAL:		OTHER:	LACE OF DEATH (Ch					
	27. MANNER OF DEATH 1 X Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	FURY AT ORK?		Other (Specify) ad. DESCRIBE HOW INJURY OCCURED			
тер ву	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide dstarmined	28s. PLACE OF INJURY building, stc. (Spe	Y — At home, farm, s	treet, factory, offic	ia .	281. LOCATION (Street City or Town, State)		Bural Route Number,		
COMPLETED	cool only	IAN: To the best of my know: On the bests of examination						suse(a) and menner sa stated.		
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	Ash			29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	FATH (ITEM 27) /Ima	Reint)	א א א	700	FEE	BRUARY 14, 199		

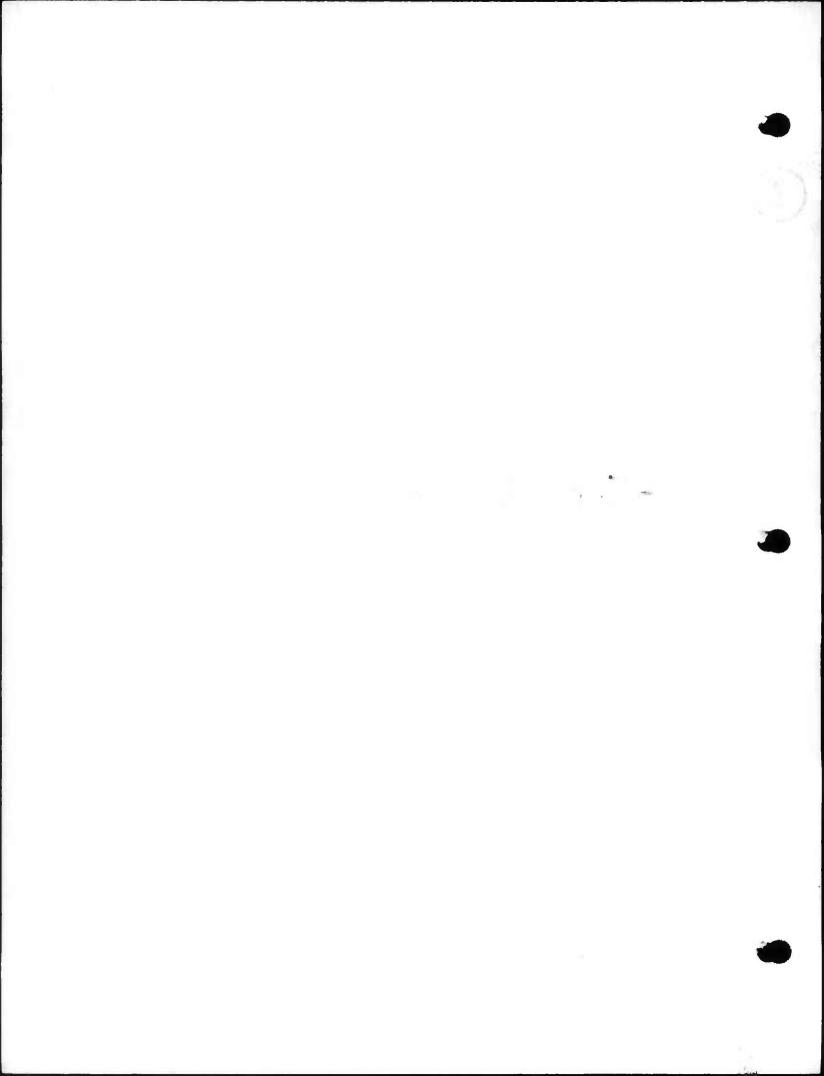
18100 Marden Lane, 01ney, MD 20832 32. REGISTRAR'S SIGNATURE

Ted E.

Howe,

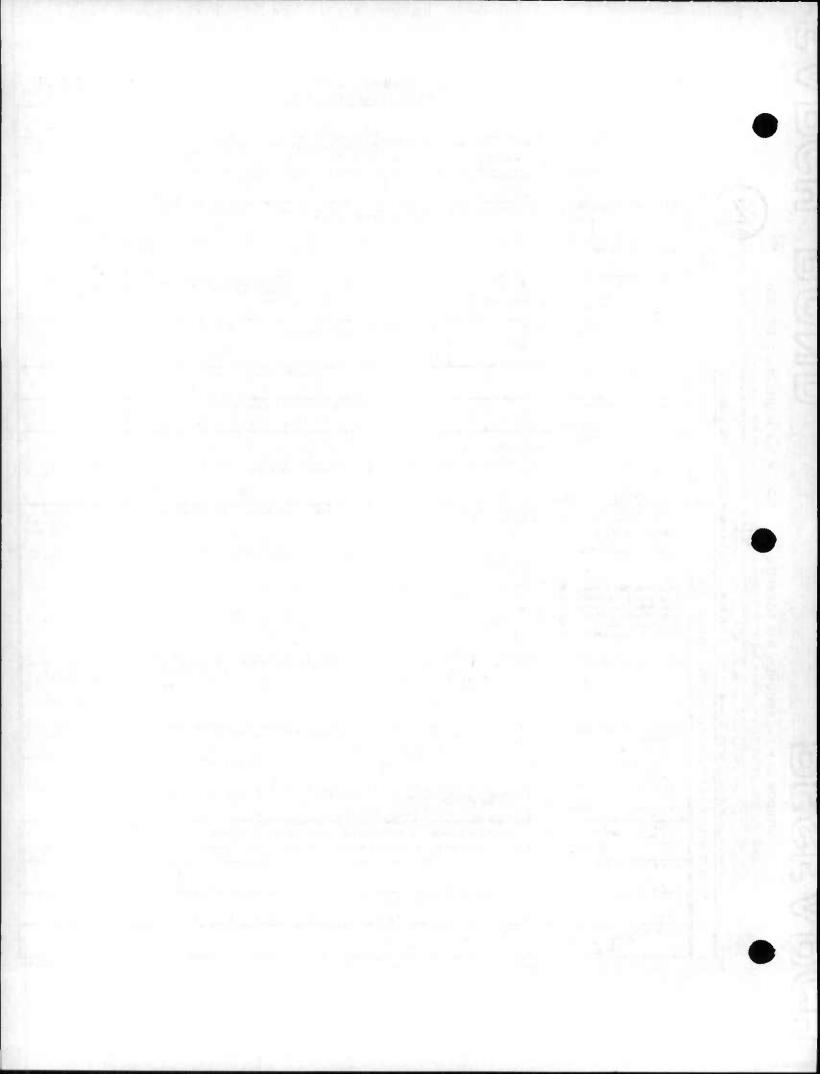
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PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



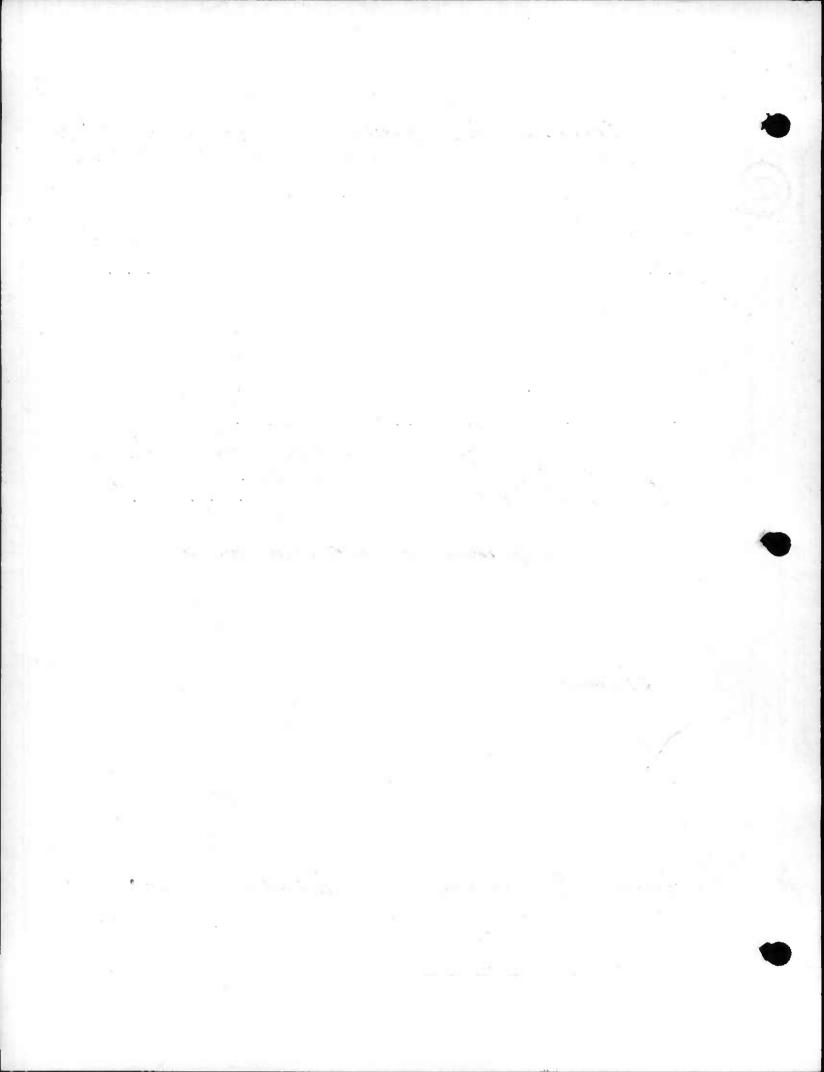
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	ter death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the funeral director, page 5 should be detached for use as the bunial-trans oval.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	al examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENI	E 91,	05544		
Charte	1. DECEDENT'S NAME (First, Middle, Last Parker	Brook	Carter		2. DATE OF DEATH MONTH DA	0 94	3. TIME OF DEATH 5 12 A M		
	4. SOCIAL SECURITY NUMBER 705- 09- 2662	1 🖾 M 2 🗆 F 89	YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.	(Month, Day, Year) July 18,1	904 Mar	yland		
TOP	9a. FACILITY NAME (If not institution, give Frederick Mer RESIDENCE OF DECEDENT			Frederick	DEATN	Frede			
DIREC	10a. STATE 10b. COUN	derick		OWN OR LOCATION Brunswick			10d. INSIDE CITY LIMITS? YE YES 2 NO		
FUNERAL DIRECTOR	100. STREET AND NUMBER	ch Orchard La	ane	101. ZIP CODE 21716		U. S.	WHAT COUNTRY?		
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 XVIdowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	13. WAS DECENDENT OF NISI If yes, specify Cuben, Max 1 YES 2 NO Spe	Ican, Puerto Rican, etc.)	or No 14. RAC Blac Spec	E — American Indian, ck, White, etc. chy.White		
ETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Store Kee	done during most of working tired.)	166. KIND OF BUS				
E COMPL	17. FATHER'S NAME (First, Middle, Last)		DOTE NEE	_	NAME (First, Middle, Maiden :				
TO BE	19a. INFORMANT'S NAME (Type/Print) Parker J. Cart	ter		DRESS (Street and Number or Run OXVILLE Rd. K					
	20s. METNOD OF DISPOSITION 1 \$\infty\$ Buriel 2 \cup Cremetton 3 \tilde{\text{Re}} Re 4 \tilde{\text{U Donation}} Donation 5 \tilde{\text{Other}} Other (Specify)	moval from State C6	bb. PLACE AND DATE OF Commetery, cremetory or, other Brownsvill	e Hgts Cem.	2-22-94 Bro	CATION — City or T WINSVILLE	own, State e, Md. 21715		
-	21. SIGNATURE OF FUNERAL SERVICE I	John H. E		22. NAME AND ADDRESS OF BAST FUNERAL	HOME, Boon	sboro, M	cional Pike Id. 21713		
	23. PART NEnter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. List only one ceuse on	aach lina.	enter the mode of dying, s			Approximata interval Between Onset and Death		
HILICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
AL CE	PART II. Other algorificant condition			he underlying cause given	in Part i. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
BY PHYSICIAN: MEDIC	Severe anen	ma of un	n determu	ned etiolog	1 YES 2	₽ No	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 12 inputiont 2 ER/Out		26. PLACE OF DEATN					
у РНУ	27. MANNER OF OEATH 1 Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJURY AT	28d. DESCRIBE NOW IN	NJURY OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJUR building, etc. (Sp	RY — At home, farm, stree ecify)	et, factory, offica	281. LOCATION (Street a City or Town, State)	nd Number or Runal	Route Number,		
COMPLETED				t the time, date end place, and on my opinion, death occured at (s) end manner as stated.		
IO BE	296. SIGNATURE AND TITLE OF CERTIFI	Stem M!	0	29c. LICENSE P	073	▶ 2/20	0 (Month, Day, Year)		
		Stern MD,	610 Nir	- 0	runswick,	Md, 21	716		
	31. DATE FILEO (Month, Day, Year) FEB 2 2 199	32. REGISTRAR'S SIG	HATURE						



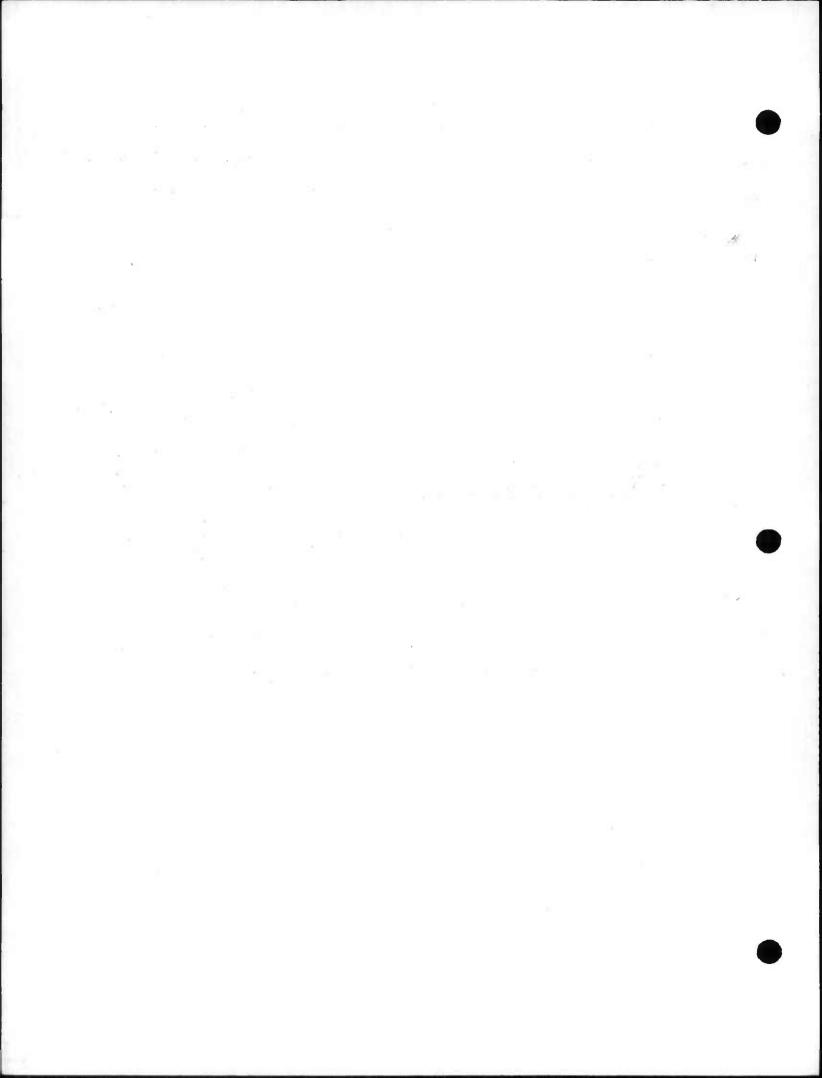
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DIVISION OF VITAL RECORDS, P.O. BOX	
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	1. DECEDENT'S NAME (Eirst, Middle, Last)			a	1.1.		2. DATE	OF OEATH	Y	EAR. 3.	TIME OF DEATH
	here	5. SEX			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	- 29 OF BIRTH 19930	- 9	SUBTUP!	CE (State or Foreign
TOR	578-46-0333 9a. FACILITY NAME (If not institution, give in the state of the state	1 - M 2XXF street and number) Many Counc	1 4	3 YAS.		R LOCATION OF DI			9c. COUNTY		H /
L DIRECTOR		nce Geo	orge's		pper N	on Marlbor	0				d. INSIDE CITY LIMITS? XES 2 NO
IERAL	P.O. BOX 323		10f.	10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTY U.S.A.							
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES?	ENT EVER IN U.S 1 TYES 2 E WAR OR DATES	XNO	If yes, spe	endent of Hispal leify Cuben, Mexics 2 NO Specif	n, Puerto I		r No 14.	Black, W	American Indian, hits, etc.
PLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12) 12th grade	UCATION le completed) College (1-4 or s		life. Do NOT use n	k done during mas	nt of working		KIND OF BUSIN			r Marlbor
COMPL	17. FATHER'S NAME (First, Middle, Last) WIII at	m H. Je	nning		g ///	18. MOTHER'S NA	ME (First, I		ımame)		
TO BE	Mr. Everett A.	Curtis	(Husban	196. MAILING AE	BOX 323	pper Marl	Poute Numi	ber, City or Town, Maryland	State, Zip Co	^(de)	
	20e. METHOD OF DIBPOSITION 1XX Burlel 2 Cremation 3 Ram 4 Donation 5 Other (Speeky)		20b. PL	ACE OF DISPOSITI	ION (Name of cen	seteny oremetney or		20c. LOCA	ATION — City	or Town,	
	21. BIOMATURE OF FUNE AND APORESS OF THE TOTAL Home, Inc.										
	23. PART I. Enter the diseases, or ahook, or heart failure.	complications the	hat caused the	e death. Do not	433	9 Hunt	Р1.	N.E.	Wash	. D	Approximate interval Betv
ERTIFICATION	23. PART I. Enter the disesses, or	complications it. List apriy one complete the purple of th	TO (OR AS A COL	line.	433	9 Hunt	Pl.	N.E.	Wash	t,	Approximate Interval Betv Onset and D
MEDICAL CE	23. PART I. Enter the disesses, or ahock, or heart failure. IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	complications it. List and one complete the	TO (OR AS A COL	MSEQUENCE OF):	433	9 Hunt de of dying, suc ke dass	P1.	N.E.	Wash story arrest	24b. WW AWAY	Approximate Interval Betw Onset and D
CIAN: MEDICAL CE	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the conditions of the conditions of the cause. Enter Understanding in death LAST	complications it. List spry one cit. List spry one cit. List spry one cit. DUE 1 b. DUE 1 d. DUE 1 d. HOSPITAL:	TO (OR AS A CO) TO (OR AS A CO) TO (OR AS A CO)	INSECUENCE OF): NSECUENCE OF): NSECUENCE OF):	433 enter the mo	9 Hunt de of dying, suc ke dass	Part 1.	N.E. State State 24a. WAS AN APPENFORM 1 YES 2 G	Wash story arrest	24b. WW AWAY	Approximate Interval Betw Onset and Do
YSICIAN: MEDICAL CE	23. PART I. Enter the disesses, or shock, or heart failure. IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	complications it. List poly one complication of the complete contributing to the contr	TO (OR AS A CO)	MEDUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): 1 ODA 4 C	the underlying	9 Hunt de of dying, suc K. dass g csuae given in ACE OF OEATH (Co	Part 1.	N.E. diac or reapira Lacata 24a. WAS AN A PERFORM 1 YES 2 (Wash	24b. WI	Approximate Interval Betw Onset and D D D D D D D D D D D D D D D D D D D
D BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the disesses, or ahock, or heart failure. IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the conditions of the conditions of the cause. 25. WAS CASE REFERRED TO MEDICAL EXAMINER of DEATH 1 Natural	complications it. List sply one cit. List sply one cit. List sply one cit. DUE 1 b. DUE 1 d. DUE 1	TO (OR AS A COI TO (OR AS A CO	MSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): Output The state of t	the underlying 28. PL THER: Nursing Hom 9 Hunt de of dying, suc like class g cauae given in ACE OF CEATH (CI B S Residence UNY AT RKY RES 2 NO	Part 1.	N.E. diac or reapira La L	Wash story arrest	24b. WI AM AM CO	Approximate Interval Betw Onset and D	
PLETED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the conditions of the conditio	complications it. List sply one cit. List sply one cit. List sply one cit. List sply one cit. DUE 1 b. DUE 1 d. DUE 1 d. DUE 1 d. DUE 1 26a. DATE (Month, 1) 28a. PLACE building SICIAN: To the best	TO (OR AS A COI TO (OR AS A CO	Ine. CATUM AT LINE NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): AT DOA 4 28b. TIME (INJURE) At home, ferm, street, death occurred	the underlying 26. PL THER: Nursing Hom NY M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 Hunt de of dying, suc	Part 1. Part 1. 28d. DEs	24a. WAS AN A PERFORM 1 YES 2 (TOWN, Street and or Town, State)	Wash story arrest Class UTOPSY HEO? JURY OCCUR d Number or	24b. WILLIAM CONTRACTOR OF THE PROPERTY OF THE	Approximate Interval Betw Onset and D Onse
COMPLETED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions and the conditions of the conditio	complications it. List poly one of the poly of the	TO (OR AS A COI TO (OR AS A CO	Ine. CATUM AT LINE NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): AT DOA 4 28b. TIME (INJURE) At home, ferm, street, death occurred	the underlying 26. PL THER: Nursing Hom NY M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 Hunt de of dying, suc	Part 1. B Other 281, LOC City a to the care	N.E. Silac or reapira Lacks Lacks 24a. WAS AN AI PERFORM 1 YES 2 [YES 2 [YES 2 [YES 2 [YES 2] TO YOUR, State) Lacks and place, and place, and	Wash story arrest Class UTOPSY BEO7 JURY OCCUR d Number or due to the c	24b. Will AM CONTROL OF THE PROPERTY OF THE PR	Approximate interval Betw Onset and Do
PLETED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions and the conditions of the conditio	complications it. List poly one of the poly of the	TO (OR AS A COI TO (OR AS A CO	Ine. CATURE STATE NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): AT DOA 4 28b. TIME (INJURE) At home, ferm, street, death occurred	the underlying 28. PL THER: Nursing Hom North 1 28c. INJ WY M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 Hunt de of dying, suc He class g cauae given in ACE OF OEATH (C/ e 8 - Residence UNY AT RK? (ES 2 - NO s and place, and due eath occured at the	Part 1. B Other 281, LOC City a to the care	N.E. Silac or reapira Lacks Lacks 24a. WAS AN AI PERFORM 1 YES 2 [YES 2 [YES 2 [YES 2 [YES 2] TO YOUR, State) Lacks and place, and place, and	Wash story arrest Class UTOPSY BEO7 JURY OCCUR d Number or due to the c	24b. Will AM CONTROL OF THE PROPERTY OF THE PR	Approximate interval Betwonset and Donest an



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the find within 72 hours after death with the State Deat of Health and Mental Honeire orior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
xecuted within 24 hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the field within 72 hours after really with the State Deut of Health and Mental Horliène prior to burial, cremanion, or removal	natic event, the medica
it the death certificate be a	by the attending physician and Mental Hydiene prior to	/ Injury, or other traum
CIAN: The law requires that	ertificate has been signed the State Dept. of Health	or frem 23 shows an
AL DR ATTENDING PHYSI	L DIRECTOR: After this or	f item 28 is marked,
TO THE HOSPITA	TO THE FUNERA	IMPORTANT: I

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		TMENT OF		MENTAL HYGIEN	- ()	1, 05546	
	1. DECEDENT'S NAME (First, Middle, Last)	6	0 0	1 7 -		2. DATE OF DEATH		3. TIME OF DEATN	
	JOSE K	. CUAD	1	100		02 - 1	- 9	4 6:15 A. M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day_Year)		SIRTHPLACE (State or Foreign Country)	
	577-38-7007	1 X M 2 □ F 87	YRS.			Dec. 25, 1	906	Spain	
œ	9e. FACILITY NAME (If not institution, give str				OR LOCATION OF DE	ATH	9c. COUNTY		
6	RESIDENCE OF DECEDENT						Anne A	rundel	
HE	Maryland Prince	e Georges	200	Y, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS? V.V. 1 VES 2 TNO	
L ² D	100. STREET AND NUMBER	: Georges	Bow		Of, ZIP CODE				
FUNERAL DIRECTOR	2956 November Ct	-		1	20716		U.S.	OF WHAT COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS DE	CENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian,	
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1) YES 2 IF YES, GIVE WAR OR DATES	NO	t TY YE	S 2 NO Specify.			Black, White, etc. Specify:	
	15. DECEDENT'S EDUC	1942- 1945	DECEDENT'S	USUAL OCCUPAT		panish 16b. KIND OF BUS	NESS /INDI IST	White	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(Give kind of v life. Do NOT us	vork done durina n	nost of working	TOD. KIND OF BOX	3ME33/MD031		
AP.	6		gage	clerk		Railr	oad		
8	17. FATNER'S NAME (First, Middle, Last)					AE (First, Middle, Maiden			
BE	unobtainabl					obtainable			
2	Sharon Hale					ie, MD 207		(e)	
	20e METNOD OF DISPOSITION W Burlel 2 Cremetlon 3 Remo	20b. PLAC	EANDDATE	OF DISPOSITION (CATION — City	or Town, State	
	1 A Buriel 2 ☐ Cremetion 3 ☐ Remo	val from State Washi	ngton	Nation	al Cemete	ry 2/3/94	Suitla	nd, MD	
į	24- SIGNORTUME-OF FUNERAL BERVICE LICE	INSEE		22. NAME	AND ADDRESS OF FAC	Marshall	's Fun	eral Home,Inc.	
	Dya /	Telball		4308	Suitland	Rd. Suit1	and, M	D 20746	
	23. PART i. Enter the diseases, or canook, or heart feilure. L	omplicatione that ceused the list only one cause on aach il	death. Do r na.	not enter the m	ode of dying, such	as cardiac or reapl	ratory arrest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition	Mat. 0+	-4	c C	v a C in . Da		1 :	Onset and Death	
ŀ	resulting in death)	Metast DUE TO (OR AS A CONS	SEQUENCE OF	FI:	VICINON	na of	2100	2	
z		Duoder	ral	Co	acinoma.				
ET I	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	EVE Heart Failure						
FICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO IGH AS A CONS	7 V-C		ean.	J-au	me		
CERTIFICATION	resulting in death) LAST	Coronan		Ante	297	is ea	2		
	PART II. Other eignificant conditions	contribution to death but on	t regulting	in the underbyl	na asusa aluma in l	Part I. 24s. WAS AN	AUTOROV	24b. WERE AUTOPSY FINDINGS	
ICAL	In Sulin d	epender	77	Tahri	1- Mell	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
9			7_0	-11/0	20,17	YES 2	□ NO	OF DEATH?	
ž						_			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (Che	ck only one)			
IYSI	1 TYES 2 NO 27. MANNER OF DEATN	1 Inpetient 2 ER/Outpetient		4 - Nursing No	me 5 Reeldence				
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIM INJ	URY	IJURY AT PORK? YES 2 NO	26d, DESCRIBE HOW I	NJURY OCCUR	ED	
Э ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At	homa, ferm, o			261. LOCATION (Street	and Number or F	lural Route Number,	
TE	4 Homicide determined	building, etc. (Specify)				City or Town, Stete)			
COMPLETED		CIAN: To the best of my knowledge,	death occurre	ed at the time, da	ta and place, end due	to the cause(s) and man	nner ee stated.		
Sol	one) MEDICAL EXAMINER	R: Dn the beals of examination and/	or investigatio	n, in my opinion,	death occured at the	time, date end place, en	d due to the ce	use(s) and manner as stated.	
HE (200. SIGNATURE AND TITLE OF CERTIFIER	anna	Mi)	29c, LICENSE NUM	BER COLO	29d. DATE SI	GNED (Month, Day, Year)	
9	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (I	TEM 27) /75/20	Print)	102	0108	1	11/14	
	30. NAME AND ADDRESS OF PERSON WHO	INT FOXL,	N,H	-222	KOW//	E MD.	207		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE							
	FFB 0 3 1994	Ma Davidson-Randa	ee_					17-40	
	U							DHMH-16 Rev 1/89	



b.	Ļh	
FOR		

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR	STATE OF MARY	AND / D	PARTME	NT OF HE	ALTH AND	MENTA	L HYGIEN	E			13.57
- STATE REGISTRAR	STAIL OF MANTI		RTIFICA	TE OF		MENIA	REG. NO.	9	lş	055	41
. DECEDENT'S NAME (First, Middle, Last)						2. DATE MONT	OF DEATH	٧	YEAR	3. TIME OF	DEATH
Hyacinth	Cla					Feb		1	994	170	
. social security number 214-06-7511	5. SEX 1 M 2 X X 79	(In yrs. last b	YRS. MONTH	DER 1 YEAR	HOURS MIN.	APR	OF BIRTH	, 19	6. BIRTH	AM AI	o or Foreign
FACILITY NAME (If not institution, give	street and number)		9b. C	ITY, TOWN OR	LOCATION OF D	EATH		9c. COU	NTY OF D	EATH	
201 Newton St			В	laden	sburg			Pr	ince	e Geo	orges
MARYLAND PRY	NCE GEORGE	S	BLADI	NSBUI	₹G					10d. INSID	8?
5201 NEWTON ST	REET			101. 2	2071	0				STA	
I. MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 A NO		If yes, spec	NDENT OF HISPA to Cuben, Mexic NO Speci	an, Puarto I		or No-	14. RACE Black Speci	— America whits, sto	In Indian,
15. DECEDENT'S EDU (Specify only highest grade		18s. DECE	EDENT'S USUAL	OCCUPATION	al working	16b	KIND OF BUS	INESS/IND	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. D	o NOT use retire	EWIF			PRIVA	TE			
7. FATNER'S NAME (First, Middle, Last) WILBERT					18. MOTHER'S NA		Middle, Malden	Surname)			
MONICA CAMPBE	LL _	^{19b.} 1	MAILING ADDR	TON S	TREET,		DOR, CITY OF TOWN			207	10
Ds. METHOD OF DISPOSITION	20										
			DOTE OF DISF	CEMET		-7-94		AASH			D. C.
Donalion 5 Other (Specify)	noval feeth State ce		NOOD PIO	CEMET	ERY 2	-7-94				FON,	D.C.
Donalion 5 (1) Other (Specify) I. SIGNATURE OF FUNSIAN SERVICE TI	CENSEE Judle	GLENI	NOOD P	E. N 320	ADDRESS OF FA	LEY	FUNER MT	AL I	HOME	TON,	D.C.
Donaldon 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE II S. PART I. Enter tha diseases, or shock, or heart failura. AMEDIATE CAUSE (Final isease or condition	CENSEE Judle	GEENI oth deat lation	h. Do noi en	E. NAME AND E. N 320 Ter the mode	ADDRESS OF FA	ACILITY LEY AVE	FUNER MT	AL RA	HOM E	ER. M	roximate val Betwee at and Daat
Donalion 5 Other (Specify) SIGNATURE OF FUNDAM, SERVICE TI SPARY I. Enter tha diseases, or	complications that cause is tonly one cause on a. Smake Inha.	death death death line.	h. Do not en	E. NAME AND E. N 320 Ter the mode	ADDRESS OF FA	ACILITY LEY AVE	FUNER MT	AL RA	HOM E	ER. M	roximate val Between at and Daat
3. PART I. Enter the diseases, or shock, or heart failure. MMEDIATE CAUSE (Final isease or condition esulting in death) equantially list conditions, any, leading to immediate	complications that cause on List only one cause on DUE TO (OR AS b.	GEVENI dated dated line.	h. Do not en And Th ENCE OF:	E. NAME AND E. N 320 Ter the mode	ADDRESS OF FA	ACILITY LEY AVE	FUNER MT	AL RA	HOM E	ER. M	roximate val Betwee at and Daar
Donalion 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE II 3. PART I. Enter tha diseases, or shock, or heart failura. AMEDIATE CAUSE (Final isease or condition exulting in death) equantially list conditions, any, leading to immediate nuse. Enter UNDERLYING AUSE (Disease or injury lat initiated events seulting in death) LAST	complications that cause in List only one cause on DUE TO (OR AS b. DUE TO (OR AS d. DUE TO	dation date date date date date date date date	h. Do not en AND TH	E. NAME AND E. NAME AND 320 der the mode	ADDRESS OF FI 1. DUD 0 R.I. of dying, aud	ACILITY LEY AVE The ear card	FUNER MT	AL I RA BOTY BE BELLE AUTOPSY MED?	HOME HOME INI)	TON, Apprinter Ones Cance	noximate val Between at and Daat and Daat and Daat provided in the control of the
Donalion 5 Other (Specify) SIGNATURE OF FUNDAM, SERVICE TI B. PART I. Enter tha diseases, or ahock, or heart failura. IMEDIATE CAUSE (Final sease or condition sulting in daeth) Equantially list conditions, any, leading to immediate luse. Enter UNDERLYING AUSE (Disease or injury at initiated events sulting in daeth) LAST ART II. Other aignificant conditions. WAS CASE REFERRED TO MEDICAL	complications that cause List only one cause on DUE TO (OR AS D. DUE TO (O	dation date date date date date date date date	h. Do not en AND TH	E. Name and E. Nam	ADDRESS OF FI 1. DUD 0 R.I. of dying, aud	ACILITY LEY AVE The ear care	FUNER MT diec or respirations of the second	AL I RA BOTY BE BELLE AUTOPSY MED?	HOME HOME INI)	FR. M Apprinter Appr	noximate val Between at and Deat and De
Donalion 5 Other (Specify) SIGNATURE OF FUNDRAN SERVICE TI DARY I. Enter the diseases, or shock, or heart failure. MEDIATE CAUSE (Final sease or conditions suiting in death) Auguentially list conditions, any, leading to immediate use. Enter UNDERLYING AUSE (Disease or injury at initiated events suiting in death) LAST ART II. Other algnificant conditions.	CENSEE COMPlications that cause on a Smake Inha Due to (OR AS Due to (O	dant ina. A consecut A consecut A consecut but not ras	h. Do not en And The ENCE OF): ENCE OF):	L. NAME AND E. N. 320 der the model of the m	ADDRESS OF FA	LEY AVE	FUNER MT Illec or respirations of the second	AL I RA BOTY BE BELLE AUTOPSY MED?	HOME HOME INI)	FR. M Apprinter Appr	noximate val Between at and Daat and Daat and Daat provided in the control of the
Signature of Fungrah Service II Signature of Service II	complications that cause List only one cause on DUE TO (OR AS D. DATE OF INJURY DERIVOR)	dent death death line. A consecut A consecut A consecut but not res	th. Do not en And The ENCE OF): ENCE OF): ENCE OF): All DOA A H	Underlying of the Research Laboratory of the Modern Laboratory of the Modern Laboratory of the Laborat	ADDRESS OF FU ADDRESS OF FU DUD O R.I. o of dying, auc causa givan in	LEY AVE	FUNER MT Illec or respirations of the second	AL I RATE OF THE PROPERTY OF T	HOM E	FR. M Apprinter Appr	noximate val Between at and Daat and Daat and Daat provided in the control of the
SIGNATURE OF FUNDAMA SERVICE II SIGNATURE OF FUNDAMA SERVICE II SPART I. Enter the diseases, or shock, or heart failure. IMEDIATE CAUSE (Final sease or condition suiting in death) sequentially list conditions, any, leading to immediate use. Enter UNDERLYING AUSE (Disease or injury at initiated events suiting in death) LAST ART II. Other algnificant condition WAS CASE REFERRED TO MEDICAL EXAMINER? 1X YES 2 NO MANNER OF DEATH 1 Natural 5 Pending	complications that cause List only one cause on DUE TO (OR AS D. DUE TO (O	dent dent dent lina. A CONSEOU A CONSEOU Dut not res	th. Do not en And The ENCE OF): ENCE OF): ENCE OF): ENCE OF): A DOA OTHER 28b. TIME OF INJURY	undarlying terms to the state of the model o	ADDRESS OF FINAL COLOR OF THE PROPERTY OF THE	LEY AVE	FUNER MT flec or respirations of the second	AL I RA BOTY BELLEVIS	ING HOME	WERE AUTO AMAILEM OF DEATH?	roximate val Betwee at and Daat Proximate val Betwee at and Daat Proximate value of the pro
Donalion S Other (Specify) SIGNATURE OF FUNDRAN SERVICE TI B. PART I. Enter the diseases, or ahock, or heart failure. IMEDIATE CAUSE (Final sease or condition suiting in death) Pequantially list conditions, any, leading to immediate use. Enter UNDERLYING AUSE (Disease or injury at initiated events auiting in death) LAST ART II. Other algnificant condition WAS CASE REFERRED TO MEDICAL EXAMINER? 1. YES 2 NO MANNER OF DEATH 1 Natural 5 Pending Investigation	complications that cause List only one cause on DUE TO (OR AS DUE TO (OR	dent dent ina. Lation A CONSEOU A CONSEOU but not res	h. Do not en And Th ENCE OF): ENCE OF): ENCE OF): ENCE OF): 1 DOA OTH 1 DOA OTH 2 DOA OTH 1 TO O M	Length of the model of the mode	ADDRESS OF FINAL PROPERTY AT THE PROPERTY AT T	Part I.	FUNER MI FUNER MT flice or respir	AL I RATE OF STATE OF	HOM ELINI TOTAL TO	WERE AUTO AMAILABLE COMPLETION OF DEATHY	roximate val Betwee at and Dast psy Findings prior to n of cause 2 \(\) No
SIGNATURE OF FUNERAL SERVICE II SIGNATURE OF SIGNATURE II SIGNATURE OF DEATH SI	CENSEE COMPlications that cause that cause on Due to (or as Due to (or as Due to (or as Due to (or as d. Du	dantend ina. A conseou A conseou A conseou Dut not ras	h. Do not en And The ENCE OF): ENCE OF): ENCE OF): 1 DOA 0TH 28b. TIME OF INJURY 1700 M p, farm, street, 1	Length of the model of the mode	ADDRESS OF FINAL COLOR OF THE PROPERTY OF THE	Part I.	FUNER MI filec or respiration filec or respiration filec or respiration filec or respiration filecting fil	AL I RATE OF STATE OF	ING HOME INI TO THE PROPERTY OF RUPED OF RUPED FOR PURPLE PROPERTY OF RUPED FOR PURPLE PROPERTY OF PURPLE PROPERTY OF PURPLE PUR	WERE AUTO AMAILABLE COMPLETIO OF DEATH? I SYES	roximate val Betwee at and Dast psy Findings prior to n of cause 2 \(\) No

29c. LICENSE NUMBER

Baltimore.

Street.

Penn

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29b. SIGNATURE AND TITLE OF CERTIFIER

1994

Dennis

31. DATE FILED (Month, Day, Year)

PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
WAS DAY DOON - RENDELLE

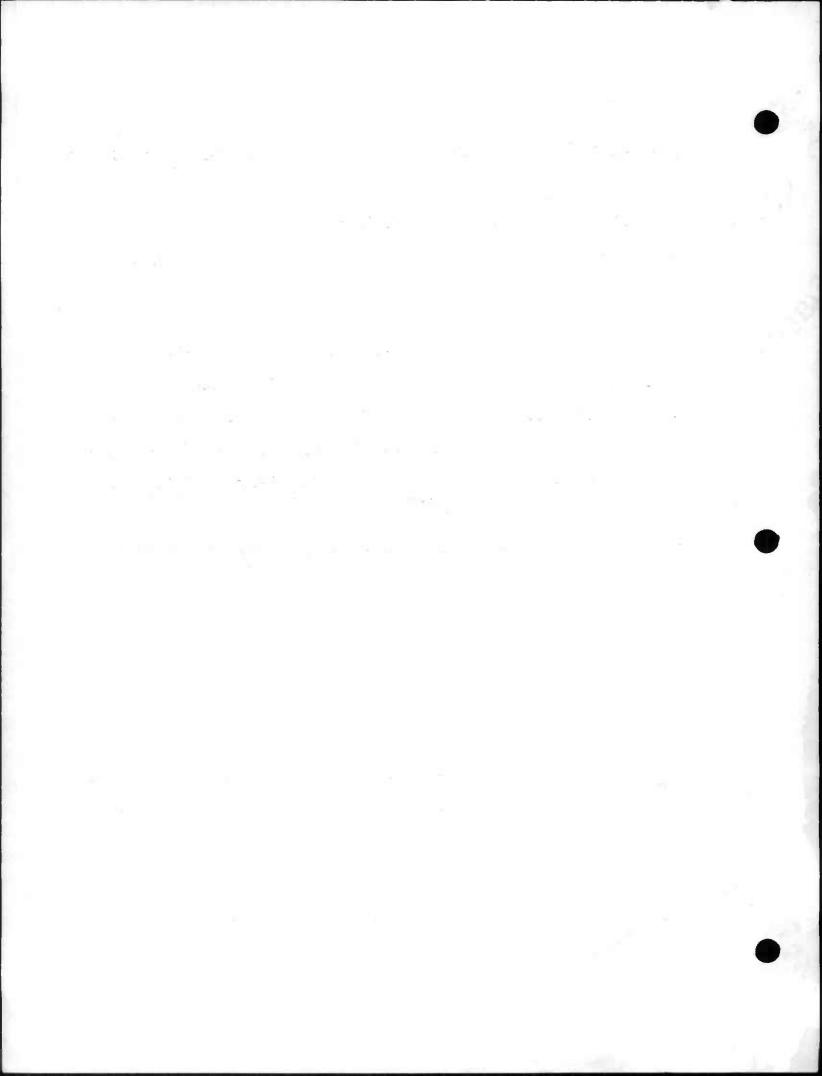
BALTIMORE, MARYLAND 21215-0020

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within extract death. Page 6 may be retained by the hospital or attending physician. The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burital-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

Maryland



	FOR
1	STATE
	REGISTRAR

94	0	5	5	Ļ	8
74	U	V	V	- 0	9

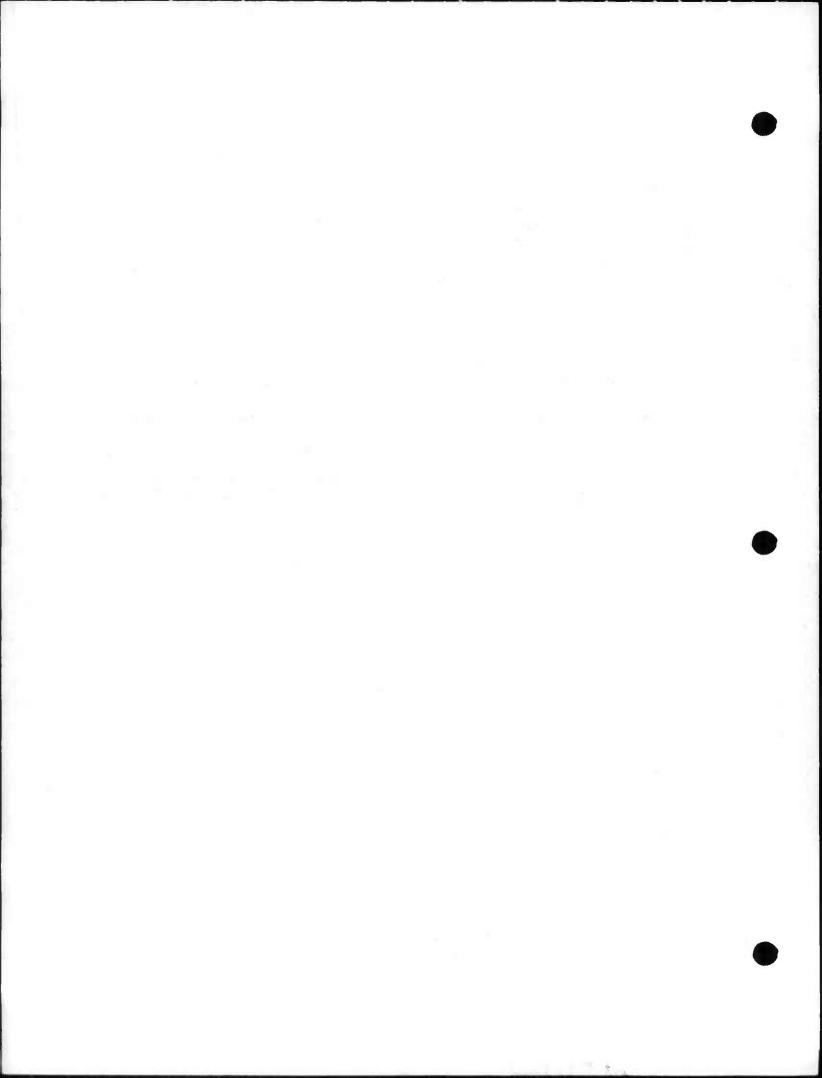
1 - STATE REGISTRAR	STATE OF I		/ DEPAR					WENTAL HYGIE REG. N		94	05548	
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH	
Annab	elle	W.	Co1	ohan				ebruary	6. 19	94	1:55 A. M	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	ast birthday)	IF UNDER	-	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)			PLACE (State or Foreign	
577-40-1090	1 🗆 M 2 💢 F	97	YRS.	MONTHS	DAYS	HOURS	MIN.	April 6,	1896		York	
9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN OR LOCATION OF DEATH							9c. COUNTY OF DEATH		
Lorien Nursing &	en Nursing & Rehabilitation Ctr. Columbia								Но	Howard		
RESIDENCE OF DECEDENT 10a, STATE 10b, CDUN	10b. CDUNTY 10c. CITY, TOWN OR LOCATION											
	ward		100. 011		umbi						10d, INSIDE CITY LIMITS?	
10e, STREET AND NUMBER					1404	ZIP CODI			10- 0	7.754.05	1 YES 2 NO	
6334 Cedar Lane					101,	2104					VHAT COUNTRY?	
11, MARITAL STATUS	12. WAS DECEDEN	IT EVED IN II S. A	DMED	12.	WAS DECE			IIC ORIGIN? (Specify		U.S.A		
1 Never Married 2 Married	FORCES? 1	YES 2	NO		If yes, spe	city. Cuba	n, Mexica	n, Puerto Rican, etc.)	rea or reo —	Biaci	— American Indian, c, White, atc.	
3 🕅 Widowed 4 🗌 Divorced	IF TES, GIVE V	MH ON DAIES			1 🗌 YES	2 (F) ND	Specin	<i>i:</i>		Speci	™White	
15. DECEDENT'S EO (Specify only highest grad	JCATION COMMISSION	16a. D	ECEDENT'S	USUAL O	CCUPATIO	N		16b, KIND OF I	USINESS/II			
Elementary/Secondary (0-12)	College (1-4 or 5	+) li	(Give kind of the Do NOT u	ise retired.)	ounny mos	t or worker	19					
8		H	omema	ker				N/	A			
17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Maid	en Sumame)			
Christian Wint	er							etta Rik				
19e. INFORMANT'S NAME (Type/Print)								Route Number, City or 1				
Eric James Coloh	an						., R	ichmond,		_		
204, METHOD OF DISPOSITION 1 [A Burlel 2 Gremation 3 G files	noval from State	20b. PLACE cerpetery ac	E AND DATE	OF DISPOS	ITION (Nan	ne of				- City or To		
4 Donation 5 Other (Specify)		Leda	ar Hi					/11/94 Su	itlar	nd, Ma	aryland	
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE /			Ge	NAME AN	P.	ss of fa Kala	as Funera	1 Hom	ie		
heoras &	TXOVA	all.						1 Rd. Oxo			1. 20745	
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с.	OR AS A CONSI	V	HF);	eacte.	t 7)	fai de.	lure			Onset and Dast	
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORE 1 YES 2								ORMED?	Y 24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	THE CELL	resc	7	, , ,		-	Cer	7			1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL					26. PL/	CE OF D	EATH (Ch	eck only one)				
EXAMINER?	HOSPITAL: 1 Inpatient 2	ER/Outpatient	3 DOA	OTHER 4 A Nur		5 🗆 Re	eldenca	6 Other (Specify)				
27. MANNER OF DEATH	28e. OATE OF		28b. TIM		28c. INJL	PY AT		26d. DESCRIBE HO	V INJURY O	CCURED	-	
1 Natural 5 Pending Investigation	(MUNIT, L	uy, rourj	I IN	M	1 Y	ES 2	NO					
2 Sulaite	2 Accident succident s Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOCATION (Street City or Town State								er or Rural I	Route Number,		
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS) end manner as stated.	
30. NAME AND ADDRESS OF PERSON W	"Diri	SE OF DEATH AT	EM 27) (3m	Print)		29c. LICE	3/S	75		ATE SIGNED	(Month, Day, Year)	
Richard Kolodrub		1/			olis	Rd	. Co	lumbia, M	d.			
31. DATE FILED (Month, Day, Year)												
EED 0 7 19	94 Jul	ia Davidson	n-Mano	TABL								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020



FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9		15	-	1	1
2	l. p		U		

1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	B	EG. NO.	
1. DECEDENT'S HAME (First, Middle, Last)					2. DATE OF		YEAR 3. TIME OF DEATH
	RAWFORD	Y			FER (
4. SOCIAL SECURITY HUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E (Month, De	NATH y, Year)	BIRTHPLACE (State or Foreign Country)
224-28-6962	1XX M 2 □ F	67 YRS.		THE STATE OF THE S	10/21	/26	Virginia
9a. FACILITY HAME (If not institution, give a	treet and number)		96. CITY, TOWN	OR LOCATION OF	EATH		NTY OF OEATH
4304 LARGO F	RD		UPPER	MARLBO	RO	PRI	NCE GEORGES
10a. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOC	ATION			10d, INSIDE CITY
Maryland Anne	Arundel		Lothi	an .			LIMITS?
10e. STREET AND NUMBER	iii diidei			Of, ZIP CODE		10g. CIT	IZEN OF WHAT COUNTRY?
93 Patuxent Mobil	e Estates		1	20711		US	1
11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (S	pecify Yea or Ho-	14. RACE — American Indian.
1 Never Married 2 Married 3 Wildowed 4 Olivorced	FORCES? 1 XY	R DATES		pecify Cuban, Maxic S 2 X NO Speci		i, etc.)	Black, White, etc. Specify:
21	WWII			11			White
15. DECEDENT'S EDU (Specify only highest grade	CATIOH completed)	16a. DECEDENT'S (Give kind of	USUAL OCCUPAT work done during n se retired.)	IOH lost of working	16b. KIH	D OF BUSINESS/INC	DUSTRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Retired			Mo	rchant S	g of Europe
10th 17. FATHER'S HAME (First, Middle, Last)		Reciffed	Dealila				еанап
Charles W. Cra	wford			Mamie]		e, Maiden Surname)	
19a. INFORMANT'S NAME (Type/Print)		Joh MAII INC	ADDRESS (Street			Off Town, State, Zig	0.41
James Whitney Cra	wford					Md. 206	
20a. METHOD QE DISPOSITION		20b. PLACE AHD DATE			DATE		City or Town, State
1 Donation 5 Other (Specify)	oval from Stata	Metropoli	ther place) Cres	matory 2	//./9/	Alexandr	io Vo
21. SIGNATURE OF FUNERAL SERVICE LIC	DENSEE /	THE ET OPOLI	22. NAME	AND ADDRESS OF F	ACILITY	niexandi	ia, va.
10 0 V	1011		Geor	ge P. Kal	Las Fun	eral Hom	е
23. FART I. Enter the diseases, or block, or heart failure.	ala N						1, Md. 20745
resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR /	AS A CONSEQUENCE OF	F): F):	0 W / D F	-146/3	V	
	d						
PART II. Other algnificant condition	s contributing to deat	th but not resulting	In the underlyl	ng cause given in	1 [WAS AN AUTOPSY PERFORMED? VES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOOME			PLACE OF DEATH (C	heck only one)		
1 VES 2 □ HO	HOSPITAL: 1 inpetient 2 in ER/	Outpetient 3 🗆 DOA	OTHER:	ma 5X Residenca	6 Other (Sp	ecify)	
27. MAHHER OF OEATH	28a. DATE OF INJU (Month, Day, Ye	nel IM I		JURY AT	28d. DESCRI	BE HOW INJURY OC	
1 Netural 5 Pending 2 Secident Investigation	FEB 02,	19944 11		YES 2 NO	SELF	-IN -FL	ICTEBURDO SHO
3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJ building, etc. (street, factory, off	ca	City or To		r or Rural Route Number,
		HOME			4304	LARGO R	D/PRINCEOGED
one)	CIAN: To the beat of my k						nted. The cause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF GERTIFIE	1/2 00			29c. LICENSE NU		29d. DAT	TE SIGNED (Month, Day, Year)
minone	your			O.C.M.	E	► F	EB 03,1994
30. NAME AND ADD LESS OF PERSON WH	D. KORGU	W 111	Penn	Street,	Balt		Maryland 212
31. DATE FILED (MONTH, Day, Year) FFR () 7 199	4 32. REGISTRAR'S S	aurdson-Rand	all				111

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, by the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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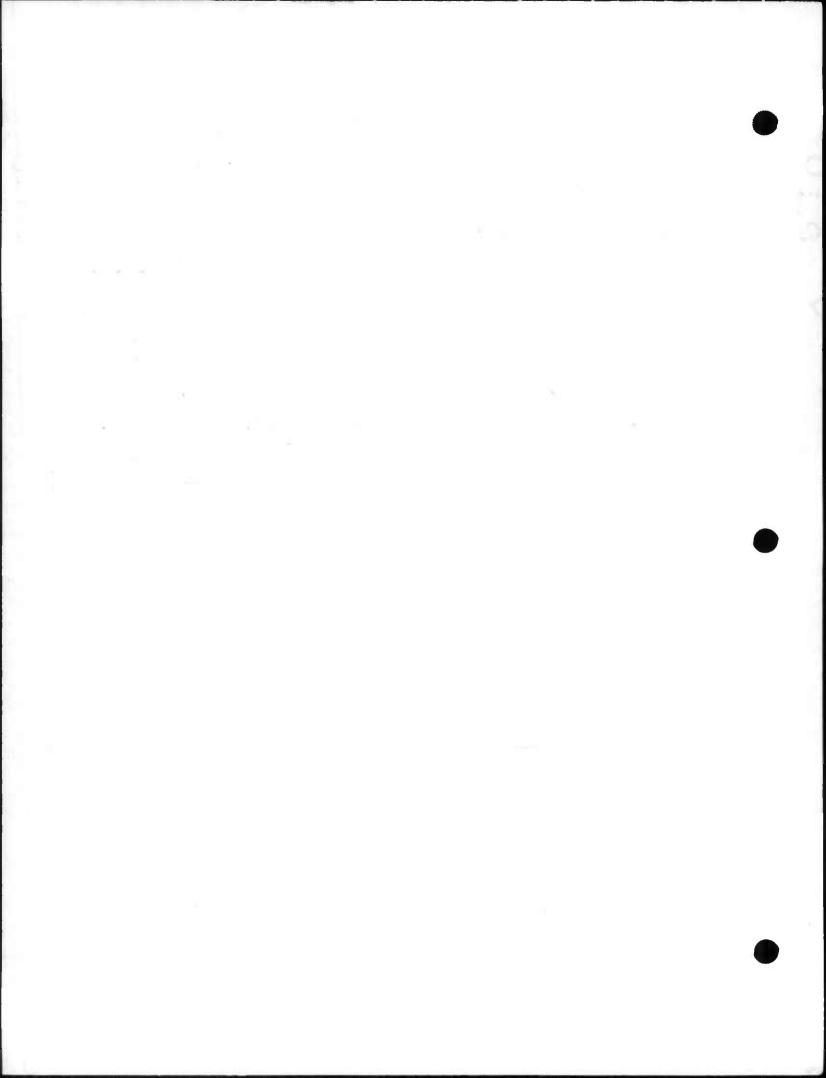
	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) Mail 1981 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH
	Maureen Dawne Cardinale Month DAY YEAR 1994 12:30 Am
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
	212-38-5144 1 M 2 K F 55 YRS. MONTHS DAYS HOURS MIN. Jan. 17, 1939 Maryland
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
E	15604 Cedar Drive Accokeek Prince George's
5	RESIDENCE OF DECEDENT
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATIOH 10d. IHSIDE CITY LIMITS?
۵	Maryland Prince George's Camp Springs
AL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY?
Ħ	6908 Westchester Court 20748 U. S. A.
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No — 14. RACE — American Indian,
ВУГ	IF YES, GIVE WAR OR DATES 1 ☐ YES 2 ☑ NO Specify: Specify:
	I write
Ē	15. DECEDENT'S EDUCATION (Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT per feired.) [Give kind of work done during most of working life. Do NOT per feired.) [Prince Coorce of County of Count
Ë	consider (0-12) consider (1-4 or 5+)
COMPLETED	12 5+ Teacher School District
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Maiden Surname)
BE	Harold V. Miller Grale M. Shroyer
2	19a. IHFORMAHT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Ì	Adam A. Cardinale 6908 Westchester Court, Camp Springs, Md. 20748
	20c. METHOD OF DISPOSITION 1 St Burlel 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 2 / 8 / 94 DATE 20c. LOCATION — City or Town, State
	St. Burlet 2 Cremation 3 Removal from State Commeter, crematory or other place) Washington National Cemetery Suitland, Maryland 21. SIGNATURE OF FUNETAL ELEMENT Lee Funeral Home, Inc.
1.0	6633 Old Alexander Ferry Rd., Clinton, Md.
	ouss old Alexander Ferry Rd., Clinton, Md.
0 18	23. PART Unter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line.
	IMMEDIATE CAUSE (Finel
	disease or condition resulting in death)
	DUE TO (OR AS A CONSEQUENCE OF)
Z	Sequentially list conditions, I Metastatic Cauces to Brain
Ĕ	if any, leading to immediate
2	CAUSE (Disease or Injury
Ë	that initiated events resulting in death) LAST
CERTIFICATION	
	PART ii. Other algnificent conditions contributing to death but not reaulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 124b. WERE AUTOPSY FINDINGS
DICAL	PERFORMED? AMAILABLE PRIOR TO COMPLETION DF CAUSE
ш	1 TES 2 THO OF DEATH?
-	
PHYSICIAN: MI	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)
SIC	EXAMIHER? 1 YES 2 NO THER: 1 HOSPITAL: CHIVE C
Ħ	27. MAHHER OF DEATH 286. DATE OF INJURY 286. TIME OF 28C. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED
	1 Hetural 5 Pending (Month, Day, Year) INJURY WORK? 2 Decident Investigation M 1 YES 2 HO
В	3 Suicide 28s. PLACE OF IHJURY — At home, farm, street, factory, office 28s. LOCATIOH (Street and Number or Rural Route Number.
	4 Homicide determined building, stc. (Specify)
COMPLETED	29s. CERTIFIER (Check only Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
Σ	(Check only one) 2 MEDICAL EXAMIHER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE HUMBER 296. DATE SIONED (Month, Day, Year)
2	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Top. Origin
	Sam Tellawi, M.D., 7700 Old Branch Ave. #C-101, Clinton, Maryland 20735
'	
	31. DATE FILED (MONTH), DON YOUR 1994 32. REGISTRIN'S SIGNATURE PANCIALLE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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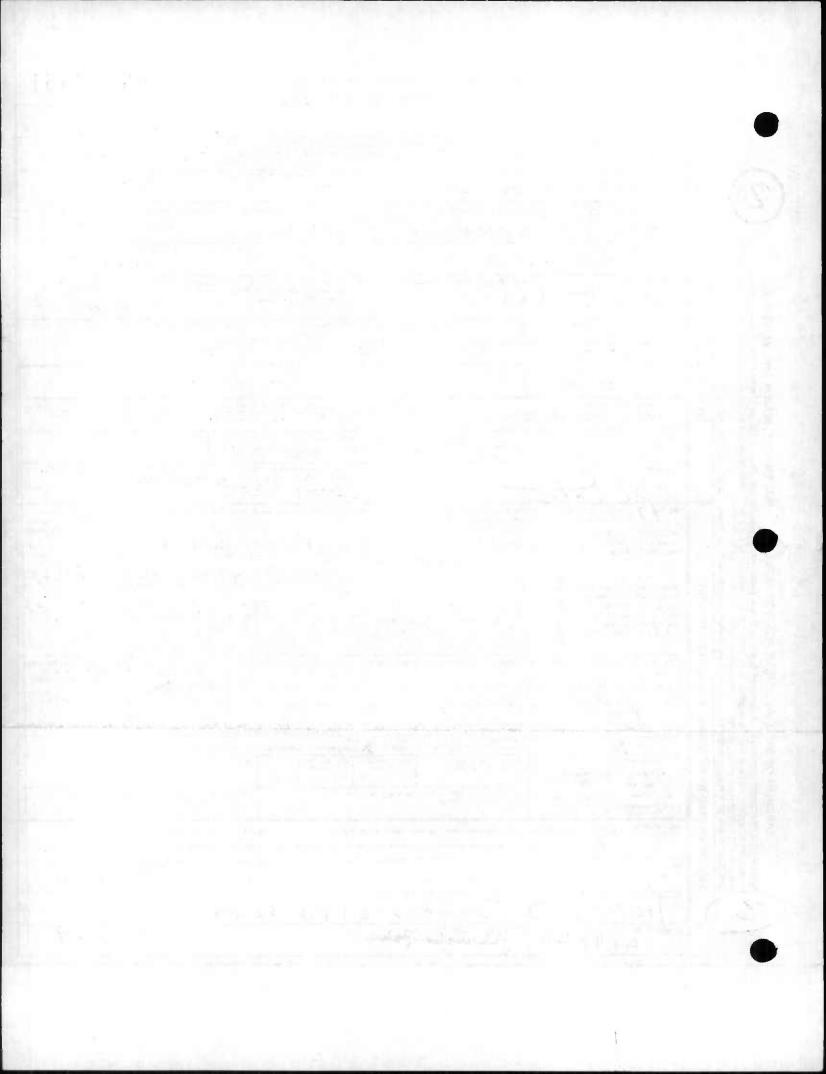
Hazel		L.				- 4	DATE OF DEATH	DAY		TIME OF DEATN
				Coxe	n		Jan. 27	1994	YEAR (05:05 a
4. SOCIAL SECURITY NUMBER 578-34-1229	6. SEX	6. AGE (in yrs. lest 74	birthday) IF UNDI	DAYS	IF UNDER 24	HRS. 7	DATE OF BIRTH (Month, Day, Year) June 18,	1919	8. BIRTNPLA Country) Kentu	CE (State or Foreign
98. FACILITY NAME (If not institution, g Westland Heal		nter		ry, Town o	OR LOCATION			9c. COU	NTY OF DEATH	N
RESIDENCE OF DECEDENT		TICE I		Denice	,11			04	TOTTHE	
Westland Heal RESIDENCE OF DECEDENT 100. STATE 100. COI Maryland P	_{nty} rince Geor	ge 's	Fort		rion lingto	n			1 22	I. INSIDE CITY LIMITS? YES XX NO
10e. STREET AND NUMBER 2600 Brinkley 11. MARITAL STATUS 1 Never Married 2 Married	Rd. #10	3		101	20744				S.A.	COUNTRY?
3 🔀 Widowed 4 🗆 Divorced		NT EVER IN U.S. ARM 1 YES 2 NO WAR OR DATES	1ED 13	If yes, sp	ENDENT OF ecify Cuben, XX NO	Mexican, F	ORIGIN? (Specify \Puerto Rican, stc.)	fee or No-	14. RACE — A Black, WI Specify: Whit	
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) unavailable	EDUCATION rade completed) College (1-4 or 5	(Give	e kind of work done to NOT use retired. The memaker	OCCUPATION during mo	ON st of working		166. KIND OF B	USINESS/IND	OUSTRY	
17. FATHER'S NAME (First, Middle, Last) Scott Wor	kman						(First, Middle, Melde ell Wate			
18s. INFORMANT'S NAME (Type/Print) Evelyn Patric	ia Coxen	19b.	MAILING ADDRES	ss (Street a	nd Number o	Aural Rou ,#10	te Number, City or Wa	own, State, Zip	code)	20744
20a METNOD OF DISPOSITION 1 Burlal 2 Cremetion 3 6		20b. PLACEAR	NDDATE OF DISPO	OSITION (Na	me ol		DATE 20c. I	LOCATION —	City or Town,	State
4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL BERVIO	PANGUSEE	_ Congre	estory or other place		D ADDRESS			40	ton,DC	ne, Inc.
I Se Bat							nder Fer 735	ry Rd	·	ie, Inc.
23. PART I Enter the disease, shock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO	tal C	MASZ VO LO	er the mo	A/	Ry	The M	Complete or and the second	res1,	Approximeta interval Betwee Onset end Deet
Sequentially list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a H	O (OR AS A CONSEQUENCE OF CONSEQUENC	UENCE OF): UENCE OF):	-19	gre	H	e Sono	01/10	14	554
PART II. Other significent condi	tions contributing to	death but not re	sulting in the c	underlyin	g ceuee gi	ven in Pa		AN AUTOPSY ORMED?	AWA COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
Z 25. WAS CASE REFERRED TO MEDICA	L			26. PI	ACE OF DE	TH (Check	only one)			
EXAMINER?	HOSPITAL:	ER/Outpetient 3	DOA 4 KN	ER: ursing Hom	e 5 🗆 Resi	dence 6 (Other (Specify)			
27. MANNER OF DEATN 1 Natural 6 Pending	28a. DATE O	F INJURY Day, Year)	28b. TIME OF INJURY		PRK?		d. DESCRIBE NOV	V INJURY OCC	CURED	
2 Accident Investigati 3 Suicide 6 Could not determine	be 26a, PLACE (OF INJURY — At horr , atc. (Specify)	ne, farm, street, fa		YES 2		81. LOCATION (Stree City or Town, Sta	et and Number te)	or Rural Route	Number,
	IVERNIA T. A. L. L.	f my knowledge des	th occurred at the	tima, date	and place,	nd due to	the cause(s) and n	nanner sa stet	and.	
29s. CERTIFIER 1 CERTIFYINO PI	NTSICIAN: 10 the best o	iny knowledge, des	40000							
(Check only 1 CERTIFYINO PI	WINER: On the basis of					at the tim	ne, date and place,	and due to th		

TO THE HUSPITAL OR ATTENDING PH IN THE FAMERAL DIRECTOR: After this De filed within 72 hours after death w

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

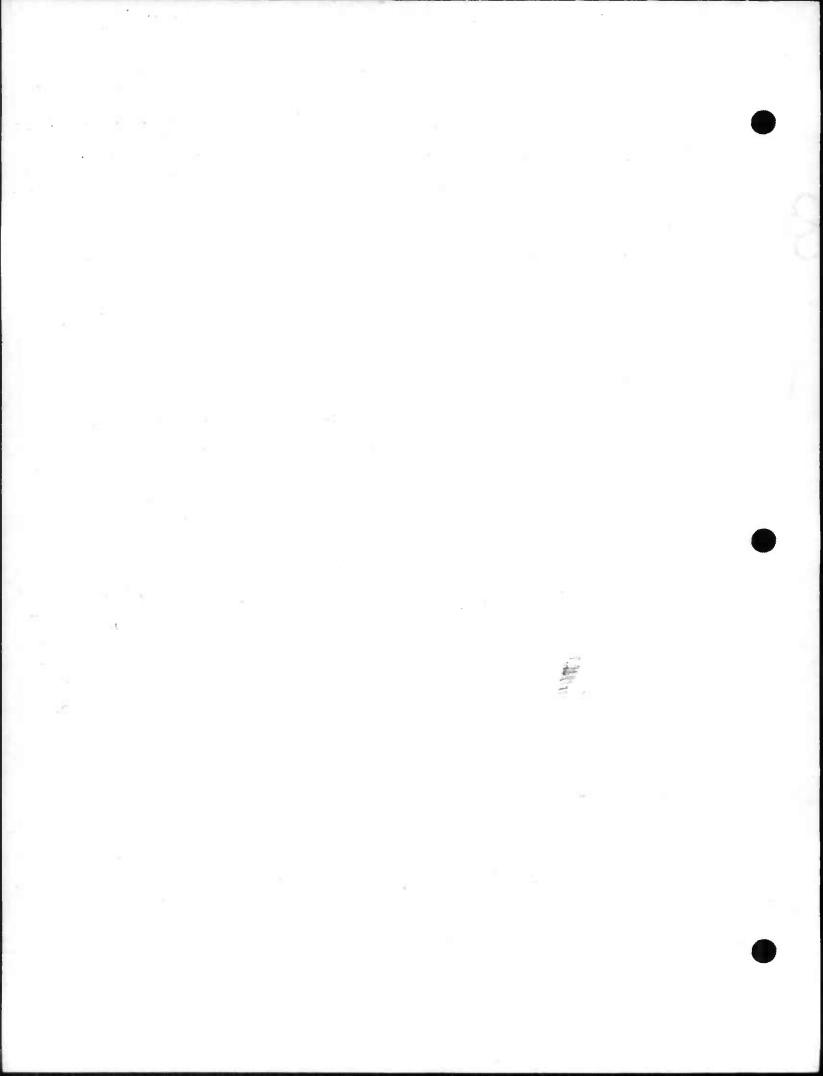
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31. DATE FILED (Month, Day, Neir) FEB 0 8 1994



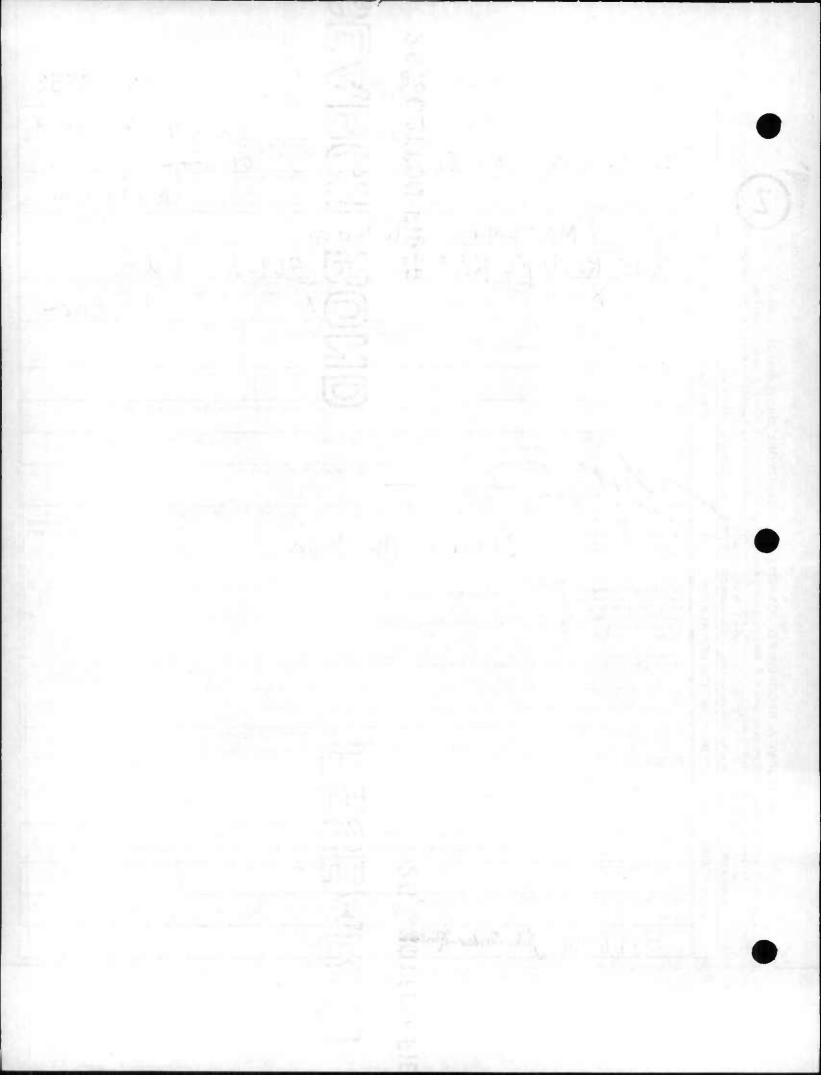
DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
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	1 - STATE REGISTRAR	STATE OF I	/ MARYLAND CE				DEAT			YGIEN I EG. NO.	E	91,	055	52
	1. DECEDENT'S NAME (First, Middle, Lest)						DEA		2. DATE OF D	EATH		3.	TIME OF OEATN	-
- 10	RAMON F.	. C	ALLENS						MONTH 01	28		YEAR Q4	3:53PM	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER	_	7. DATE OF B	IRTH		S. BIRTHPL	ACE (State or Fore)	gn
	567-36-9390	t 🔀 M 2 🗆 F	61	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept	21,1	932	Mich:	igan	
	9a. FACILITY NAME (If not institution, give	Calling and Callin			9b. CITY	, TOWN C	R LOCATIO	ON OF DE				NTY OF DEAT		
OH	Prince George's	General 1	Hospital		X	Chev	erly	corg	2		Pr	ince (George's	3
<u> </u>	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	ry		toc CIT	Y, TOWN (OR LOCAT	ION					14	d. INSIDE CITY	
DIRECTOR	Maryland Pri	ince Geor	ge¹s		Bowi								LIMITS?	^
	10e. STREET AND NUMBER					tor	. ZIP CODI				10g. CITI		T COUNTRY?	
FUNERAL	14833 London	Lane					20	715			Un	ited 8	States	
5	11. MARITAL STATUS		T EVER IN U.S. ARI						IIC ORIGIN? (Sp		or No-	14. RACE -	American Indian,	
BY F	1 Never Married 2 Married	IF YES, OIVE V	YAR OR DATES	0			2 NO		n, Puerto Ricen.	, etc.)		Specify: Whit		
	3 Widowed 4 Divorced												ie .	
里	15. DECEDENT'S EDI (Specify only highest grad		16a. DEG	ve kind of	work done	during mo	on st of working	g	16b. KIN(D OF BUS	INESS/IND	USTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)		ms A				Т,	nter	ctate	e Com	00700	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			,		ilaij		VER'S NA	ME (First, Middle	_		COIII	HELCE	
	Ray Callens								Helen					
BE	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	AOORES	S (Street e			Route Number, C	-		Code)	-	-
임	Charlotte Call	.ens		1100	1 Be	1ton	Str	eet,	Largo	, Ma	ry1a:	nd 207	772	
	20a. METNOD OF DISPOSITION	novel from State	20b. PLACE A	ND DATE	OF OISPOS	SITION (Na	me of		DATE			City or Town		
	1 Donation 5 Other (Special Control of the Control		cemetery crer	ABIOPHOI C								, Mary		
- 4	21. SIGNATURE OF FUNERAL SERVICE L	CENHEE /	111	/									Inc 66	
	17/1	/ -	11		0.	Ld A	Lexa	nder	Ferry	Rd,	Cli	nton,	Marylan	ıd
	23. PART I Enter the disease, or shock, or heart fellure	complications the	t caused the de	ath. Do	not enter	the mo	de of dy	ng, suci	h aa cardlac	or reapi	ratory em	eat,	Approximate	
	IMMEDIATE CAUSE (Final				A		_						Onset and I	
	disease or condition resulting in death)	(0)	ron		178	ton	7 [215	16-1	,				
		DUE TO	(OR AS A CONSEQ	UENCE O	F):	0-		0						
ON	Sequentially list conditions,	h A CV	VE 7	Q-7	Dix	ale	7	Fa	1100s	C ,			-	- 0
ATI	If any, leading to immediate cause. Enter UNDERLYING	C 6	(OR AS A CONSEC) hol	(VV) =	0 (Ax	rode	-				
	CAUSE (Disease or Injury that initiated evanta	DUE TO	(OR AS A CONSEC	UENCE O	F):	400	1		. 0, 0					_
CERTIFICATION	resulting in death) LAST	d,												
	PART II. Other algnificant condition	na contributino to	death but not re	aulting	In the III	nderivla		aluen In	Dord I Dra	MAC AN	AUTOPSY	T 845 W	COT ALITOROV CHIC	W. CO.
CAL		- continuoting to	dana bat not i	gauiting	iii uie ui	nuerrying	g cause (NAGII III	Patt 1. 248.	PERFOR		A	ERE AUTOPSY FIND MILABLE PRIOR TO OMPLETION OF CAL)
									_ 10	YES 2	□ NO	O	F DEATH?	
Σ	-								-			1	YES 2 NO)
AN	25. WAS CASE REFERRED TO MEDICAL				-	26. PL	ACE OF D	EATN (Ch	eck only one)					
SIC	t _ YES 2 _ NO	HOSPITAL:	ER/Outpetlant 3	□ DOA	OTHE	R:			6 Other (Spe	ecify)				
PHYSICIAN: MEDI	27. MANNER OF DEATN	28a. DATE OF (Month, D		28b. Tile	_	28c. INJ			28d. DESCRIE		NJURY OC	CURED		
BY	Netural 5 Pending 2 Accident Investigation	(MONE), E	yay, leary	114	M		YES 2	NO						
ED	3 Suicide 8 Could not be	28s. PLACE C building,	F INJURY — At hor etc. (Specify)	me, tarm,	street, fac	tory, office			281. LOCATION	N (Street a	ind Number	or Rural Rou	te Number,	
E														
1PL	29a. CERTIFIER Check only one)													
COMPLET	one) 2 MEDICAL EXAMIN	ER: On the basis of a	xamination and/or i	rwestigati	on, in my	opinion, d	eath occur	red at the	time, data and	placa, an	d dua to th	e cause(a) a	nd manner as stat	ed.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	ER		1			29c. LICI	ENSE NUN	MBER /		29d. DAT	E SIGNED (M	lonth, Day, Year)	
TO B	Haril M	meh	a_ (11)			1)	47	566		> 1	29	44.	
1	ARVIND M.	NO COMPLETED CAU	A , 7 WU	Bo	ufi	ma	e Ae	2 (ples	e or	Mc	m	20340	
/	31. DATE FILED_(Month, Day, Year) FFR 0 8 199	32. REGISTRA	AR'S SIGNATURE											
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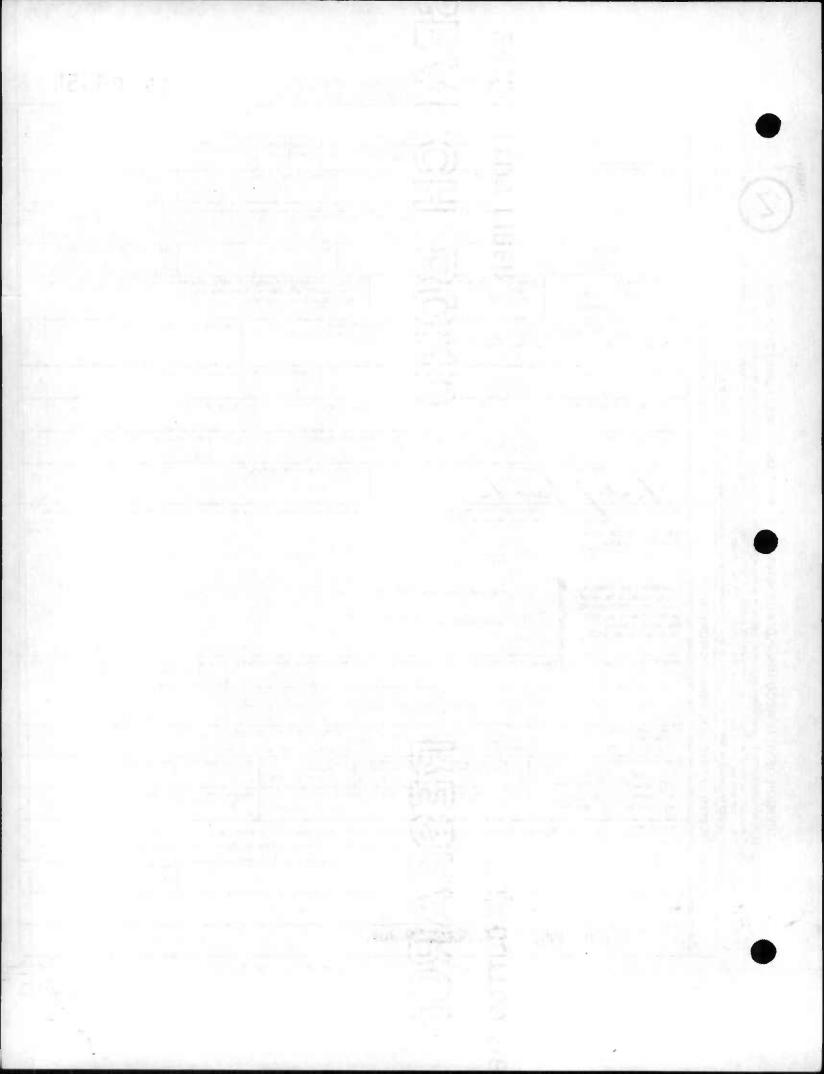
	1 - STATE REGISTRAR	STATE OF MARYLA		IT OF HEALTH AND		SIENE 9	+ ()5553
	1. DECEMENT'S NAME (First, Middle, La	Jones Dona	uldson		2. DATE OF DEA	009 9	4	830 A
	4. SOCIAL SECURITY NUMBER 223-56-6076 9a. FACILITY NAME (If not institution, ph	3 10 m 2 XF 5	YRS. MONTH		Month, Day, V	-42	Country) Empor	ria, VA
TOR	2005 Randolph		96. G	Wheaton	DEATH	MOV	1	mery
DIRECTOR	1 1	ontgomery	10c. CITY, TOWN	aton.				d. INSIDE CITY LIMITS? XYES 2 NO
FUNERAL	2005 Ran		#102	101. ZIP &ODE 20	902	u.	5,A.	
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12 WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO	I. WAS DECENDENT OF NISI If yes, specify Cuban, Mex 1 YES 2 N NO Spe	Ican, Puerto Rican, el		Specify:	
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		ille. Do NOT use retired	during most of working)		OF BUSINESS/INDUS		
	17. FATNER'S NAME (First, Middle, Last)	LIPE L	Account		NAME (First, Middle, M		nent	
) BE	MCKINIE 194. INFORMANT'S NAME (Type/Print)	y Roberts	19b. MAILING ADORE	SS (Street and Number or Rui	Dora W		ode)	
2	Sharon Jones			dolph Rd.#10				
	1 Durtal 2 Chemation 3 7 9		PLACE AND DATE OF DISPO PLETY, cremetory or other place PLITIMORE Was	shington Cre		Laurel,		
	21. SIGNATURE SE SUNDRAL SERVICE	veri E. Ha		McGuire Fur 7400 Georgia	eral Ser			20012
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death)	bDUE TO (OR AS A C	CONSEQUENCE OF): CONSEQUENCE OF):	Colon				Interval Between Onset and Death
PHYSICIAN: MEDICAL CI	PART II. Other eignificent condit	ona contributing to death bu	it not resulting in the	indarlying cause given	PI	AS AN AUTOPSY ERFORMED?	CO OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MMPLETION OF CAUSE DEATH?
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATN	Check only one)			
HASI	1 U YES 2 1 NO	HOSPITAL: 1 Inpatient 2 IER/Outpa 28e. DATE OF INJURY	othi	ursing Nome 5 🖰 Residence		y) NOW INJURY OCCUI	250	
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	28c. INJURY AT WORK? 1 YES 2 NO	200. DESCRIBE	NOW INSORT OCCU	TED	
COMPLETED	3 Suicide 6 Could not 4 Nomicide determined	building, etc. (Specif	— At home, term, street, fa	ctory, office	28t. LOCATION (S City or Town,	Street and Number or State)	Rural Route	e Number,
MPLE		YSICIAN: To the best of my knowle INER: On the besie of examination						
TO BE CO	296 SIGNATURE AND TITLE OF CERTIF			29c. LICENSE N		29d. DATE S		onth, Day, Year)
F	30 NAME AND ADDRESS OF PERSON		TH (ITEM 27) (Type, Print)	ira Dr. h	iheaton,		20 906	
	31. DATE FILEO (MONTH, Day, Year) FEB 1 0 1994	P32 REGISTRAR'S SIGNA						
				De la				DNMH-16-Rev 1/



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	s after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	by the funeral director, page 5 should be detached for use as the burial-transit permit. Perman.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	dical examiner must be notified at once.

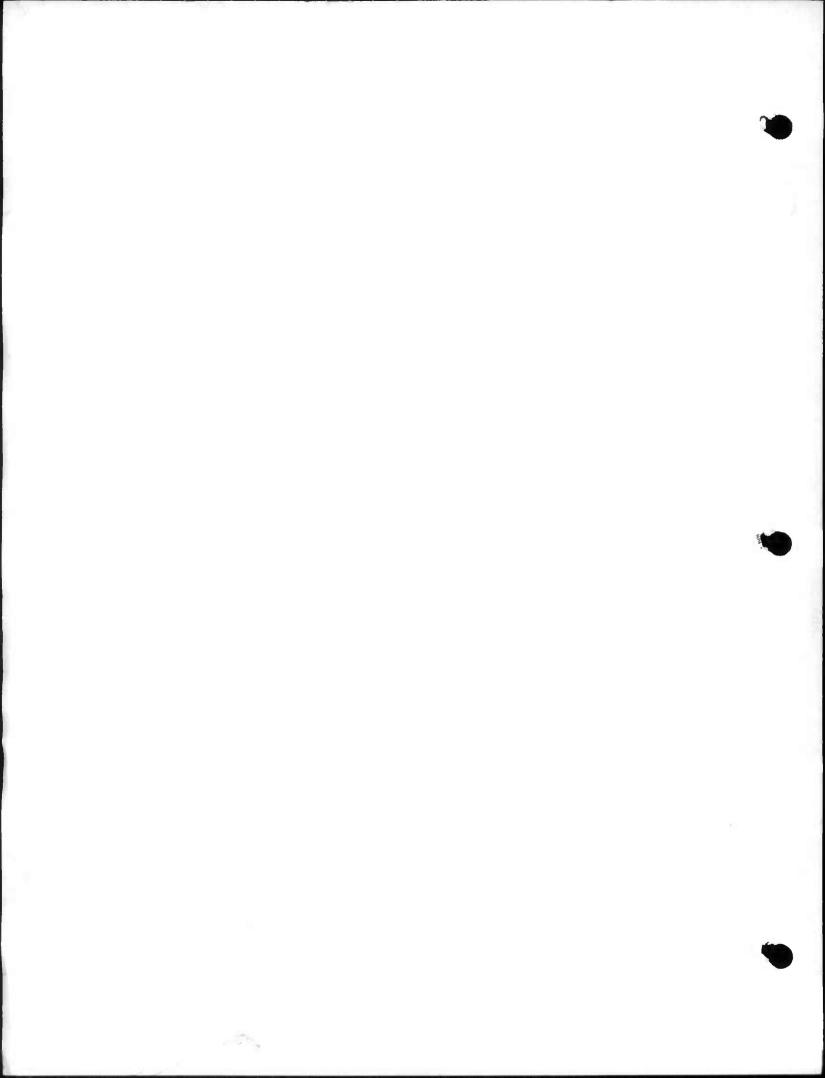
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STATE	OF MARY	LAND /	DEPARTMENT	OF HEALTH AND M	IENTAL HYGIENE	01.	0555
		CE	RTIFICATE	OF DEATH	REG. NO.		0000

1, DECEDENT'S NAME (First, Middle	, Last)					2. DATE	OF DEATH			3. TIME OF DEATH
E THE REST	Edith E.	DeFino				MONT	R	DAY	YEAR	9 05A
4. SOCIAL SECURITY NUMBER 5/7-12-4615	5. SEX		yrs. lest birthday)		R IF UNDER 24 HRS.	7. DATE	OF BIRTH		0. BIRT	HPLACE (State or Foreign
217-44-0192	1 🗆 M 2 💢	F 75	YRS.	MONTHS DAY	B HOURS MIN.		h, Day, Year)		Coun	itry)
Se. FACILITY NAME (If not institution	, give atreet and number)			9b, CITY TOW	N OR LOCATION OF I		. 5,		MI OF	chigan
Suburban Ho	spital				esda	- Anni			tgom	
	OUNTY		10c, Cf	TY, TOWN OR LO	CATION		-			10d. INSIDE CITY
Maryland N	lontgomery		1000							LIMITS?
10e, STREET AND NUMBER	.onegomery			Gaither	101. ZIP CODE		_	100 00	TIZEN OF	1 TYES 2 NO
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11. MARITAL STATUS	12. WAS DECE	DENT EVER IN	U.S. ARMED	12 440	20879 DECENDENT OF HISPA	MIC OBICI	12 (Qualty			States E - American Indian,
1 Never Married 2 Marrie 3 Wildowed 4 Divorced	FORCES?	1 YES	2 NO	If yes,	specify Cuban, Mexic res 2 NO Spec	an, Puerto	Rican, etc.)	THE OF MO	Spec	ck, White, etc.
15. DECEDENT	'S EDUCATION		16a, DECEDENT	S USUAL OCCUPA	ATION	166	KIND OF I	BUSINESS/IN	DUSTRY	MILLE
(Specify only highe Elementary/Secondary (0-12)	it grade completed)		(Give kind of	f work done during use retired.)	most of working	100		Jon Logille		
12	College (1-4 or	3+)	Homem				0	n Var		
17. FATHER'S NAME (First, Middle, L	nst)		Homem	aver	18. MOTHER'S N	AME (Elm)		n Home	е	
Henry J. Ker.		-	10h 1441 ***	O ADDRESS IS	Marth					
					et and Number or Rura				,	
Linda A. Geer	man	1	1150	5 Ashle	y Drive,	Rocky	rille			
20a. METHOD OF DISPOSITION 1 □ Burlel 2 ☑ Cremelion 3	Removal from State	ceme	terv, crematory or	other place)	(Name of 2/4/9	-		LOCATION -		
4 Donation 5 Other (Specia		MC	Ontgome:	ry Crem.	atorium,	Inc.	Be	thesda	a. Ma	aryland
	ICE LICENSEE			22 NAME	AND ADDRESS OF E	ACILITY				,
21. SIGNATURE OF FUNERAL SER	,	/		Robe	rt A. Piir	nphre	v Fun	eral	Home	/
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 morts after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Per the filed within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	J. 111741111	CERT	FICATE				MENIAL DI	B. NO		2 4	00000
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DE	ATH			3. TIME OF DEATH
- 8	Belle S. Da	v						Februa:	D		YEAR	4:57 A. M
	4. SOCIAL SECURITY NUMBER 5. SEX		(In yrs. last birthda	y) IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIR		4, I		PLACE (State or Foreign
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	9a. FACILITY NAME (If not institution, give street and numb	er)	90	ab CITY	TOWAL	OR LOCATIO	0H 05 05	Sept.	22		Was	sh. D.C.
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6	Montgomery General Ho	spita			<u>01ne</u>	У				M	lontgo	omery
DIRECTOR	10a. STATE 10b. COUNTY			CITY, TOWN C	OR LOCAT	ION						10d. INSIDE CITY
뜽	MD. Montgomen	. 3.7		Coith	oroh							LIMITS?
	100. STREET AND NUMBER	У		Gaith		ZIP CODE	_					1 YES 2 NO
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FUNERAL	15205 Apricot Lane	EDENT EVER	IN U.S. ARMED	100		208					U.S.	
	1 Never Married 2 Married FORCES	1 YES	2 NO	,	it yes, spe	ecify Cuba	n, Mexica	iiC ORIGIN? (Spec n, Puerto Rican, a		or No-	14. RACE Black,	- American Indian, White, etc.
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0	15. DECEDENT'S EDUCATION		16a. DECEDEN	r's tislial or	CCLIPATIO	· ·		16b. KIND (OK BU	PINICOS (INI	DIIOTON	White
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)	·	(Give kind	of work done of use retired.)	during mo:	st of working	g	TOU. KIND	UT BU	NUC39/141	DOSTHY	
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M	17. FATHER'S NAME (First, Middle, Last)		FIII	пстат	CIE		Marin Marin		_		1 116	asury
	Lewis Silverbe	200			-	18. MOT	IER'S NAI	ME (First, Middle, A		177		
BE	19a. INFORMANT'S NAME (Type/Print)	1 g						Henri				
2	James E. Day, Jr.							Soute Number, City				
	20a. METHOD OF DISPOSITION	1					e, G	aithers				
	1 ☐ Burial 2 🎇 Cremation 3 ☐ Ramoval from Sta	te cer	b. PLACE AND DA metery, cremetory of	r other place)							City or Tow	
	4 Donation 6 Other (Specify)	<u> </u>	letropo]	<u>itan</u>	Crem			2/4	Ale	exand	ria,	VA.
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	Michael	(in	behar	7 10	E.D	eer	Park					MD. 20877
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PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITA					ACE OF DE	EATH (Che	ck only one)				
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BY	1 Accident 5 Pending Investigation	,,		M		ES 2	NO					
	3 Suicide 28e. PL	CE OF INJURY	f — At home, terr	n, street, facto	ory, office	1		281. LOCATION (S	Street a	nd Number	or Rural Ro	ute Number,
	4 Homicide determined	arrigi ata, japa	Спуу					City or Town,	State)			
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the b	est of my know	riedge death occ	great at the ti	me dete	and place	and due	to the secondal se			eria e	
N N	(Check only one) 2 MEDICAL EXAMINER: On the beat											and manner on stated
	296. SIGNATURE AND TITLE OF CENTIFIER											
B	CENTRAL CENTRAL	7	$\gamma \gamma \gamma$	111		29c. LICE	CO 1	BER		29d. DAT	E SIGNED	Month, Day, Year)
2	20 NAME AND ADDRESS OF BERNANDARY	1	/	U UAP		13	04	2		6	7	7.
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DE	ATH (ITEM 27) (7)	pe, Print)	D	1411	D	00 21	h	h	IDA	MID V
	11 DATE SHED (Access Communications)	1011	1 1/2	NO		TIL	r	DR-21	1		YVV	7 000
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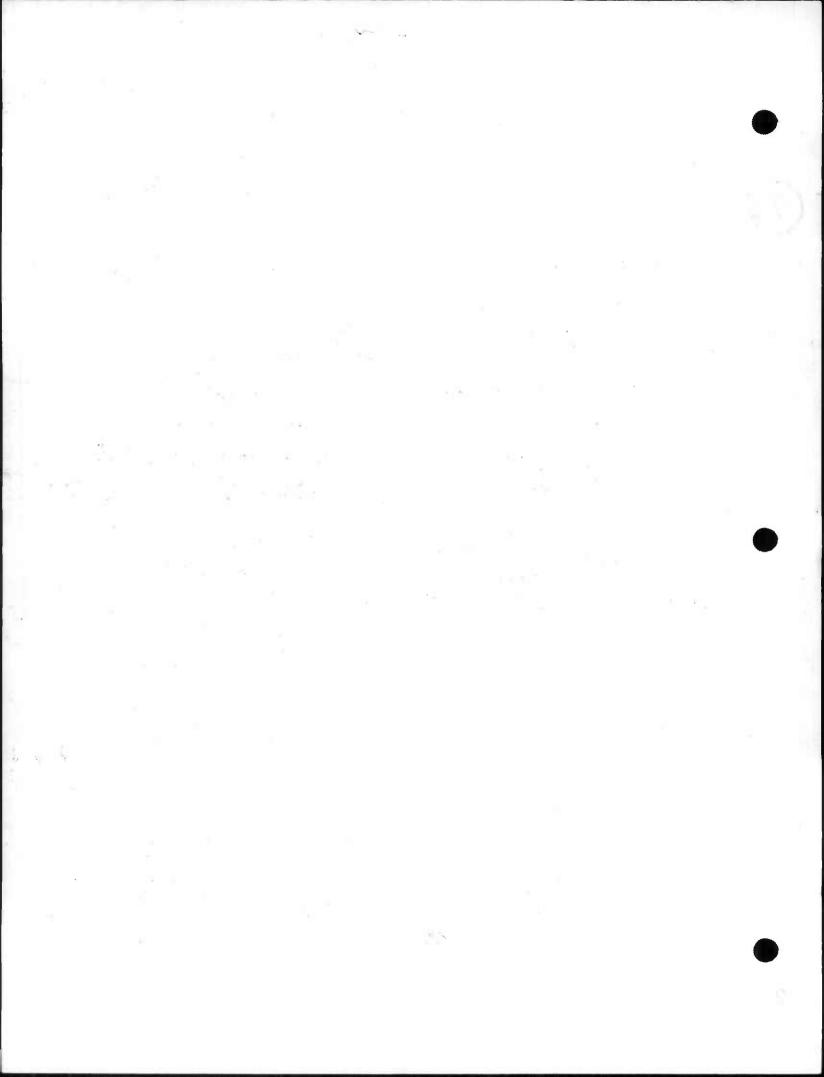
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DIVISION OF VITAL BECODES DO BOY 69760

BALLIMOR	ours after death. Page 6 m	ily filled in by the funeral director,	ation, or removal.	the modified annual con-
CITIZED OF VITAL AECONDS, T.O. BOX 68780,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MEDOTANT If flow 20 to marked on flows 22 shares on laines or other framework sha marked annual and

		FOR 1 - STATE REGISTRAR		STATE OF I			RTMENT OF I		MENTAL HYGIEN	-) L _k (15556
		t. DECEDENT'S NAME (First,	Middle, Last) AriEL	Dufc	VICTOR	AIR				AY		TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (in yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLA Country)	ACE (State or Foreign
		215-28-4963		1 M 2 🗆 F	69	YRS.			7-14-31		Maryl	
00		90. EACILITY NAME (If not in		treet and number)	c - +. 1		96. CITY, TOWN	OR LOCATION OF D	EATH	111	TY OF DEAT	н
100		RESIDENCE OF DEC		, 10	spilar		PIANS	MON II	ια.	HA	roor	0
DIRECTOR		10a. STATE	10b. COUNT			10c. CIT	Y, TOWN OR LOCA	TION			10-	d. INSIDE CITY LIMITS?
		Maryland 100. STREET AND NUMBER	Ha	rford		E	dgewood			,		YES 2 X NO
FUNERAL		203 Kennard	Ave.				10	21040			zen of wha JSA	T COUNTRY?
l S		11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS DE		NIC ORIGIN? (Specify Yas			American Indian.
BY F		1 Never Married 2 3 Divo			X YES 2 1	NO	It yea, s	Decify Cuban, Maxic	an, Puarto Rican, atc.)		Black, W Specify:	hite, atc.
				l Korea								White
		(Specify only	EDENT'S EDU y highest grade	completed)	(G	CEDENT'S ive kind of Do NOT u	WORL OCCUPATE work done during m se retired.)	ON ost of working	16b. KIND OF BU	SINESS/IND	USTRY	
COMPLETED		Elementery/Secondary (0	1-12)	College (1-4 or 5	+)			ol Design	neir US G	overr	ment	
SON ON		17. FATHER'S NAME (First, M.	liddle, Last)						AME (First, Middle, Maiden		21.0110	
BE (Victor Ai		Dufour,	Sr.			Anna	Reveria D	avis		
TO BE		19a. INFORMANT'S NAME (7)		***					Route Number, City or Tow			
		Gertrude A. 20a. METHOD OF DISPOSITI		ır					lgewood, Md			
15011		1 M Burial 2 ☐ Crematio 4 ☐ Donation /6 ☐ Other	n A - Ram	oval from State	cemetery cre	matory or o	OF DISPOSITION (Nother place)		2-10-94		City or Town,	
		21. SIGNATURE OF FUNERA		44		CA TH	22. NAME A	ND ADDRESS OF FA	CILITY		oa, Md	
a examina		> /runce	K_{\perp}	Man	s Eth	1	1317	Cokesbur	omas III F y Rd., Abi	ngdon	, Md.	e, P.A. 21009
		23. PART I. Enter the di shock, or h	seasaa, or c aart fallure.	complications that List only one car	it coused the da use on each lina	ath. Do	not enter tha me	ode of dying, suc	ch as cerdiac or reap	Iratory erro	est,	Approximate interval Batween
iii, iiie		iMMEDIATE CAUSE (Fin disease or condition resulting in death)	→	· Care	deopul	mo	nary	arres	t			Onset and Death
				MAA	A DA A	HOAL	ikh dot	MUM	nous Car	nin	mili	
CERTIFICATION		Sequentially list conditi	ions,	DUE TO	IOH AS A COMP	QUENCE 9	An al	2/1 h	region car	1	oma	
CA		cause. Enter UNDERLYI CAUSE (Disease or inju	NG	r	100	24	eaa v	nuce				
TIF		that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	DUENCE O	n:				1	
CEF.			•	d.								
		PART II. Other signitica	nt condition	Larcar	death but not r	asulting	in the underlyin	g cause givan in	Part I. 24e. WAS AN PERFOR			RE AUTOPSY FINDINGS
MEDICAL		Liging	6,000	4000	no				1 [] YES 2	ON 🗌	CO	MPLETION DF CAUSE DEATH?
M											1 [YES 2 NO
PHYSICIAN:		25. WAS CASE REFERRED TO	O MEDICAL			_	28. P	LACE OF DEATH (C)	teck only one)			
SICI		EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:		6 Other (Specify)			
PHY:		27. MANNED OF DEATH		28a. DATE OF	INJURY	28b. TIM	E OF 26c. IN	JURY AT	28d. DESCRIBE HOW I	NJURY OCC	URED	
BY	- 10		Pending Investigation	[7707.17, 2	, reary			YES 2 NO				
			Could not be	28a. PLACE C building,	OF INJURY — At ho atc. (Specify)	ma, farm,	street, tactory, offic	20	281. LOCATION (Street a City or Town, State)	and Number	or Rural Route	Number,
ETE		20 - CERTIFIED				-						
COMPLETED		(Check only							a to the cause(a) and mar a time, data and place, an			d manner as stated.
TO BE		296 DIGNATURE AND TITLE	M					D3M	MBER 904	≥ J	SIGNED (MO	All Jay. Your)
		30. NAME AND ADDRESS OF	A A	O COMPLETED CAU	R OF DEATH (ITE	M 27) (Type	, Print)	SH EX	2		1	
		FEB 09 94	Year)		AR'S SIGNATURE	2						
			1.									

DHMH-16 Rev 1/89

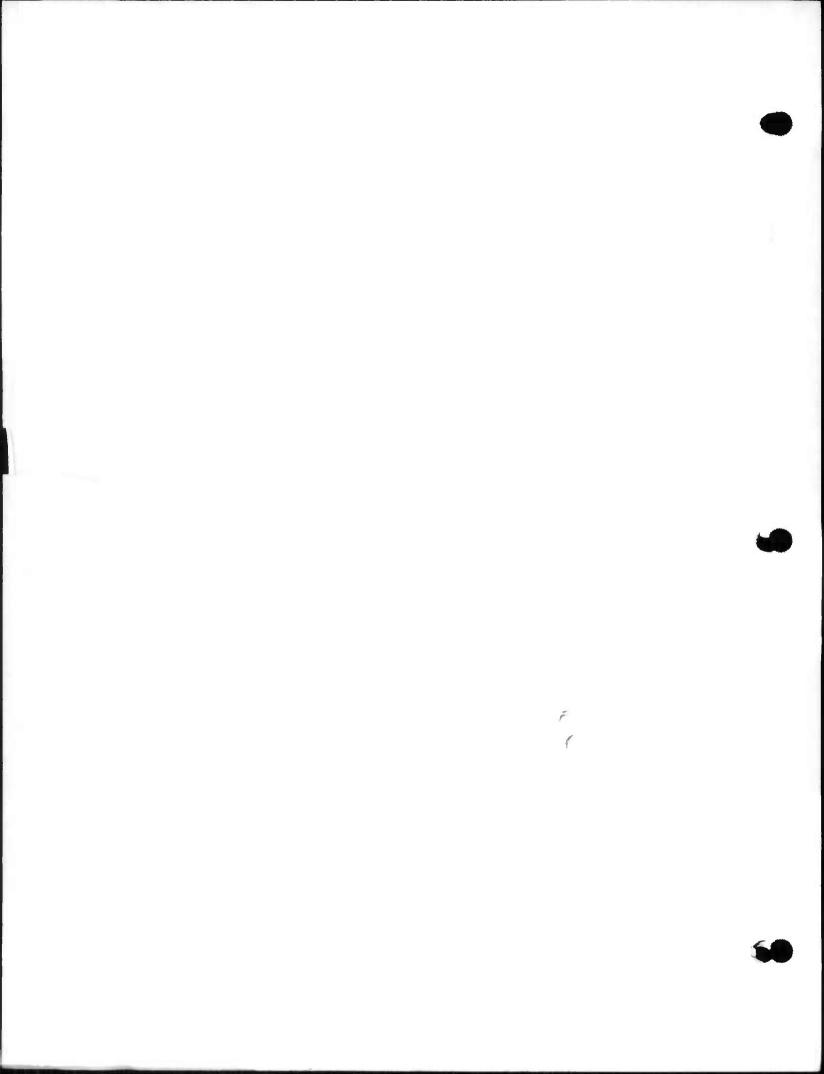


	1 - STATE REGISTRAR	STATE OF I	/ MARYLAND CE				DEAT		MENT	AL HYGIENI REG. NO.	Ε (94	05557
4	1. DECEDENT'S NAME (First, Midd	fie, Lest)								TE OF DEATH			3. TIME OF DEATH
	MELVIN	AUGUSTUS	, 1	1	אדידע	NC	JR.		U.,	1/01/199		YEAR	11:34 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. last		IF UNDER		IF UNDER		7. DAT	E OF BIRTH		6. BIRTH	PLACE (State or Foreign
		1 🔀 M 2 🗌 F	29	YRS.	MONTHS	DAYS	HOURS	MIN.	0'7	-04-19	64	Ma	ryland
	Sa. FACILITY NAME (If not institution	on, give street and number)			9b. CITY	, TOWN	OR LOCATIO	ON OF DE	ATH		9c. COL	JNTY OF D	EATH
DIRECTOR	SUBURRAN HOSP	TTAL.			F	BETH	ESDA				MOI	NIGON	ŒRY
EC		COUNTY		10c, CIT	Y, TOWN C	R LOCAT	ION						10d, INSIDE CITY
PHO	Maryland	Montgomery	7		Gai	the	rsb	ırg					LIMITS?
	10e, STREET AND NUMBER					101	. ZIP CODE				10g. CIT	TIZEN OF W	VHAT COUNTRY?
ER	4916 Riggs	Road						208	882			U.S.	A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Marri 3 Widowed 4 Divorced		T EVER IN U.S. ARI YES 2 N WAR OR DATES	MED		If yes, sp		n, Maxicar	n, Puert	SIN? (Specify Yes o Rican, atc.)	or No	14. RACE Black Speci	- American Indian, c, White, atc.
ED	15. DECEDEN	IT'S EDUCATION est grade completed)	16e. DEC	CEDENT'S	USUAL O	CCUPATIO	ON .		1	6b. KIND OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	He.				st of workin	g		Collin	asw	ood	Nursing
MP	12th			Ja	nito	r			1	Home			
응	17. FATHER'S NAME (First, Middle,						-			t, Middle, Meiden S	Sumame)		
BE	Melvin A. D									Selby			
5	Melvin A. D		2	/ 1 1	ADDRESS	(Street a	T71 OT	or Rural R	Route Nu	Coith or Town	, State, Zi	ip Code)	20882 MD
	20a. METHOD OF DISPOSITION		20b. PLACE A	NDDATE	OF DISPOS	ITION /NE	me of		D/	ATE 29c. LOC	ATION —	 City or To 	wn. Stata
	1 Buriel 2 Cremetion 3 4 Donation 5 Other (Spec	Removal from State	Metr	opo.	Tita	n C	rema	ator	v1	/6 A1	exa	ndri	a. VA
	21. SIGNATURE OF FUNERAL SEP	WICE LICENSEE		//	22. C	NAME AN	D ADDRES	S OF FAC	CILITY	AL HOM	TO .	7	
	Devre,	ak //TI	word	200	R	OCK	VILI	E,	MD	2085		r.A.	
	23. PART I. Enter the disease shock, or hear	ea, or complications the failure. List only one cau	t caused the dea	ath. Do	not enter	the mo	de of dyl	ng, such	h aa ce	ordiac or respir	atory ar	rest,	Approximata
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	Stak	Wound	of	CHO	st 3	and	Sta	D I	Wound	of) O	, =	Interval Between Onest and Death
TION	Sequentielly list conditions, if any, laading to immediata	Le FL		Da	ム								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONSEO	UENCE O	F):								
8	DAPY II OAL - II-III	0,											
PHYSICIAN: MEDICAL	PART II. Other significent co	onations contributing to	deeth but not re	esulting	in the un	iderlylni	g cause g	lven in i	Part I.	24a. WAS AN A PERFORI 1 X YES 2	WED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ž												1	
CIA	25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ock only	one)			
ΙΧSΙ	1 X YES 2 NO	1 🗆 Inpatient 2-	ER/Outpatient 3		4 - Nun	ling Hom		sidence	6 🗆 Ot	her (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pendi	28s. DATE OF (Month, D	ay, Year)	28b. TIN	URY M		RK?		28d. D	ESCRIBE HOW IN	JURY OC	CURED	
В	2 Accident Invest	ligation 01/01/	1993 IF INJURY — At hor		30A"	1 _ 1		NO			TAB		
9	3 Suicide 8 Could 4XXHomicide detarr	not be building.	etc. (Specify)							SCATION (Super and Scatter)			
	29a. CERTIFIER	IC BUVEICIAN. To the best of			'E RF					KOOKVIII			AND 20882
COMPLETED	ana!	G PHYSICIAN: To the best of EXAMINER: On the basis of a) and menner se stated.
	29b. SIGNATURE AND TITLE OF C	ERTIFIER					29c. LICE	NSE NUM	IBER		29d. DAT	TE SIGNED	(Month, Day, Year)
3 BE	llouse	Meyer	ll M	0				.C.M					2/1993
5	30. NAME AND ADDRESS OF PER	A 14 A											
	31. DATE FILED (Mogth, Day, Hear)		111 F	enn •	Stre	et,	Ballt	IMOI	ce,	Marylan	nd 2	21201	
	JAN 0 5 199	14 June vivi	ason-Nona	-									

nours after death. Page 6 may be retained by the hospital or attendi	of in by the funeral director, page 5 should be detached for use as to removal.	medical examiner must be notified at once.
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within curs after death. Page 6 may be retained by the hospital or attendit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely mad in by the funeral director, page 5 should be detached for use as the find within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

05558 94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFIC			NTAL HYGIEN	E 91	4 05558
	1. DECEDENT'S HAME (First, Middle, Last)				2.	DATE OF DEATH	u u	3. TIME OF DEATH
ı	Ellen	Dodson				ebruary		6:15 A M
	4. SOCIAL SECURITY NUMBER		in yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign
1	231-48-1348	1 □ M 2 √ F 97	7 YRS.	MTHS DAYS	HOURS MIN.	pri120,18		Country) Virginia
	9e. FACILITY HAME (If not institution, give st	reet and number)	91	b. CITY, TOWN O	R LOCATION OF DEATH		9c. COUHTY	
опестоя	Kensington Garden	ns Nursing Ho	ome I	Kensing	ton		Montg	gomery
₽	10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ЮН			10d. IHSIDE CITY
Æ I	Maryland Montgo	omery	Kens	sington				1 YES 2 HO
	10e. STREET AHD HUMBER				ZIP COOE		10g. CITIZEH	OF WHAT COUHTRY?
8	3000 Mc Comas Av	enue		2	0895		Unite	ed States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN			EHDENT OF HISPANIC		or Ho 14.	RACE American Indian, Black, White, etc.
1	1 Never Merried 2 Merried	FORCES? 1 YES		If yes, spe	cify Cuben, Mexican, P 2 NO Specify:	Puerto Rican, etc.)		Specify:
BY	3 📉 Widowed 4 🗌 Divorced						V	Vhite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	WAL OCCUPATION k done during most	H st of working	16b. KIHD OF BUS	SINESS/IHDUS	(RY
	Elementary/Secondary (0-12)	College (1-4 or 5+)				A 4- 77 -		
₽ I	17, FATHER'S NAME (First, Middle, Last)	0	Homemake	er		At Ho		
8					18. MOTHER'S HAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Surname)	
BE	Wilford Ellington	a			Unobta nd Number or Rural Roul			
2	Mary E. Dodson							7land 20906
	20ex METHOD OF DISPOSITION	200	PLACE OF DISPOSITI					or Town, Siste
	1 Buriel 2 Cremellon 3 Reme	oval from State	other place)					
	4 Donalion 5 Other (Specify) 21, SIOHATURE OF FUNERAL SERVICE LIC		rt Lincol	n Cemet	ETY	l Bre	ntwood	. Maryland
	> /./ \	7/ -	-		D AODRESS OF FACILITY REPORTS OF FACILITY REPO			
	(AX).	1200						ring,Maryland
	23. PART I. Enter the diseases, or cannot be seen about, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	a. Myoco		enter the mo	of dying, such a	a cerdiac or reap	ratory arrest	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Deven	CONSEQUENCE OF):		1			4 years
	PART II. Other significent condition	a anatoliu. Na da da da h	uni pai pagulila a la	Ab a constantista	n severa shina la De	rt I. 24a, WAS AN	ALFTOROV	24b. WERE AUTOPSY FINOINGS
PHYSICIAN: MEDICAL	Depress		ot not resulting in	ule underlying	J Cause given in Fa	PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Σ						-		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Check	(only one)		
등 등	EXAMIHER?	HOSPITAL:		THER:	e 5 🗆 Residence 8			
¥	27. MAHNER OF DEATH	28e. DATE OF IHJURY	28b. TIME	OF 28c. INJ	URY AT 2	8d. DESCRIBE HOW	INJURY OCCUI	RED
	Natural 5 Pending investigation	(Month, Day, Year)	INJUR		PRK? YES 2 HO			
BY	2 Necident investigation 3 Suicide 8 Could not be	26s. PLACE OF INJURY		est, lactory, offic	• 2	81. LOCATION (Street		Rural Route Number,
H	4 Homicide determined	building, etc. (Spec	спуј			City or Town, State,		
COMPLETED	Check only	ICIAN: To the best of my know						couse(e) and manner so stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICEHSE HUMBI	ER	29d, DATE S	BIGNED (Month, Day, Year)
BE	10 Hein	unh	2>		D350	45	5 4	-2-94
임	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OF	EATH (ITEM 27) (Type, P	Print) Stritz	#308			
	Philip Henjum, M.	D. 13975 Con	necticut	Avenue	Silver Sp	ring, Ma	ryland	
	31. DATE FILED (Month, Day, Year)	JULY DELYCLON			•			



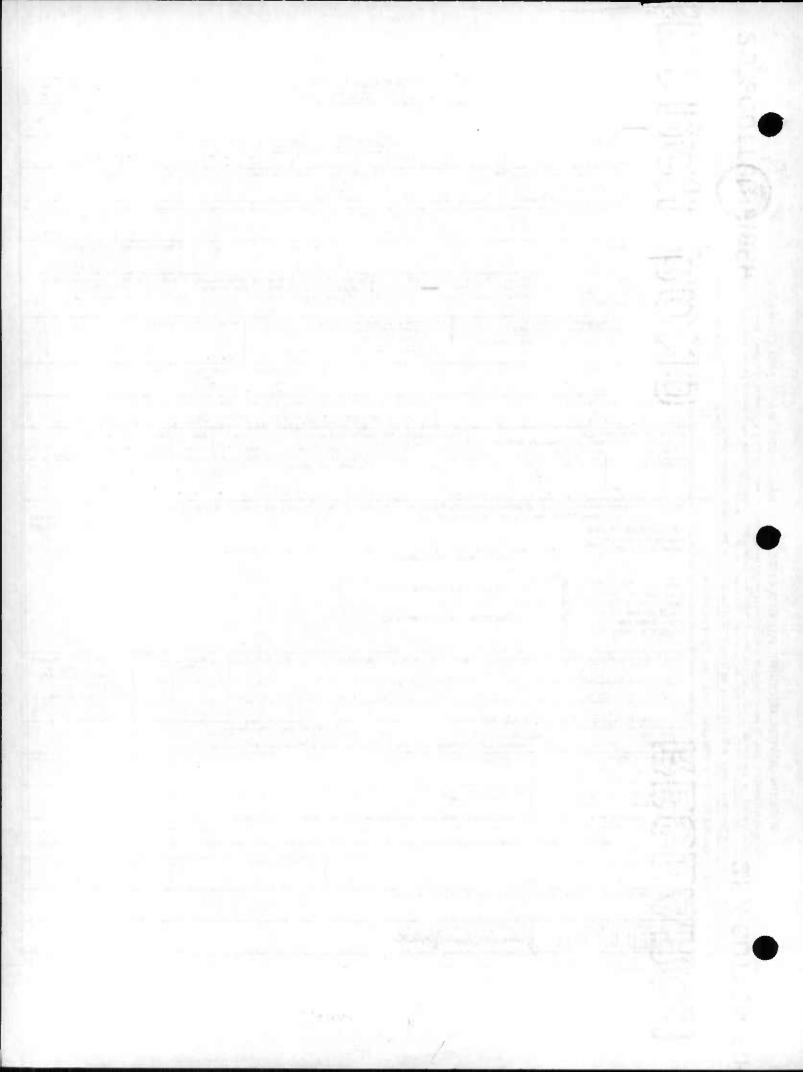
-		4	
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	of in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Page or removal	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within riours after death. Page 6 may be retained by the hospital or attending physician.	PINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Prose 1 should be detached for use as the bunial-transit permit. Prose 1 should be detached for use as the bunial-transit permit.	74117 H (10 - 00)

ESTHER OCUIN, MD 31. DATE FILED (Month, Day, Year)
FEB 0 7 1994

32. REGISTRAR'S SIGNATURE JUNE DEVIDENT PROPOSER

BETHESDA Se. COUNTY OF DEATH 10003 MONTAUK AVENUE RESIDENCE OF DECEDENT 106. STREET AND NUMBER 106. STREET AND NUMBER 116. STREET AND		1. DECEDENT'S NAME (First, Middle, Last) Anna ANN MARIE	DUNN			DEATH	JAN 31.1	994	year 3. TIME OF DEATH
Be. County of Death BETHESDA Se. County of Death BETHESDA Se. County of Death BETHESDA Se. County of Death MONTGOMERY Settles of December of Settles o							(Month, Day, Ybar)		L BIRTHPLACE (State or Foreig Country) PENNSYLVANIA
100. STREET AND NUMBER 100. STREET AND MONTAUK AVENUE 11. MARTAL STATUS 12. WAS DECEDENT EVER IN U.S., ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indian, 15. Ness pecify Cuben, Marken, Puerto Rican, etc.) 16. DECEDENT'S EDUCATION (Specify only highest grade completed) 17. FATHER'S NAME (First, Middle, Last) 18. DECEMBENT'S EDUCATION (She kind of work done during most of working the Co NOT use relied.) 19. NOTHER'S NAME (First, Middle, Last) 19. NOTHER'S NAME (First, Middle, Mariden Surname) 19. MARTAL STATUS 190. METHOD OF DISPOSITION 1 NAME AND ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 1 NOTATION 1 NAME (Park Middle, Last) 1 NOTATION 1 NAME (Park Middle, Last) 1 NOTHER'S NAME (First, Middle, Mariden Surname) 1 NOTATION 2 NOTATION 3 NOTATION 2 NOTATION 3 NOTATION 4 NOTATION 5 NOTATIO	HC							9c. COUNT	
100. STREET AND NUMBER 1003 MONTAUK AVENUE 11. MARITAL STATUS 11. MARTAL STATUS 12. WAS DECEDENT EVER IN U.S. ADMED FORCEST 1 YES ADMOD IN YES, GIVE WAR OR DATES 1 YES ADMOD IN YES, GIVE WAR OR DATES 1 YES, GIVE WAR OR DATES YES, GIVE WAR OR DATE OR WITH OR WAR OR DATES YES, GIVE WAR OR DATE OR WITH OR WAR OR DATES YES, GIVE WAR OR DATE OR WITH OR WAR OR DATES YES, GIVE WAR OR DATE OR WAR OR	IRECT	10e. STATE 10b. COUNTY	AFRY	10e. CIT					
Specify WHITE 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (First, Middle, Last) 20. METHOD OF DISPOSITION 1 (Specify only highest grade completed) 1 (Specify only highest grade completed) 1 (She third of work done during most of working like, bo how for consequency working like, bo how for consequency of working like, bo how for consequency of working like, bo how for working like, bo how for consequency of working like, bo how for working like, bo how for consequency of working like, bo how for done during most of working like, bo how for		10e. STREET AND NUMBER						10g. CITIZE	1 TYES 2 NO
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 112 PERSONNEL SPECIALIST 15b. KIND OF BUSINESS/INOUSTRY (She kind of work done during most of working life. Do NOT use retired.) PERSONNEL SPECIALIST 15b. MOTHER'S NAME (First, Middle, Last) 15b. KIND OF BUSINESS/INOUSTRY 15c. COVERNMENT 15c. COVERNENT 15c. COVERNMENT 15c. COVERNENT 15c. COVERNMENT 15c. COVE		11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U FORCES? 1 X YES	24-1NO	13. WAS DEC	CENDENT OF HISPA pecify Cuben, Mexic	en, Puerto Rican, etc.)		4. RACE — American Indian, Black, White, etc.
CHARLES COLLINS 19a. INFORMANT'S NAME (Type/Print) ANNE M. JORDAN 10003 MONTAUK AVENUE, BETHESDA, MARYLAND 20817 20a. METHOD OF DISPOSITION 1 XBurlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF UNE RAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 3 OS EPH GAWLER'S SONS 5130 WISCONSIN AVE. N.W. WASHINGTON DC 23. PART I. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and D 23. PART I. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and D 24. DISCONSIN AVE. N.W. WASHINGTON DC 25. PART I. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and D 25. PART I. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and D 26. LOCATION — City or Town, State, Zip Code) 27. PART I. Enter tha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and D 27. PART I. Enter tha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and D 28. PART I. Enter tha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and D		(Specify only highest grade co	impleted)	(Give kind of v	vork done during me	ON ost of working	16b. KIND OF BU	SINESS/INOU	
CHARLES COLLINS 19a. INFORMANT'S NAME (Type/Print) ANNE M. JORDAN 10003 MONTAUK AVENUE, BETHESDA, MARYLAND 20817 20a. METHOD OF DISPOSITION 1 XBurlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF UNE RAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 3 OS EPH GAWLER'S SONS 5130 WISCONSIN AVE. N.W. WASHINGTON DC 23. PART I. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and D 23. PART I. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and D 24. DISCONSIN AVE. N.W. WASHINGTON DC 25. PART I. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and D 25. PART I. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and D 26. LOCATION — City or Town, State, Zip Code) 27. PART I. Enter tha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and D 27. PART I. Enter tha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and D 28. PART I. Enter tha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betw Onset and D	MPLE	12							ENT
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e 1	-	Α.		D.	VIA	2	MONTH	DAY DAY	,	YEAR	3. TIME OF DEATH
SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 I	ms. 7.	DATE OF B	IRTH 1	020		IPLACE (State or Foreign
081-24-1024	1 - M 2 F	65				176.	(Month, Den) ECEMB			Count	
. FACILITY NAME (If not institution	n, give street and number)	1 0)		9b. CITY, TO	OWN OR LOCATION			ISIC 1	9c. COUN		
MONTGOMERY (PITAL		OLN	EY			\mathbb{Z}	MON	VTGO	MERY
	COUNTY		10c. CITY,	TOWN OR	LOCATION						10d. INSIDE CITY
MARYLAND 1	MONTGOMERY		100	OLNEY							1 YES 2 NO
. STREET AND NUMBER	Y BRIDGE P	LACE			101. ZIP CODE 20832			ic)			WHAT COUNTRY? STATES
MARITAL STATUS Never Married 2 Marrie Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2 WAR OR DATES		If yo	DECENDENT DF H				or No-	Biac	E — American Indian, k, White, etc.
15. DECEDENT (Specify only higher	'S EDUCATION st grade completed)		DECEDENT'S L (Give kind of wo the. Do NOT use	ork done duri	JPATION ng most of working		16b. KIN	D OF BUS	INESS/IND	USTRY	
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FATHER'S NAME (First, Middle, L WILLIAM	welsh				18. MOTHER MAR			Maiden S ENNA			
. INFORMANT'S NAME (Type/Prin	nt)	1	19b. MAILING	ADDRESS (S	treet and Number or i	Rural Rout	te Number, C	ity or Town	. State, Zip	Code)	
EDWIN R. I	DALY		S	AME A	S #10						
METHOD OF DISPOSITION	Domesti Inc. State		EANDDATEO		ON (Name of		DATE	20c. LOC	ATION —	City or To	own, State
Donation 5 Other (Specif		_ GATE	OF HE	AVEN	CEMETERY		2/8	SILV	VER S	PRI	NG, MD.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within amounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

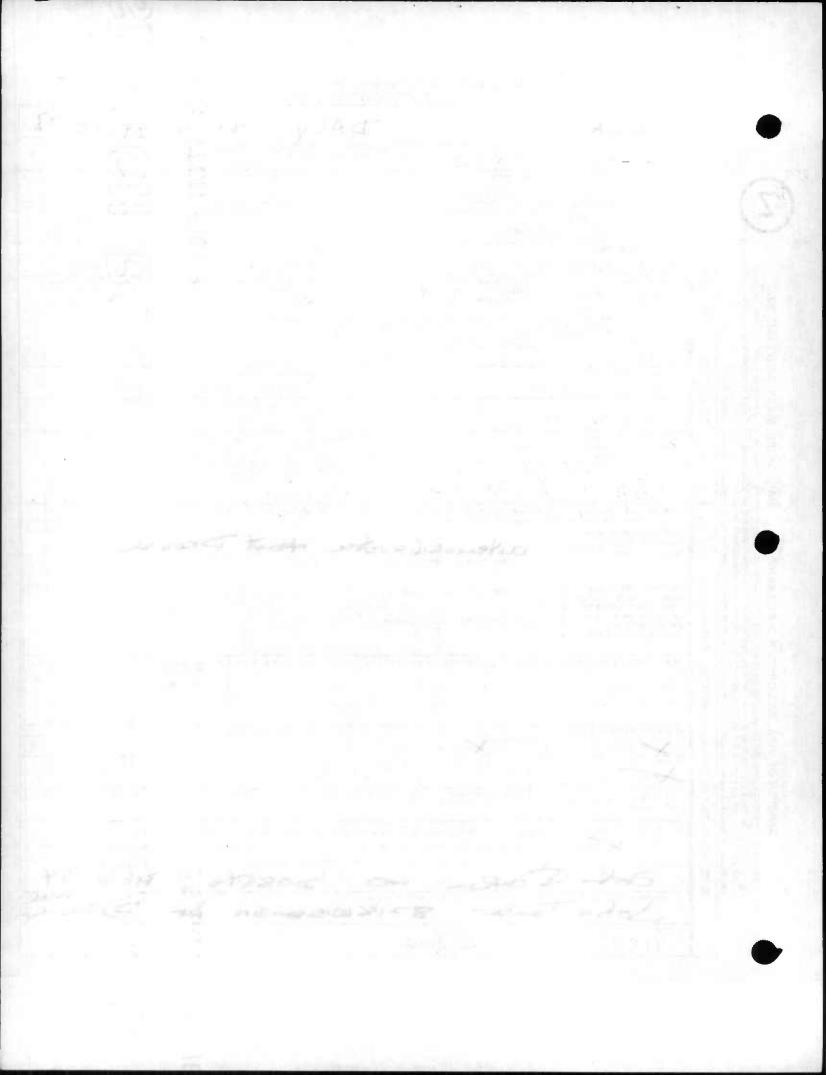
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Day. 1994 AZ. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attending physician
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact	De fied within 2 hours are bean with the state belt, on health and Menta hyperia profit to behave, to remova. IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 05561 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 900 ito rapani 94 02 06 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH
6-11-1926 8 AGE (In 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR 67 DAYS HOURS 1 M 2 - F Washington, D.C. 577-36-4377 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Greater Laurel Beltsville Hospital DIRECTOR Laurel Prince George's RESIDENCE OF DECEDENT 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY Maryland Prince George's Adelphi 1 YES 2XXHO 10e. STREET AND NUMBER 10f. ZIP CODE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 2525 Buck Lodge Road 20785 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/2/NO IF YES, DIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE - American Indian, Black, White, stc. 1 Never Married 2 Married Specify: White BY 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) 12 years College (1-4 or 6+) 2 years COMPL UnEmployed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Simone DiTrapani Antionette Barra BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Constance Loiacono same as #10 20e METHOD OF DISPOSITION
1 Disputal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Gate of Heaven Cemetery 2/9/94 Silver Spring, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Md. 20705 23. PART I. Enter the disesses, or complications that caused the deeth. Do not enter the mode of dying, such se cerdiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. Interval Betw Onset and Daath IMMEDIATE CAUSE (Finsi disesse or condition resulting in death) Stosis DUE TO (OR AS A CONSEDUENCE OF) diverticulitis CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEDUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING Ole whole Muscular CAUSE (Disesse or Injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES 2 NO OF DEATH? 1 TYES 2 WHO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO atient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED + Natural 5 Pending Investigation 1 - YES 2 100 BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIDNED (Month, Day, Year) BE 0427 2 MESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Loviel MD 2070 Manu MO 8317 Link Chen Lanz

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31. DATE FILED (Month, Day, Year)

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0 1994

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BALTIMORE, MARYLAND 21215-00	LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending
TIMORE, MARY	. Page 6 may be retained b
	hin 24 nours after death
O. BOX 68760	ertificate be executed with
RECORDS, P.	requires that the death of
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ING PHYSICIAN: The law
DIVISIO	L OR ATTEND

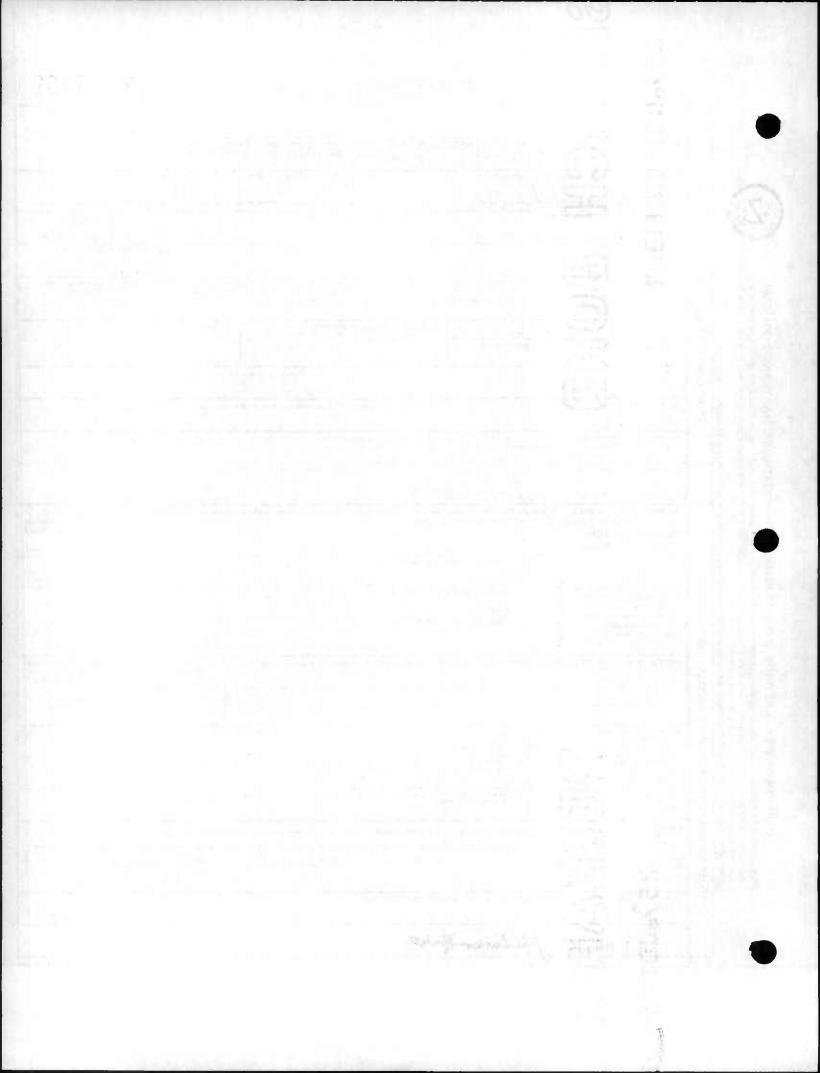
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	94	0
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ì	1 - FOR STATE OF MARY REGISTRAR		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	94	05562
1	1. DECEDENT'S NAME (First, Middle, Lest)	oodrow W. Du	vall	2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATH
	Woodww WDW off			2-7-	- 94	055/am
		MONT	DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coun	**
- 1	577-22-2621 1 1 KJ M 2 L F Be. FACILITY NAME (If not institution, give street and number)	70	ETY, TOWN OR LOCATION OF D	11/12/17	Mar 9c. COUNTY OF	yland
DIRECTOR	Shady Grove Hospital		Rockville	EATH .	Mo	1
RE	10e. STATE 10b. COUNTY	10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY LIMITS?
	Montgomery	Gaithe	rsburg			1 X YES 2 ND
RA	10e. STREET AND NUMBER		101, ZIP CODE			WHAT COUNTRY?
FUNERAL	301 Russell Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER	IN II S ADMED	20877 13. WAS DECENDENT OF HISPA	NIC OBIGINA (Parally Van	U.S.A.	C American Indian
	1 Never Married 2 Married FORCES? 1 YE	S 2 ND	if yes, specify Cuben, Mexico	en, Puerto Rican, etc.)	Spec	E — American Indian, ck, White, etc.
BY	3 Widowed 4 Divorced	DATES	T TES 2 10 HO Speci	γ.		White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL (Give kind of work do	ne during most of working	16b. KIND OF BUS	INESS/INDUSTRY	
9	Elementary/Secondary (0-12) Coflege (1-4 or 5+)	Ille. Do NOT use retire	d.)			
MP	12	Lab Assist		NIH		
	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Meiden S	Surname)	
8	Harry Duvall 19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDR	Agnes I ESS (Street and Number or Rural		State 7in Code)	
2	Glenn E. Gilliam		ell Avenue, (1077
	20e. METHOD OF DISPOSITION 2	06. PLACE AND DATE OF DIS	POSITION (Name of		ATION - City or T	
	1 St Buriel 2 Cremation 3 Removal from State C 4 Donation 6 Other (Specify)	emetery, cremetory or other pla Forest Oak C	emetery 2	/9/94 Gai	thersbur	o. MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	MCILITY DeVol F	Tuneral	Home
	1 7.8.84		lO East Deer Gaithersburg,	MD 20877		
	23. PART I. Enter the diseases, or complications that cause shock, or heart fallure. List only one cause on	ed the deeth. Do not en each line.	ter the mode of dying, suc	ch aa cerdiac or reapir	atory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition					Onset and Death
	resulting in desth) a. ICS D ica	A CONSEQUENCE OF	ure			Zyer 1
_			4	13		1 Duca
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	A CONSEQUENCE OF):	ctive lung	asease		1091310
8	cause. Enter UNDERLYING CAUSE (Disease or Injury					
E	that initisted eventa DUE TO (OR AS	A CONSEDUENCE OF):				
ER	resulting in desth) LAST					
اب	PART II. Other aignificant conditions contributing to death	but not resulting in the	underlying cause given in	Part i. 24s. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS
MEDICA				PERFORI		AMAILABLE PRIOR TO COMPLETION OF CAUSE
밀					X	OF DEATH?
2						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C	heck only one)		
YSIG	1 YES 2 ND 1 MOSPITAL:		fER: Nursing Home 5 ☐ Residence	8 ☐ Other (Specify)		
PH	27. MANNER OF DEATH 28s. DATE OF INJUR (Month, Day, Year		28c. INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURED	
B	Natural 5 Pending Accident Investigation		1 YES 2 NO			
ED	3 Suicide 6 Could not be building, etc. (S)	RY — At home, farm, street, pecify)	factory, office	28f. LOCATION (Street as City or Town, State)	nd Number or Rural	Route Number,
Ē	200 OSUVICIES					
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the best of axaminer					(a) and manner as stated.
ШС	290. SIGNATURE AND TITLE OF CERTIFIER		29¢. LICENSE NU	MBER	29d. DATE SIGNE	D (Month, Day, Year)
0	CV NOS	m	072		· 2-7	1-94
^ '	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type Print)				-
5	SE NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF					
T0	chimes R. Morros de 20	7 Browless	Ave Grin	ecsbur.	mo.	20877
Т.	James R. M DOR Jr. 20 31. DATE FILED (Month, Day, Year) FFR 1 0 1994 Julia Davidson	7 Browless	Ave Gaill	nersburg	mo.	20877



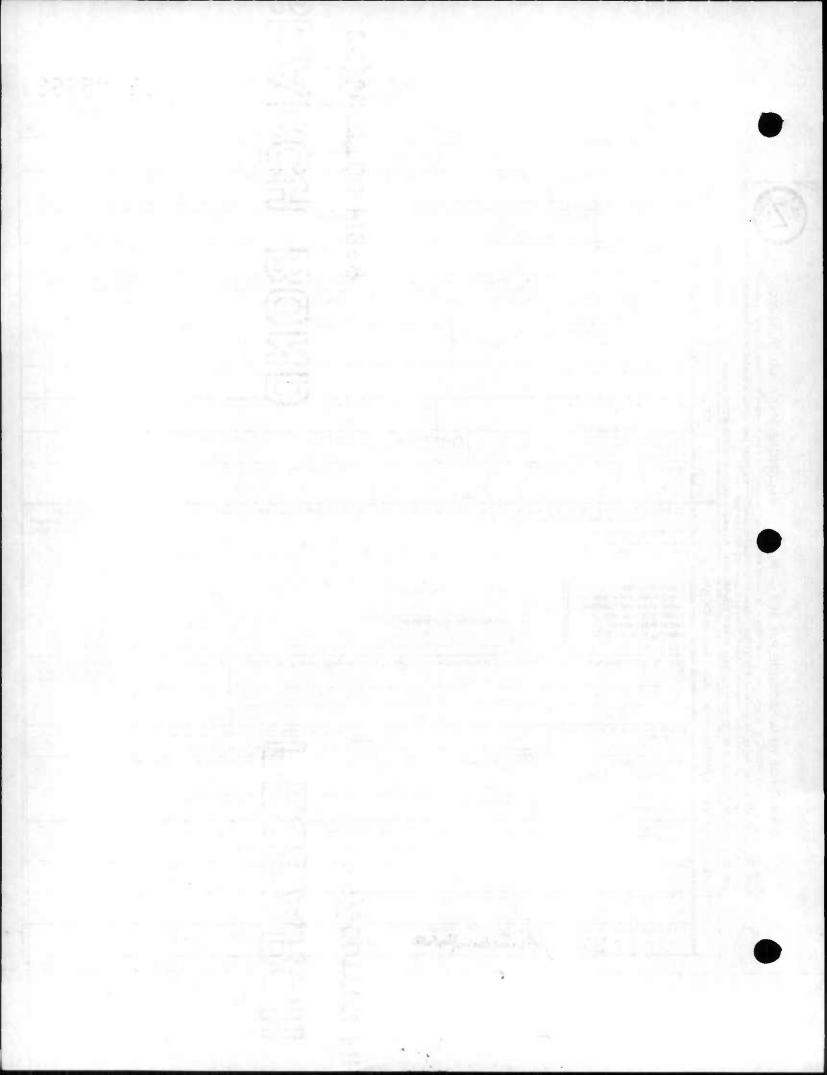
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31. DATE FILED (Morth, Day, Year) FFB 1 0 1994

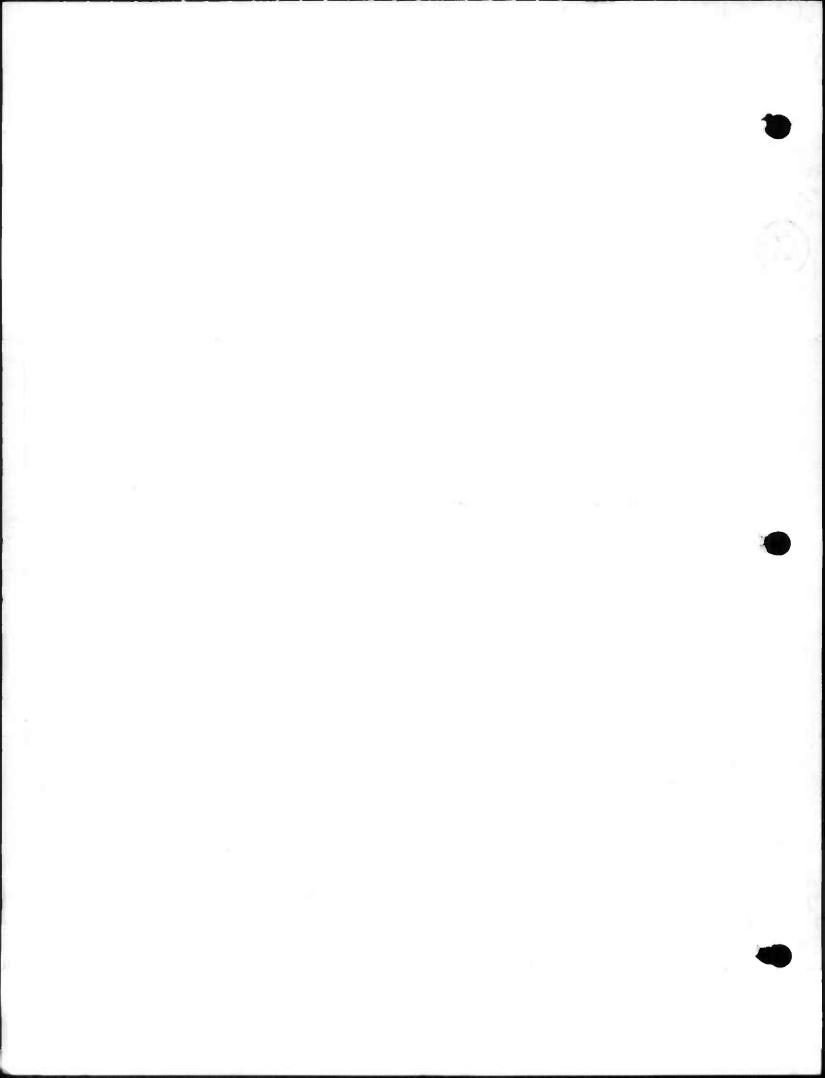
	1 - FOR STATE REGISTRAR		CERTIF	TICATE OF D	ALTH AND DEATH	MENTAL HYGIEN REG. NO.	E 94	05563
	1. DECEDENT'S NAME (First, Middle, Last	FLOY VEST	TA DUNN)		2. DATE OF DEATH DATE OF THE D	YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.8	IRTHPLACE (State or Foreign
	577-42-9525	1 M 2 F	96 YRS.			OCT.28,189	7 101	√A
Œ	90. FACILITY NAME (If not institution, given HOWARD COUNTY HO			9b. CITY, TOWN OR I		DEATH	9c. COUNTY (
CTO	RESIDENCE OF DECEDENT			COLU			LAWOH	
DIRECTOR	VIRGINIA RO			Y, TOWN OR LOCATION	4			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	CKINGHAM	INE	W MARKET	IP CODE		10g. CITIZEN	1 YES 2 NO
FUNERAL	114 CENTURY VIL	LAGE			2284	4	US	SA
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO	If yes, specif		ANIC ORIGIN? (Specify Yea can, Puerto Rican, atc.) offy:		IACE — American Indian, Bleck, Whita, atc.
ED	15. DECEDENT'S ED (Specify only highest gra-	HUCATION de completed	16a. DECEDENT'S	USUAL OCCUPATION	of unddag	16b. KIND OF BUS	INESS/INDUSTR	WHITE
E	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during most of se retired.)	" working			
COMPL	17. FATHER'S NAME (First, Middle, Last)		H	OMEMAKER	A MOTHER'S A	IAME (First, Middle, Malden	Sumama)	
_		BAKER			DATSY			
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and		I Route Number, City or Town)
-	LARRY W. DUNN			APACHE ST			RYLAND	
	1 (3 Buriel 2 Cremetion 3 Re 4 Donation 8 Other (Specify)	moval from State	cometery, cremetory or of GEORGE WAS	ther place)	of	1	CATION - City of	
	21. SIGNATURE OF PUNERAL SERVICE	LICENSEE /	GEORGE WA	22. NAME AND		FACILITY	LPHI, MA	
	- (molion	CK (it	0.			LLINS FUNER		C, INC. PR. MD. 20901
-	23. PART I. Enter the disease, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	a	on each line.	not enter the mods	of dying, su	ich se cardisc or reapi	ratory srrest,	Approximats Interval Between Onset and Death
RTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	R AS A CONSEQUENCE OF	V	7000			
					suse given i	n Part I. 24a. WAS AN		
: MEDICAL CE	PART II. Other eignificant condition (L QU O STEO	ons contributing to de	esth but not resulting	in the underlying c		PERFOR	- /	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MEDICAL	GLQU GSTEO 25. WAS CASE REFERRED TO MEDICAL	panes 17	esth but not resulting		E OF DEATH (C	1 TYES 2	- /	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	GL QU GSTEO	panes/	esth but not resulting	26. PLAC	E OF DEATH (C	1 TYES 2	- /	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	G S T FO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 128a. DATE OF IN (Month, Dey.	R/Outpetjeht 3 DOA JURY 28b. TIM Venr) INJ	26. PLAC OTHER: 4 Nursing Home IE OF 28c. INJURY M 1 YES	E OF DEATH (O	1 YES 2 Check only one) 8 Other (Specify) 26d. DESCRIBE HOW II	NJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Accident 3 Suicide 6 Could not be determined	HOSPITAL: 128a. DATE OF IN (Month, Dey.	R/Outpetjent 3 DOA JURY 28b. TIM NJURY — At home, farm,	26. PLAC OTHER: 4 Nursing Home IE OF 28c. INJURY M 1 YES	E OF DEATH (0) 5 Residence Y AT	1 YES 2	NJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 128a. DATE OF IN (Month, Day. 28a. PLACE OF Is building, etc.	R/Outpetjent 3 DOA JURY 28b. TIM Hear) NJURY — At home, farm, (Specify)	26. PLAC OTHER: 4 Nursing Home IE OF 28c. INJURY M 1 YES atreet, factory, office	E OF DEATH (C 5	28d. DESCRIBE HOW II 28d. LOCATION (Street a City or Town, State)	NJURY OCCURE	AMARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 28a. DATE OF IN (Month, Day, 28a. PLACE OF I building, etc. 28c. PLACE OF II building, etc.	P/Outpetjent 3 DOA JURY 28b. TIM NJURY — At home, farm, (Specify) r knowledge, death occurrentination and/or investigation	26. PLAC OTHER: 4 Nursing Home HE OF 28c. INJURY M 28c. INJURY 1 YES atreet, factory, office red at the time, date and on, in my opinion, deat	E OF DEATH (C) The second of	20theck only one) 8 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street and City or Town, State) use to the cause(a) and manner time, data and place, and	NJURY OCCURE	AMRLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Death Route Number,

M.D. 3460 ELLICOTT CENTER DRIVE #103 ELLICOTT, MD 21043 DHMH-16 Rev 1/89



	1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF H		MENTAL HYGIEN	E	0 3 3 0 4
	1. DECEDENT'S NAME (First, Middle, Last)			TOATE C.	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
		i,th		Domer		Jan. 26	,1994	3:20 p.m. ^M
	4. SOCIAL SECURITY NUMBER	1 _ 1	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
- 1	214-07-4131 9e. FACILITY NAME (If not institution, give:		89 YRS.			Apr 11,		WV
œ	Devlin Manor N			100	OR LOCATION OF DE	EATH	111 0000	OF DEATH
6	RESIDENCE OF DECEDENT		me	Cumo	erland		A	llegany
DIRECTOR		egany		y, town on Local mberlan				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	Potomac Park			101	21502	2	USA	N OF WHAT COUNTRY?
N.	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 14	. RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		2 NO Specify			Specify: White
	15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPATION	ON .	16b, KIND OF BUS	PINESS/INDUS	
E.	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of a life. Do NOT us	work done during mo	st of working	INC. KIND OF BO.	SINCSS/INDOS	ini
AP.	12		homema	aker		WO	n hon	ne
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				1	ME (First, Middle, Maiden	,	
BE	Samuel K. Smit	<u> </u>				ett M. Al		
<u>و</u>	19a. INFORMANT'S NAME (Type/Print)	01-7-				Route Number, City or Tow		
	Sharon J 204, METHOD OF DISPOSITION	Ohler						MD 21502
	1 🕰 Buriel 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 8 🗆 Other (Specify)	noval from State ce	metery, crematory or o Restlawn	Memorial	Gardens	1/28/ La	aVale	y or Town, State MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	. 11	Scar	pelli F	uneral H	lome	
	Games +	Sour	elli	Cumb	erland,	Marylan	d 21	1502
	iMMEDIATE CAUSE (Finel disease or condition	List only one cause-on	esch line.					t, Approximate interval Batween Onset and Death
ł	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF	F):	your .	Hery Fr		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	b DUE TO (OR AS	A CONSEQUENCE OF	A day	Ponne	1		
S	cause. Enter UNDERLYING CAUSE (Disesse or injury	с						
	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):				
E I		d,						
¥ I	PART II. Other significant condition	ns contributing to deeth	but not resulting	in the underlying	g cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC	Or	was Brun	Gruden	~			TP/NO	OF DEATH?
z	8		8					
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ck only one)		
YSI	1 TYES 2 NO	1 Inpatient 2 ER/Out	tpetient 3 DOA	OTHER:	e 5 🗆 Residence	8 Other (Specify)		
ВУ РН	27. MANNER OF DEATH Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIM INJ	URY WO	URY AT RK? /ES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCUR	NED
- 8	3 Suicide 6 Could not be determined	28a. PLACE OF INJUR building, atc. (Spe	Y — Al home, ferm, secify)	street, factory, office		281. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
COMPLETED		ICIAN: To the best of my know						
ខ្ល			on and/or investigatio	en, in my opinion, d			d due to the c	ause(a) and menner as stated.
H H	29b. SIGNATURE AND TITLE OF CERTIFIE	*)).			29c. LICENSE NUM	100		IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Tono	Print)	D2124	4	1-	28194
	DR. JESUS TA	AN; FROSTBU	URG PLA	ZA; FRO	STBURG,	MD 2153	2	
	31. DATE FILED MONTH POR WORLD	32 REGISTRAR'S SIGI	NATURE					

BALTIMORE, MARYLAND 21215-0020



es 1.	DIREC	100, STATE	10b. COUNTY	221			OWN OR LOCA					-
4			Alleg	any		Lona	.conir					
(471)	FUNERAL	29 Charle	stown	St.				7. ZIP CODE 21539			10g. CITI	
00-00-00-00-00-00-00-00-00-00-00-00-00-	BY	11. MARITAL STATUS 1 V Hever Married 2 3 Widowed 4 Divo		12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 H		If yes, s	CENDENT OF HISPAI Decify Cuben, Mexica S 2 HO Specifi	nn, Puerto Ric		or Ho—	
O 21219	LETED		EDEHT'S EDUCA highest grade of		(Gi	CEDENT'S USU We kind of work Do NOT use rea	done during m	OH ost of working		ood	INESS/IHC)(
MARYLAND retained by the house 5 should be detected outlifted at once.	E COMP	17. FATHER'S HAME (First, Mi Donald	ddle, Last) Davis		1.42			18. MOTHER'S NA	AME (First, Mid			_
	TO B	190. INFORMANT'S NAME (7) Kim Wilt			2	MAILING ADI 9 Cha	rlest	ond Number or Rural Own St.	Route Number, Cum	city or Town	and	,
OR Marector, p		20e. METHOD OF DISPOSITI 1	n 3 🗆 Rs mor (Specify)	val from State	emetery, crer	natory or other I	Crem	atory 2 HD ADDRESS OF FA	-9-94		nber	
2 2 3 3		· Jano El	Mike				Eich	horn-Mc coning,	Kenzi Manzi			
, P.O. BOX 68760 eath certificate be executed with the strength of the strengt	ERTIFICATION	23. PART I. Enter the dishock, or himmediate CAUSE (Findiseese or condition resulting in death) Sequentially list condition if any, leeding to immediate. Enter UNDERLY! CAUSE (Dissess or injuit that initiated events resulting in death) LAS	ona, diete NG ry	DUE TO (OR AS	S A CONSEC	Auto DUENCE OF):			Defic			
RECORDS requires that the deen signed by the of Health and Mer	MEDICAL C	PART II. Other significa	nt conditional	contributing to death	but not re	/./ -	me underlyin			4a. WAS AN A PERFORI	IMED?	
ITAL I	CIAN:	25. WAS CASE REFERRED TO EXAMINER?						LACE OF DEATH (Ch	neck only one)			-
F VIT. SICIAN: The certificate the State	S	1 TES 2 4 NO		HOSPITAL:			HER: Hursing Hor	ne 5 🗆 Residence	6 Other (S	Specify)		
O SH sight by	ВУ РНУ		Pending investigation	28s. DATE OF INJUR (Month, Day, Year))	28b. TIME OF INJURY	W	JURY AT DRK? YES 2 HO	28d. DESCR	RIBE HOW I	JURY OC	C
TENDI TTENDI TOR: A after de 28 is		4 - 14	Could not be	28e. PLACE OF INJU- building, stc. (S)	RY — At hor	ns, farm, atree	t, factory, offic	cs	28f. LOCATI C/ly or	ION (Street e Town, State)	ind Number	ē.
₹ ₹ ₹	COMPLET	anal		IAN: To the best of my kno								
TO THE HOSP! TO THE FUNEF De filed within	TO BE C	29b. SIGNATURE AND TITLE	ML	lagore	1 1922	2		29c. LICENSE HUI	MBER 181		29d. DAT	-
2		DR. GARY WA		//				D, CUMBE	RLAND,	MD 2	21502)

32. RESTRAR'S SIGNATURE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF GEATH

CUMBERLAND

DAVIS

6. AGE (In yrs. last birthday)

30

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

11

April

FOR STATE REGISTRAR

KEVIN

t. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

214 90 9379

31. DATE FILED (Month, Day, Year)

FEB 10 1994

9e. FACILITY HAME (If not institution, give street end number)

SACRED HEART HOSPITAL

DALE

1 M 2 F

5. SEX

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. FEBRUARY 7 1994 12:45 P M 8. BIRTHPLACE (State or Foreign Country) 196B Md 9c. COUNTY OF DEATH ALLEGANY 10d. INSIDE CITY YES 2 HO 10g. CITIZEN OF WHAT COUHTRY? USA Yee or Ho-14. RACE — American Indian, Black, White, etc. Whit'te BUSINESS/IHDUSTRY len Sumame) berger Town, State, Zip Code) land, Md. 21502 LOCATION — City or Town, State umberland, Md Suneral Home piratory erreat, Approximata Interval Between **Onset and Death** AN AUTOPSY ORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 2 (NO 1 YES 2 HO W IHJURY OCCURED et end Number or Rural Route Number, and due to the cause(s) and manner as stated.

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

_

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burish-tran be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

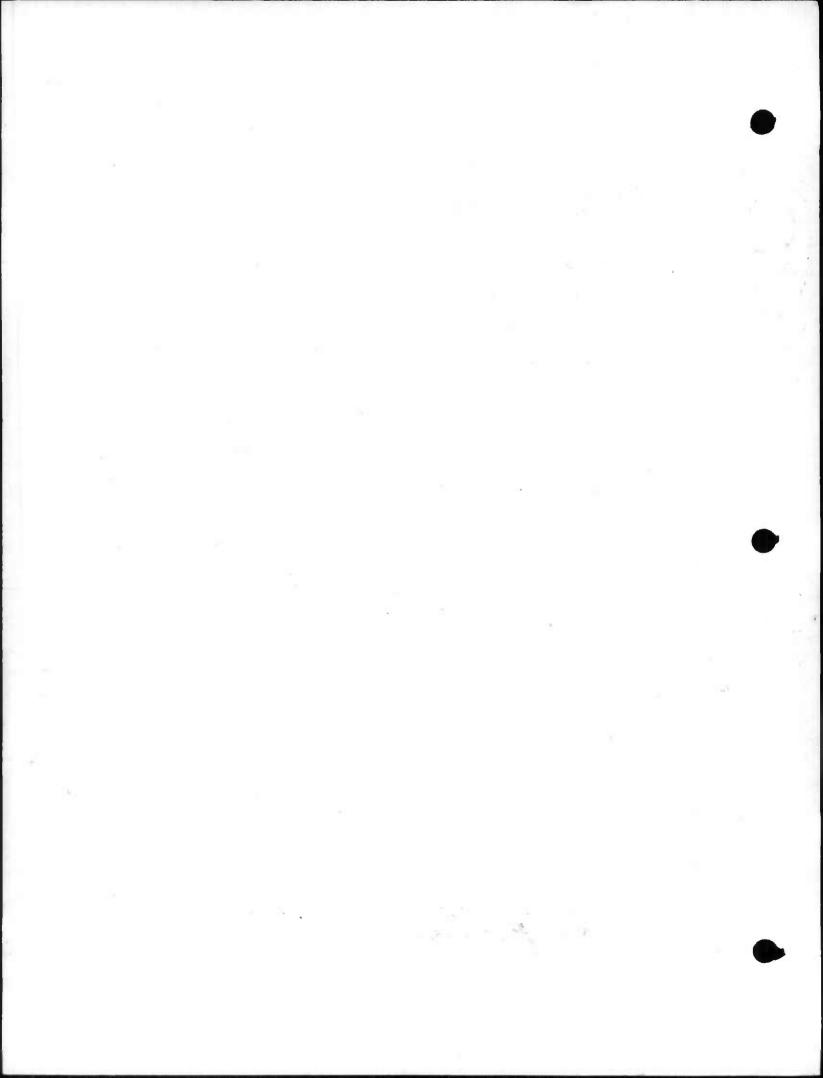
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

CERTIFICAT
MEDICAL
PHYSICIAN:
BY

	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
	CATHERINE	ELIZAB	ETH DISE	IONG								2:40 P M	
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. les	birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH		8. BIRTI	NPLACE (State or Foreign
	212 18 1766		1 🗆 M 2 😾 F	07	YRS,	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	1000	Count	<u>''</u> _
	9a. FACILITY NAME (If not in	stitution, give st	reet end number)	07		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
9	SACRED HEART HOSPITAL						ALLEGANY						
[RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10e. CT						B LOCAT	TION			LALLI	AGAIL)	
DIRECTOR	MD	Alle				y, town or location 10d. Inside city Limits 1 yes 2 \sqrt{p}							LIMITS?
	10e, STREET AND NUMBER	+ + +	1103	-	f. ZIP CODE			100 017	TREM OF 1	1 VES 2 NO			
A	Star Route			10	111	530		USA		WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS		12, WAS DECEDEN	IT EVER IN U.S. AR	MEO	13	WAS DEC			IC ORIGIN? (Specify Yes			E — American Indian.
	1 Never Married 2		FORCES? 1	YES 2 N	10	1	f yes, sp		n, Mexicer	n, Puerto Rican, etc.)	0.10	Blac	k, White, etc.
BY	3 Widowed 4 Divo	rced						X,	apouny				ite
COMPLETED	15. DEC (Specify only	EDENT'S EOUC highest grade	CATION completed)	18e, DE	CEDENT'S	USUAL O	CCUPATIO	ON ost of workin	a	16b. KIND OF BU	SINESS/IN		
	Elementary/Secondary (0	- V	College (1-4 or 5	+) #fe.	Do NOT u	se retired.)							
MP	12			ret	ire	d er	npl	Ovee		ti.			
8	17. FATHER'S NAME (First, M.									ME (First, Middle, Melden			
BE	Joseph E.		5							e L. (We			
2	19e. INFORMANT'S NAME (7)	C-0.000*								Route Number, City or Tow			
Ì	Josephine		Eshbaug						68A	Flintsto			
	20e. METHOD OF DISPOSITI		oval from State	cemetery, crei	netory or o	ther place)				1	CATION —	-	own, State
1	21. SIGNATURE OF FUNERAL		ENSEE .	- IRestla	awn n	demor	1al	Garc	ens	2/12/ La	Vale	MD	
	·/h	7	1/10	~11		So	carp	pell	i Fi	uneral H	ome		
_	Juna	07	Wa	July	•	Cı	ımbe	erla	nd,	Maryland	d 2	150.	2
	23. PART I. Enter the diseases, or complications that seused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Batween												
	IMMEDIATE CAUSE /Finel									Onset and Death			
	disease or condition a. CARDIOGENIG SHOCK Due to (or as a consequence of):												
	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSCOUENCE OF): RUPTURED Abdomina DUE TO (OR AS A CONSCOUENCE OF):												
AT	if any, leading to immed cause. Enter UNDERLY!		4	Lorte	•	ol IV	911	Vy	en	4			i
SE I	CAUSE (Disease or inju	ry S	DUE TO	(OR AS A CONSEC	UENCE O	P):	00 01	-	5,0				
	resulting In death) LAST												
	DADT II Other significa	-1 distan											
MEDICAL	PART II. Other algorifica		e contributing to	Jesti v	eulting	in the un	derlyin	g ceuse g	iven in I	Part I. 24s. WAS AN PERFOR		24h	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă				()	- (tem	1 7	MI	4 16	1 🗆 YES 2	X NO		OF DEATH?
- 1	COV	pno	7 14	eart,	Diz-	ens	٤.			_			1 YES 2 NO
AN	25. WAS CASE REFERRED TO	A MEDICAL I											
PHYSICIAN:	EXAMINER?	MEDICAL	HOSPITAL:	Tempe (State)		OTHER	t:			ick only one)			
4	27. MANNER OF DEATH		28s. DATE OF	ER/Outpatient 3	28b. TIM		alng Hom 28c. INJ		sidenca (6 Other (Specify) 28d. DESCRIBE HOW I	N HIEW CO	011000	
	1 Netural 5	Pending	(Month, E			URY M	WO	PRK?	I NO	200. DESCRIBE HOW I	NJUNY OC	COMED	
B	2 Deutstein	investigation	26e. PLACE C	F INJURY — At hor	ne. ferm.	atreet, fact			,	281. LOCATION (Street	and Numbe	r or Rural I	Boute Number
		Could not be determined	building,	etc. (Specify)						City or Town, State)		or ridray	None Nones,
COMPLETED	290. CERTIFIER												
₽ B	(Check only Centifying Physician: to the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner es stated.												
	WEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurs at the time, date and piece, end due to the cause(s) end manner as stated.												
H	296. SIGNATURE AND TITLE	1 1.1 \A	\ <u>\</u> ' \c	w				29c. LICE	NSE NUM	The state of the s	29d. DAT	E SIGNED	(Month, Day, Year)
2	30, NAME AND ADDRESS OF	PERSON WA	COMPLETED CAU	SE OF DEATH (ITEL	27) /%	Orint ¹		v	11	125		-//	0/74
-	VIIAW	5. 1	HITAR	MD	7 na	A	SE	TON	DY	21/2 1.	1 1 1	170	I NUM MM
ے ا	31. DATE FILED (Month, Day,	Ybar)	32. BEGISTRA	AR'S, SIGNATURE	109	1		,	וע	HIVE C	0 1-11	JUR	2150Z
	·EB 1	1 1994	Lucia	Sinow for	A SE	9							21705

-	-	8.		1
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	fled in by the funeral director, page 5 should be detached for use as the burial-transit, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit if be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

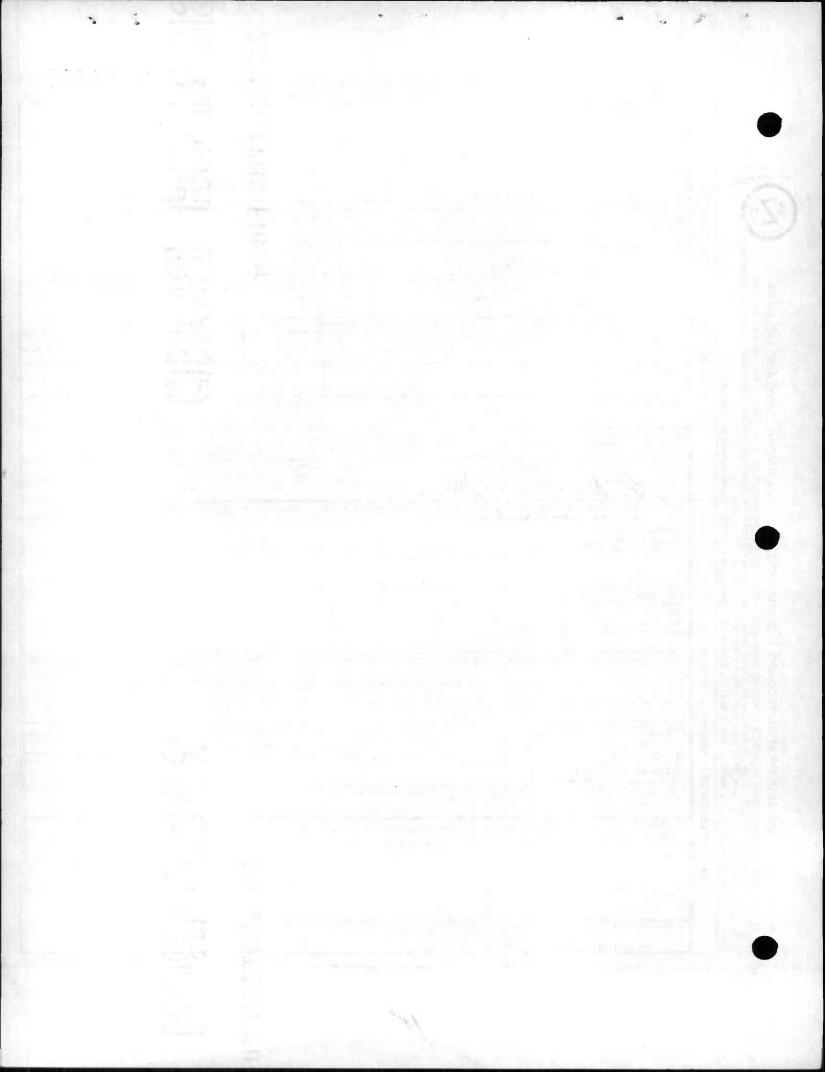
	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND C				EALTH DEAT		MENTA	HYGIEN REG. NO.	E q	li -	05567
H	1. DECEDENT'S NAME (First, Middle, Last) BETTY YVONNE DIC	KS				Ü	4		2. DATE MONT	OF DEATH DA	W	YEAR 94	3. TIME OF DEATH 6:00 P M
	4. SOCIAL SECURITY NUMBER 217 18 4015 9e. FACILITY NAME (If not institution, give st	5. SEX 1 M 2 F reet and number)	6. AGE (In yrs. la	st birthday) YRS.	IF UNDER MONTHS 9b. CITY	DAYS	HOURS OR LOCATIO	MIN.	7. DATE (Mont) JUNE	OF BIRTH h, Day, Year) 29,19			YLAND
TOR	SACRED HEART HOS						LAND		ALLEGANY				
DIRECTOR	MARYLAND ALLE		10c. CITY, TOWN OF LOCATION LAVALE								10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 12414 HENRY DRIV	Ε '				101	ZIP CODE	1502	2		10g. CIT	USA	WHAT COUNTRY?
COMPLETED BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X			If yes, sp		HISPAN Maxica	NIC ORIGIN	f? (Specify Yes Rican, etc.)	or No-	14. RACI	E — American Indian, k, White, etc.
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(0	ECEDENT'S Give kind of e. Do NOT u	work done (se retired.)	during mo	st of working	,		ELECTR			TRACTING
BE COM	17. FATHER'S NAME (First, Middle, Last) HAROLD MCCULLOU	GH		0111	013 111	142 143	18, MOTH		ME (First, I	Middle, Maiden	Sumame)		
5	190. INFORMANT'S NAME (Type/Print) CHARLES F. DICKS									ber, City or Town	215		
	20a. METHOD OF DISPOSITION 1.XC Burlei 2 Cremation 3 Remo 4 Donation 8 Other (Specify)		20b. PLACE cemetery, cr SUNS		ether place) EMOR	[AL]	PARK	S OF FA	PAGE OF T	E 20c. LO 4 CUMB		ND,	
	HAFER CHAPEL OF THE HILLS MORTUARY 1302 NAT'L HWY., LAVALE, MD 21502												
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate intervat Between Onset and Death disease or condition resulting in deeth) But To (OR AS A CONSEQUENCE OF): Card brack acceptance of the mode of dying, such as cardiac or respiratory arrest, and proximate intervat Between Onset and Death of the cause or condition of the cause of the												
PHYSICIAN: MEDICAL C	PART II. Other significent condition	s contributing to	deeth but not	resulting	in the ur	nderlylng	cause gl	Iven in	Part i.	24a. WAS AN PERFOR 1 YES 2	IMED?	241	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHE	R:	ACE OF DE						
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending investigation	28a. DATE OF (Month, D	INJURY	28b. TJR	_	28c. iNJ WO	URY AT RK?			SCRIBE HOW I	NJURY OC	CCURED	
ا ۵	3 Suicida a Could not be detarmined	28a. PLACE () building,	FINJURY — At h atc. (Specify)	oma, tarm,					281. LOC City	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHOCK ONLY 2 MEDICAL EXAMINED												a) and manner as stated.
TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU					29c. LICE!	83	377			TE SIGNED	(Month, Day, Year)
	DR. URIEL VELA		4 AETON		CUMB	ERLA	ND, 1	MD 2	21502	2			



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VOF VITAL RECORDS, P.O. BOX 68760,
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05568 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 4 FOR

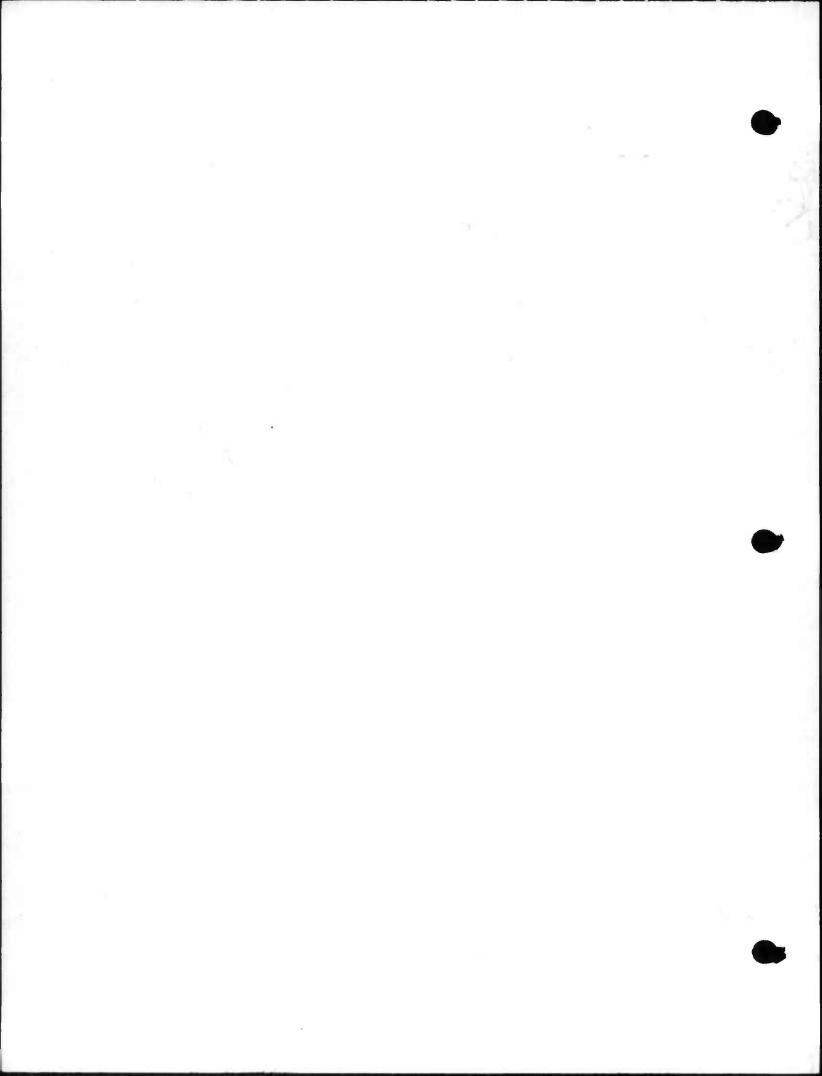
	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Las)			1	2. DATE OF DEATH		3. TIME OF DEATH			
н	Rodolfo De Leo	n				January 2		94 12:01 A.M.			
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR		DATE OF BIRTH		BIRTHPLACE (State or Foreign			
	579-72-9754	1 M 2 D F	59 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	01	Country)			
	9e. FACILITY NAME (If not institution, give	street and number)	39	9b. CITY. TOWN	OR LOCATION OF DEAT	4- 17-19	De COUNTY	uatemala			
Œ						20912	SC. COUNTY	OF DEATH			
5	Washington Advet	ist Hospi	tal	Tokoma	Park ,Md	20712	Montg	omery			
E	10e. STATE 10b. COUN	TY	10c. CITY	TOWN OR LOCA	TION			10d. INSIDE CITY			
H 0	D.C.		D.C.			1 YES 2 NO					
7	10e. STREET AND NUMBER		. ZIP CODE		10a, CITIZEI	OF WHAT COUNTRY?					
H/	1365 Monroe Str	eet, N.W.			20010						
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	13 W69 DE	ENDENT OF HISPANIC	OBIGIN2 (Specify Ve	or No. 14	. RACE — American Indian.			
	1 Never Married 2 Married	FORCES? 1	YES 2 NO	If yes, so	ecify Cuben, Mexican,		0 100-	Black, White, etc.			
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AN ON DATES	PE YES	2 NO Specify:			Hispanic			
	15. DECEDENT'S ED	UCATION	16e. DECEDENT'S	JSUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/INDUS				
ETE	(Specify only highest gra-		Illia Do MOT usu	ork done during me retired.)	st of working						
PL		College (1-4 or 5 +	Shoe Mal	ker		Shoes					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				40 MOTHER'S NAME	(First, Middle, Maiden	Company				
Ö	Rodolfo De Leon					Lucia De					
BE	19e. INFORMANT'S NAME (Type/Print)		T 000 MAR 1100	ADDRESS (O.	and Number or Rural Rou			4-1			
2	Ana De Leon				Street, N.V						
	20a. METHOD OF DISPOSITION 1 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetery or other place) Clenwood Cemetery 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetery or other place) Clenwood Cemetery 2-2-1994 Washington, D.C.										
	4 Donation 6 Other (Specify)	ACENDER.	Glenwood	Cemeter	y 2-2		shingto	on,D.C.			
	22. NAME AND ADDRESS OF FACILITY 20010 W. H. Bacon Funeral Home 3447-14th Street, N.W., Washington, D.C.										
	1 Catel	us w.	13 mes	3447-	14th Stre	et, N.W.,	Washir	igton, D.C.			
	23. PART I. Enter the diseases, or	complications the	caused the death. Do n	ot enter the mo	de of dying, such	ss cardled or reap	Iratory arres	t, Approximate			
	shock, or heart fallure	. List only one cau	se on each line.					Interval Between Onset and Death			
	The state of the s										
	disease or condition										
S	Sequentially list conditions, DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF):										
A	if any, leading to immediate cause. Enter UNDERLYING	Macci	EVED	11-1-0-11							
CERTIFICATION	CAUSE (Disease or Injury that initiated events	C. DUE TO	OR AS A CONSEQUENCE OF	1 4 P A 1/C	INCEP!	E JOF 4/W	9				
E	resulting in death) LAST		1 Effusi								
田		d. Trevice	I Eljus	an re	LEUMENI II	f					
	PART II. Other algnificant condition	one contributing to	death but not resulting is	n the underlyin	g cause given in Pa	ert I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS			
EDICAL	METAROL	R Acia	SIS 146P1	2 70 12-en	1/ Sundra	PERFO	N NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE			
	gastric Outlet	CR COO!	1		39,000	1 1 123	Alio	OF DEATH?			
2	7300000	0.23 120						1 TYES 2 NO			
A	25. WAS CASE REFERRED TO MEDICAL			26 P	ACE OF DEATH (Check	r oatr oas)					
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:							
7	27. MANNER OF DEATH	26e. DATE OF	ER/Outpatient 3 DOA INJURY 28b. TIME		URY AT 2						
	Natural 5 Pending	(Month, D		JRY W	PRK?	8d. DESCRIBE HOW	INJURY OCCUP	IED			
B⊀	2 Accident Investigation				YES 2 NO						
- /	3 Suicide 6 Could not b	28e. PLACE O building,	F INJURY — At home, ferm, a etc. (Specify)	treet, factory, offic	• 2	81. LOCATION (Street City or Town, State	end Number or)	Rural Route Number,			
Ë١	4 Homicide determined City of Town, State)										
2	29e. CERTIFIER (Check only	SICIAN: To the best of	my knowledge, death occurre	d at the time, date	end place, end due to	the cause(e) end ma	nner as stated.				
COMPLETED	1							euse(s) and manner es stated.			
ŏ	29b. SIGNATURE AND TITLE OF CERTIF	ER			29c LICENSE NUMBI	FR	294 DATE 9	IGNEO (Month, Day, Year)			
BE	May he	MA			2 17 7	00	D 7	2 (O)			
임	30. NAME AND ADDRESS OF PERSON V	HO COMPLETED CAUS	SE OF DEATH (ITEM 27) (Time	Print)	0 1000	26	1-	66, 49			
	MALILAN	NERD	7225 16046	1111 1011	9,00	Rell	Mu	20776			
	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNEO (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MAX 170 SINGER 7325 HONORUM PMWg Green Beth Mu 20776 31. DATE FILED (Month, Day, Year) 32. REGISTRAT'S SIGNATURE Chica Davidson—Rendalle										
	31 DATE FILED (Month Day Wast	32 DECISTON	D'S SIGNATURE		7						
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	H'S SIGNATURE		-	3 125					



examiner must be notified at once.	IMPORTANT II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	The fled within 72 flew's after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
le funeral director, page 5 should be detache	IN THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
r death. Page 6 may be retained by the hosp	THE PROPRIEND OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the host
BALLIMORE, MARTLANI	STATE OF STATE AND STATE OF ST

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH A		NTAL HYGIEN	E 94	05569		
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH		3. TIME OF DEATH		
	Anita T. Dove	1				January 1	7,1994	2:40 AM		
	4. SOCIAL SECURITY NUMBER 578 → 50 → 0356	The second secon	(In yrs. lest birthdey)	IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS	Manu	DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give :	1 🗆 M 2 💢 🔭	67 YRS.		Jo	in 1,1933		ryland		
Œ	And the second s			9b. CITY, TOWN OR LOCATION	OF DEATH					
DIRECTOR	12510 Applectos			Clinton	inton United Stat					
IRE	10a. STATE 10b. COUNT	··	1	TOWN OR LOCATION	N 10d. INSIDE CITY LIMITS?					
	Maryland Prin	ice George's	Cli	nton			1 TYES 2 NO			
FUNERAL	12510 Applecross	Drive		101. ZIP CODE 2.07.	2 E		10g. CITIZEN OF WHAT COUNTRY? United States			
ON	11. MARITAL STATUS	12. WAS DECEDENT EVER II		13. WAS DECENDENT OF I		PRIGIN? (Specify Yea	or No- 14.	RACE — American Indien.		
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		It yea, specify Cuban, I 1 ☐ YES 2 🂢 NO	Mexican, Pu	uarto Rican, atc.)		Bleck, White, atc.		
		10.7101		<u> </u>				specify: ite		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of we life. Do NOT use	SUAL DCCUPATION ork done during most of working retired.)		16b. KIND OF BUS	SINESS/INDUST	RY		
PLI	9th	College (1-4 or 5+) N/A	Head (ashier		Super	Frosh			
Ø.	17. FATHER'S NAME (First, Middle, Lest)				R'S NAME (First, Middle, Malden				
BE (Ekas Tennyson			Mar	ion u	lise				
2	19a. INFORMANT'S NAME (Type/Print)		1.77	ADDRESS (Street and Number or		The state of the s	2 2 2 2 2 2 2 2 2	·		
	William Beavers 204, METHOD OF DISPOSITION	200	112510	Applectoss Dr. Filipposition (Name of	Cl.	inton, M	aryland	1 20735		
	1 Burial 2 Cremetton 3 Rem	iovat from Stata Cen	petery, cremetory or oth	er place)	Tan 1	9 1 9 9 1	Suitlas	nd, Maryland ome, Inc 6633		
	21. SIGNATURE OF FUNERAL SERVICE LA	GENSEE /	ocawe ma	22. NAME AND ADORESS	OF FACILIT	Lee Fun	eral H	ome Inc 6633		
	16A 11	Mach		Old Alexando	er Fe	rry Rd,	Clinto	n. Maryland		
	23. PART I. Enter the diseases, or	complications that caused	the deeth. Do no			-		Approximate		
	IMMEDIATE CAUSE (Finsi	List only one cause on a	CONSEQUENCE OF	. /				Interval Between Onset and Death		
	disease or condition reaulting in deeth)		4/Men7hs							
z										
CERTIFICATION	Sequentially list conditione, if any, lesding to immediate cause. Enter UNDERLYING									
FIC	CAUSE (Disease or Injury that Initiated events	c. DUE TO (OR AS A	CONSEQUENCE OF							
F	resulting in death) LAST	d								
	PART II. Other significent condition	ne contributing to death h	ut not requities is	Abo and done and a	I- D					
CAL	PART II. Other significant condition	is contributing to death b	ut not resulting in	the underlying ceuse give	en in Pan	PERFOR	MEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
ED						1 TYES 2	> X€vo	OF DEATH?		
≥ ;;				<u> </u>		·		1 TYES NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEAT	TH (Check o	only one)				
YSI	1 TYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp		OTHER:	lenca 6 🗆	Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY WORK?		d. OESCRIBE HOW II	NJURY OCCUR	EO		
B	2 Accident Investigation	28a. PLACE OF INJURY	— At home, term, at			. LOCATION (Street a	and Number or F	tural Boute Number		
哥	4 Homicide 8 Could not be determined	building, atc. (Spec	olfy)	,	_	City or Town, State)		and the teather,		
PLE	29e. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of my know	ledge, death occurre	st the time, date and place, er	nd dua to ti	he cause(s) end men	iner as stated.			
COMPLET				, in my opinion, death occured				use(a) and manner as stated.		
BE C	296. SIGNATURE AND TITLE OF CENTERE	1//		29c. LICENS	E NUMBER		29d. DATE SIG	GNED (Month Day, Year)		
TO B	Na	vy Mas	W		203	JZ	> 1/	118/14		
	30. NAME AND ADDRESS OF PERSON WE	- A TO	ATH (ITEM 27) (Type	926 Wex	20 26	rel Re	16	Word MIN		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		, 000	- /0	7				
	JAN 2 5 1994	Julia Davidson-V	Pandelle							

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	OR.	DIRE
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
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Ĭ	1. DECEDENT'S NAME (First, Middle, Lest) Donald James Darnell									of OEATH DA	5. 19	YEAR 94	3. TIME OF OEATN 5:13A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1			R 24 HRS.	7. DATE	OF BIRTN	1	8. BIRTH	PLACE (State or Foreign
ı	236-52-0815	18 M 2 🗆 F	58	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	th, Day, Year)	35	West	"Virginia
	Se. FACILITY NAME (If not institution, give a	treet end number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN								
	Doctors Communia	ty Hospia	tal		Lanham Prince G						George's		
F	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	Y. TOWN OF	LOCAT	1041									
	md PRI		-n	oe.	nb						10d. INSIDE CITY LIMITS? YES 2 NO		
I	100. STREET AND NUMBER 8217		101	ZIP COD				10g. CITI	ZEN OF W	HAT COUNTRY?			
	8217 MAND				2077				U.S				
	11. MARITAL STATUS 1 Never Married Married									N? (Specify Yes Rican, etc.)	or No-	14. RACE Black	- American Indian, White, etc.
ı	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1	☐ YES	2 NO	Specify	y:			Speci	white
ŀ	15. DECEDENT'S EDU	1956-		CEDENT'S	USUAL OC	CLIBATIC	DM.	_	1 40	b. KIND OF BUS	INCOCUNO		D-11-70
-	(Specify only highest grade	work done di	uring mo	at of world	ing	101		SCHEET OF		F&D Admj			
	Elementary/Secondary (0-12)						Rockvi		DIUE	• Laballi]			
F	17. FATNER'S NAME (First, Middle, Last)	1	ria	nage			18, MOT	NER'S NA	ME (First	Middle, Maiden			
ı	Goffra Geo	rge Dar	ne11							a Mae		n 17	
ŀ		ige Dai		. MAILING	ADDRESS	(Street a	nd Numbe						
	196. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Company of 10 A E												
ŀ	Esther C. Darnell Same as 10 A-F 20e. METHOD OF DISPOSITION 1 YBurlet 2 Cremation 3 Removed from State 20b. PLACE AND DATE OF DISPOSITION (Name of State Company). The Property of Town, State Company of T												
ŀ	1 X Burlet 2 Cremetton 3 Removel from State 4 Donation 5 Other (Specify) Maryland State Veterans Cem. Cheltenham, Maryland												
ŀ	21. SIGNATURE OF TUNERAL SERVICE LIC	CENSEE	- Flat y La	.IId D				SS OF FA					
ı	22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd Clinton, Md												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death Ons												
	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
	PERFORMED? AMAI COM COM DF										WERE AUTOPSY FINDIN MALABLE PRIOR TO COMPLETION OF CAUSI DF DEATH? 1 YES 2 NO		
1													
I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF	DEATN (Ch	eck only o	ne)			
ı	1 X YES 2 NO		PER/Outpatient 3	□ DOA	OTHER		6 5 A	lesidence	6 🗆 Oth	er (Specify)			
ı	27. MANNER OF DEATN	26e. DATE O	F INJURY Day, Year)	28b. TIM	IE OF		URY AT		2ad. DE	SCRIBE HOW II	NJURY OC	CURED	
ı	1 Natural 5 Pending 2 Accident investigation	1	1/1		M		YES 2	□ NO					
I	3 Suicide 8 Could not be	28e. PLACE (OF INJURY - At he	me, farm,	etreet, facto	ry, offic	•			CATION (Street of	nd Number	or Rural F	loute Number,
ı	4 Nomicide determined		(atos (opoony)						City	or Town, Stete)			
	29e. CERTIFIER (Check only 1 CERTIFYING PHYS)	CIAN: To the best o	f my knowledge, de	ath occurr	ed at the tir	na, date	end place	e, end due	to the ca	nuse(e) end man	mer ee stat	ed.	
n	one) 2 MEDICAL EXAMINE	R: On the basis of	examination and/or i	investigatio	on, in my op	olnion, d	leath occu	red at the	time, det	e end place, en	d due to th	e ceuse(e) end manner as stated
26 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner as stated.													
-	296. SIGNATURE AND TITLE OF PERTIFIE	R	Nemore.	Mic	DALA	0	29c, LJC	ENSE NUA	WBER		29d, DAT	E SIGNED	(Month, Day, Year)

PAUL A.

31. DATE FILED (MOPIN).

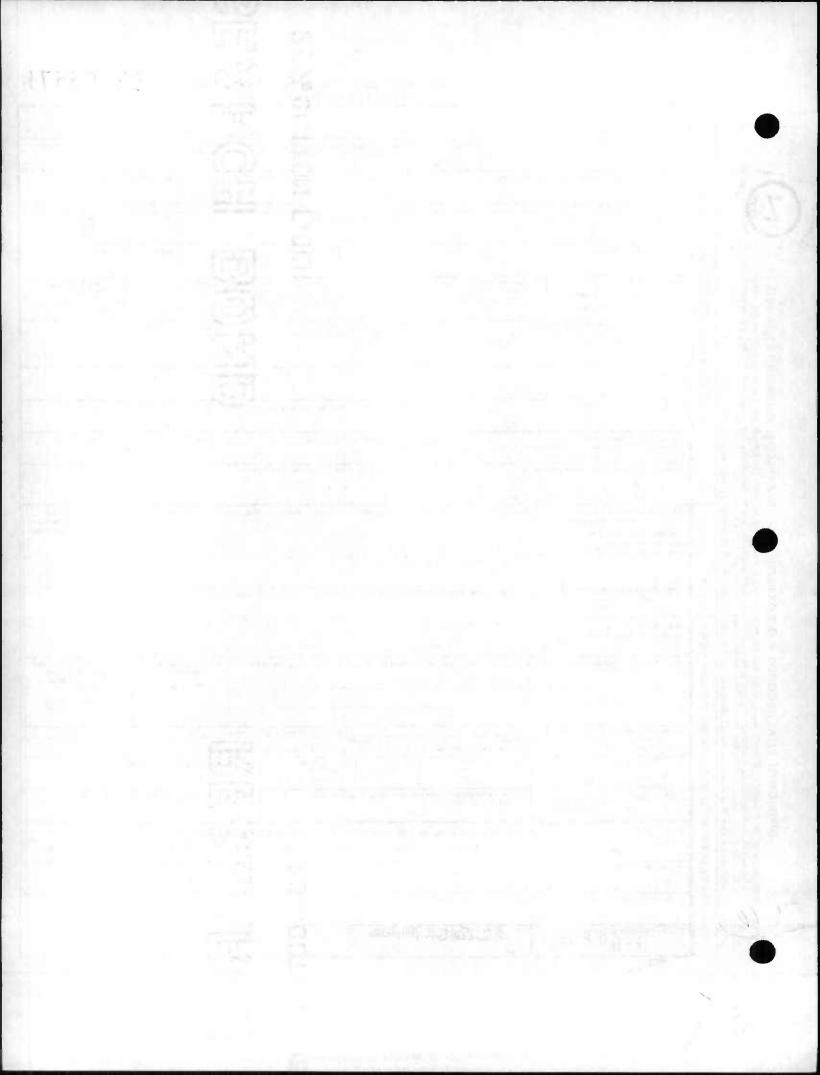
DHMH-16 Rev 1/89



	1 - STATE REGISTRA
j	t. DECEDENT'S N
i	WILLI
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

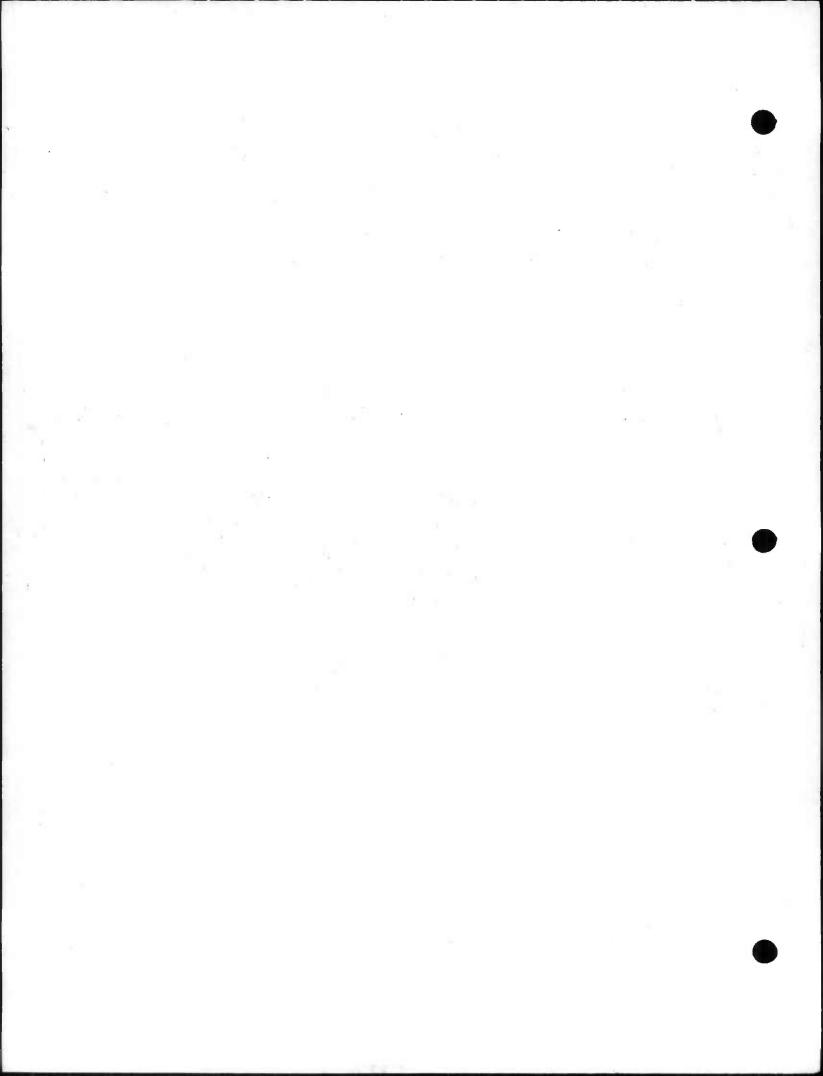
	1 - STATE REGISTRAR	0	CI	RTIF	ICATE OF	DEATH	RE	G. NO.	-	000			
	t. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	ATH		TIME OF DEA	ATH		
	WILLIAM	B.	DUVAI	LL	TI	,	нтиом	2 a	YEAR	1381) M		
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	тн	8. BIRTHPL	NCE (State or I	Foreign		
- 7	578-54-5194	1 M 2 D F	53	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day,		Country)	naton	D CO		
	9s. FACILITY NAME (If not institution, give a	street and number)			9b. CITY, TOWN	OR LOCATION OF D	Mar. 19, 1940 Washington I						
R	Howard County General Hospital COLUMBIA Howard												
5	RESIDENCE OF DECEDENT												
DIRECTOR	10e. STATE 10b. COUNT				Y, TOWN OR LOCA				10	d. INSIDE CIT LIMITS?	Y		
	Md. HOWA	ard		E1.	licott C					YES 2			
RA	IN A SOCIAL OF WIND												
FUNERAL	4630 Roundhill Ro	Dad 12. WAS DECEDENT				21043			.S.A.				
	1 Never Married 2 Married	FORCES? 1.	YES 2 T		If yes, s	CENDENT OF HISPA Hecify Cuban, Maxic	an, Puerto Rican, a	elfy Yes or No— atc.)	Black, W	American Inc hite, atc.	lien,		
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 TYES	NO Speci	fy:		Specify:	Black			
8	ts. DECEDENT'S EDU	CATION			USUAL OCCUPATI		16b. KIND	OF BUSINESS/INC					
H	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	- Min	lve kind of Do NOT u	work done during m se retired.)	ost of working							
릴		2yrs		ck D	river		P	rivate					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Middle,	Maiden Surname)					
BE (William B. DuVall	L, BE.				Po1	ly Dozi	er					
TO B	19a. INFORMANT'S NAME (Type/Print)		194	b. MAILING	ADDRESS (Street	and Number or Flural	Route Number, City	y or Town, State, Zip	Code)				
F	William B. DuVall	L, SrI	14	49 U	Street	N.E. Was	hington	D.C. 20	0002				
	20a. METHOD OF DISPOSITION 12 ☐ Buriel 2 ☐ Cremation 3 ☐ Rem	oval from State	20b. PLACE A		OF DISPOSITION (N	ame of		20c. LOCATION —	,				
	4 Donation 5 Other (Specify)		Harmon	ny Me	emorial			Landov	er,Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J.B. Jenkins Funeral Home												
	Mawan	2 L. L	Duy.	tor	1	Landove			Md	20785			
	23. PART i. Enter the diseases, or	complications that	coused the de	ath. Do						Approxir interval	nate		
	shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel												
	disease or condition resulting in death)												
	DUE TO OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions, b. Due to consequence on												
CERTIFICATION	If eny, leeding to immediate cause. Enter UNDERLYING												
5	CAUSE (Disease or Injury 6.												
Ē	that initiated events resulting in deeth) LAST	3,5	, o ii ho ii o o ii o c	JOENOE O	, ,.								
E		d											
DICAL	PART ii. Other eignificent condition	e contributing to	deeth but not r	eeulting	in the underlyin	g ceuse given in	Part i. 24e. 1	WAS AN AUTOPSY PERFORMED?		RE AUTOPSY			
8	P							YES 2 NO	CO	MPLETION OF DEATH?			
WE								, ,		□ YES 2 0	NO		
ž													
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	,		26. P	LACE OF DEATH (C	heck only one)						
YSI	YES 2 NO	1 Inpatient 2		□ DOA		ne 5 🗆 Residence	6 Other (Spec	cify)					
H	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, Da		28b. TIN	JURY W	JURY AT ORK?	28d. DESCRIBE	HOW INJURY OC	CURED				
BY	2 Accident Investigation	-				YES 2 NO							
	3 Suicide 6 Could not be	28e. PLACE Of building,	F INJURY — At ho inc. (Specify)	me, farm,	street, factory, offic	te .	28f. LOCATION City or Town	(Street and Number n, State)	or Rural Rout	e Number,			
E			•										
P	29e. CERTIFIER (Check only one)												
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of ax	amination and/or	Investigation	on, in my opinion,	seath occured at the	time, date and p	lace, and due to the	ne cause(s) an	nd manner as	stated.		
BE	THE SIGNATURE AND TITLE OF CENTIFIES	, 5	enits.	ME		29c. LICENSE NU	MBER	29d. DAT	E SIGNED (M	orth, Day, Year	9		
TO B	taty und my	440	Hound			DBIV	173		2/2	194			
-	30. NAME AND ADDRESS OF PERSON WA						.1	2.5					
	PATTINCE A. Tore.	un 450	55 Hem	lock	La Cone	way &	Moth	City M	n 2	1015	-		
	FFR U 8 1994	1 32. REGISTRA	Day de	Mande	ر الا								



DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, orcmation, or removal.	led in by the funeral director, page 5 should be detached for use as the burial-transit permit, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

Manual Market

	1 - STATE REGISTRAR	STATE OF N	/ MARYLAND Ce		ITMENT ICATE				MENT	AL HYGIEN REG. NO.		16	05572	
	1. DECEDENT'S NAME (First, Middle, Last)									TE OF DEATH			3. TIME OF DEATH	
	EVELYN MEEKS DUCHARME								2/5/94 YEAR 2			2.09AM M		
	4. SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.							7. DATE OF BIRTH 8. B			8. BIRTHPI	LACE (State or Foreign	
	578-16-2517	1 🗌 M 2 💢 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.			1917	Country) Wavne	esboro, VA	
	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA									
OR	Prince George's Medical Center				Cheverly Prince Geo								eorge's	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY													
E	Maryland Prince George's												IOd. INSIDE CITY LIMITS?	
, ר	10. STREET AND NUMBER				Brentwood 101, ZIP CODE						IX YES 2 NO			
PA	3818 Allison Stree		20722					U.S.A.			IAI COONTATT			
FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARE				13. WAS DECENDENT OF HISPANIC ORIGI					SIN? (Specify Yes				
	1 Never Married 2 Married FORCES? 1 YES 2 X			NO If yes, specify Cuban, Maxico								Black, Specify.		
BY	3 🔀 Widowed 4 🗌 Divorced							-py				White		
旦	15. DECEDENT'S EDUC (Specify only highest grade		(GI	ive kind of	USUAL O	CCUPATIO	ON st of workin	na	1	8b. KIND OF BUS	SINESS/INDU	JSTRY		
Ë	Elementary/Secondary (0-12)	College (1-4 or 5	+) life.	Do NOT u	se retired.)									
COMPLETED				hier					Restaurant					
	17. FATHER'S NAME (First, Middle, Last) Jessie Meeks						1.00			t, Middle, Maiden	Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)		Lan		100050					Brady				
일	Virginia A. Johns									mber, City or Town			nd 20781	
			20b. PLACE					el,	-		cation - c			
	20a METHOD OF DISPOSITION 1 \(\tilde{\Omega} \) Burlai 2 \(\tilde{\Omega} \) Cremation 3 \(\tilde{\Omega} \) Ramo 4 \(\tilde{\Omega} \) Donation 5 \(\tilde{\Omega} \) Other (Specify)	val from State	cemetery, cree	matory or o	ther plece)			. 2/0	1					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- Nation	laı r	22.	NAME AN	D ADDRE	SS OF FA	CILITY				Virginia	
	Francis Gasch's Sons Funeral Home													
	Clauses T, Bell . 4739 Baltimore Ave., Hyattsville, MD 2078													
	shock, or heart fellure. I	List Dnly one CSL	se on each line	etn. Do	not enter	tne mo	ae or ay	ing, suci	h aa ci	ardiac or reapi	ratory arre	et,	Approximate interval Between	
	All and the second of the seco											Onset and Death		
	resulting in death) a. Acute Respiratory Failure DUE TO (OR AS A CONSCOURACE OF):													
_	ALTO CONTROL OF STATE											1		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate b. Empyema DUE TO (OR AS A CONSEQUENCE OF):													
8	cause, Enter UNDERLYING Description Obstanting Property Description													
E	that initiated eventa	that millioned avenue												
E	resulting in deeth) LAST	1. Conge	stive	He	nt	Fa	:1u	رف						
	PART II. Other aignificent conditions								Part I.	24s. WAS AN	AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS	
CAL					The state of the s					PERFORMED?		1	AMILABLE PRIOR TO COMPLETION OF CAUSE	
ED	1 YES 2 NO								OF DEATH?					
2								-				1	YES 2 NO	
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE DF D	EATH (Ch	eck only	one)				
S	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetlant 3	□ DOA	OTHE!	₹:				her (Specify)				
Ŧ	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TJN	E OF	28c. INJ	URY AT			EŞCRIBE HOW II	NJURY OCC	URED		
ВУР	1 Natural 5 Pending Investigation					INJURY WORK? M 1 YES 2 NO								
	7.00.00			At home, term, street, tactory, office				261. LOCATION (Street and Number or Bural Route Number, City or Town, State)				ute Number,		
I	4 Homicide determined	January,	area (opeony)						, u	ny or lown, sinie)				
PLE	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occur	ed at the t	ime, data	and place	, and due	to the	cause(s) and mar	ner as state	id.		
COMPLETED	one) 2 MEDICAL EXAMINE												and manner as stated.	
ЕСС	29b. SIGNATURE AND TITLE OF CERTIFIER													
00	Nous Toules			p	MD DIZO								11111 211121	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CARSE OF DEATH (ITEM 27) (See Part)														
Louis Steinberg 6492 Landova Rd Landova And 20												85	i	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE													
	FFR 0 9 199	14 Ged	ia Navidson	- Mani	TAKK									

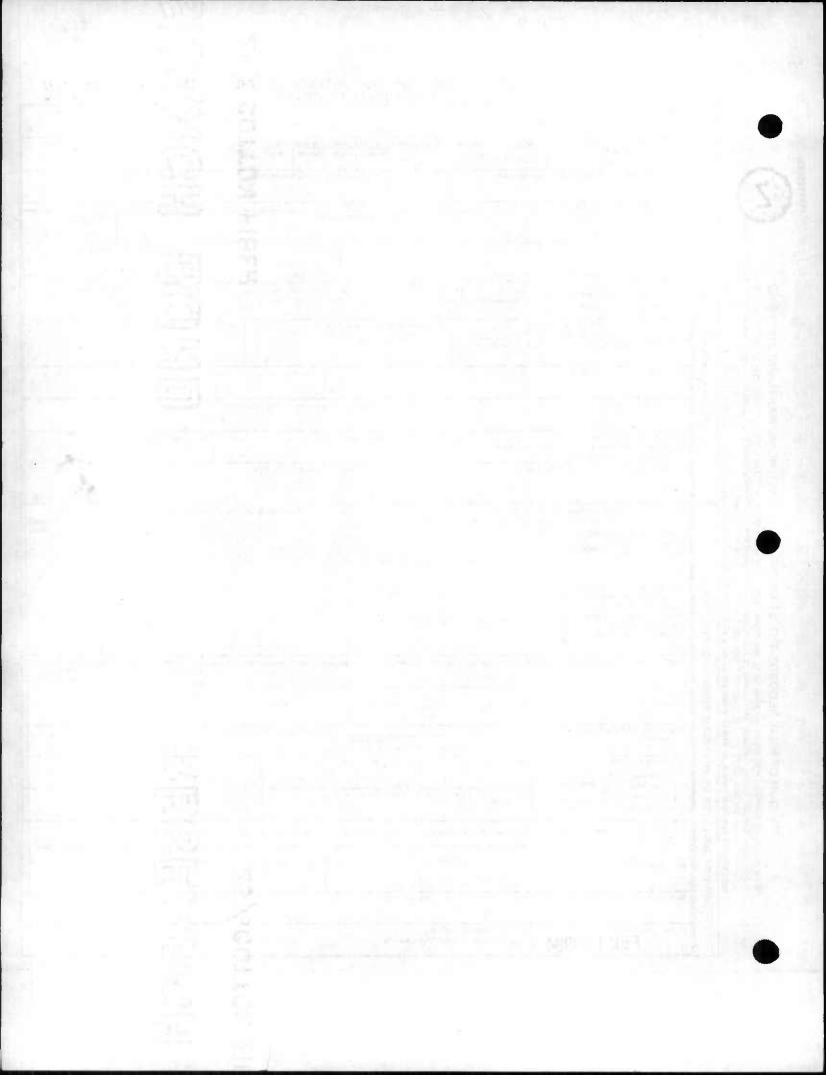


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TO BE COMPLETED BY FUNERAL DIRECTOR TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART			MENTA	L HYGIEN	E 94	. 0	557	3
1. DECEOENT'S NAME (First, Middle, Las	0					OF DEATH		3.	TIME OF DEA	тн
FELIX N.M.N. De	LUISE				MONT		94	EAR	4:03	P
4. SOCIAL SECURITY NUMBER 403-28-7870-	1 M 2 F	79 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	JUL	OF BIRTH h, Day, Year) Y 12,	1914	Country)	CE (State or F SYLVAL	
9a. FACILITY NAME (If not institution, give WASHINGTON COUNT RESIDENCE OF DECEDENT				OR LOCATION OF DERSTOWN	PEATN		9c. COUNTY	OF DEATH		
10e. STATE 10b. COUN		10c. CITY,	TOWN OR LOC	ATION	7			100	I. INSIDE CIT	Y
MARYLAND I	WASHINGTON		HAGE	RSTOWN				1[LIMITS?	NO
10e. STREET AND NUMBER				Of. ZIP CODE	75	Gen	10g. CITIZE	N OF WHAT	COUNTRY?	
20720 ORIOLE CIRC				21742				S.A.		
t Never Married 2 Merried Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	If yes,	cendent of Hispa specify Cuben, Maxic S 2 NO Spec	an, Puerto		or No-	Black, Wi Specify:	American ind	
15. DECEDENT'S ED (Specify only highest gra	DUCATION de completed)	16a. DECEDENT'S US			16b	. KIND OF BUS	HNESS/INOUS	TRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	retired.)			PPVIG	amon H			
17. FATHER'S NAME (First, Middle, Last)	4 YEARS	PHARMA	CIST	T		DRUG				
JOHN DeLUISE				18. MOTHER'S N ESTER S			Sumame)			
9e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Stree	and Number or Rura			n, State, Zip Co	ode)		-
JEAN L. DeLUISE				CIRCLE,					2174	42
Ros. METHOD OF DISPOSITION Burlet 2 Cremation 3 Re		b. PLACE AND DATE OF	DISPOSITION (Vame of	DAT	E 20c. LO	CATION — CH	y or Town,	State	JD.
DOUGLAS A. F.	LICENSEE	1.0	22. NAME DOUG.	AND ADDRESS OF F LAS A. FI EASTERN	ERY	FUNERA	L HOME	21	742	
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	Ound to He A CONSEQUENCE OF):	ead						30 mi	inu
CAUSE (Disease or injury that initiated events resulting in death) LAST	d	A CONSEQUENCE OF):								
PART II. Other algorificent condition	one contributing to death	but not reaulting in	the underly	ng cause given is	Part I.	24a. WAS AN PERFOR	MEO?	AMA COI OF	RE AUTOPSY I ILABLE PRIOF MPLETION OF DEATH?	CAUS
25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DEATH (C	heck only or	ne)		_		_
EXAMINER? 1 YES 2 □ NO	HOSPITAL: 1 Inputient 2 ER/Out		THER:	me 5 - Residence						
7. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		OF 28c. II	JURY AT	7	SCRIBE HOW I	NJURY OCCU	RED		
1 Natural 5 Pending 2 Accident Investigation	2/14/94	3:20	P ^M 1□	YES 2 X NO	sel	f inflic	ted wou	and to	left s	ide
3 Suicide 6 Could not b	28e. PLACE OF INJUR building, atc. (Sp	Y — At home, farm, streetly)	et, factory, of	Ica	281. LOC	CATION (Street or Town, State)				
	Home				20720	Oriole	Cir	Hagers	town M	d
	SICIAN: To the best of my known NER: On the basis of examination								d menner sa	stated
296. SIGNATURE AND TITLE OF CERTIF	w. Dittos	- CU		DO1062	MBER		29d. DATE 8		nth, Day, Year,)
30. NAME AND ADDRESS OF PERSON V Edward W.Ditto, III,		Washington		Hagersto	wn. Md	1. 2174				
FEB 1 6 199	32. REGISTRAR'S SIG									



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIAIE UF I	MAKYLA				F HEALIH		MENI	REG. NO.	E				
1. DECEDENT'S NAME (First	, Middle, Last)	Middle	Name						2. DA	TE OF DEATH			3. TIME OF DEATH		
_ WILDA V	. DA	VIS								EB 15		994	3:05 PM		
4. SOCIAL SECURITY NUME		5. SEX	· .	yrs. lest birthday		ER 1 YEA				TE OF BIRTH		8. BIRTN	PLACE (State or Foreign		
220-16-0122		1 M 2 XF	3	30 yas,	MONTH	DAY	DAYS HOURS MIN. MONTH, Day Gent 91					West Virginia			
9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY, TOWN OR LOCATION OF DEAT						9c. COU		TY OF DEATH		
109 W.	WILS	ON BLVI)		НА	GEF	RSTOWN	N			WA:	SHIN	IGTON		
RESIDENCE OF DEC	10b, COUNTY			T											
				10c. C	TY, TOWN								10d, INSIDE CITY LIMITS?		
Maryland 100, STREET AND NUMBER		ington				H	agerst						1 YES 2 NO		
permitted and replacement		1					10f. ZIP CODI						VHAT COUNTRY?		
109 W.WII	son BI	V CI . 12. WAS DECEDEN						740				ISA			
1 Never Married 2 3 Widowed 4 Divo		FORCES? 1	YES	2 KNO		If yes,	DECENDENT C , specify Cubs YES 2: NO	n, Mexice	n, Puer	GIN? (Specify Yes to Rican, etc.)	or No —	Blact	E — American Indien, K, White, atc. ^{thy:} White		
	EDENT'S EDUC y highest grade			18e. DECEDENT	S USUAL	OCCUP.	ATION most of working	na	- 1	16b. KIND OF BUS	SINESS/IN				
Elementery/Secondary (0	3-12)	College (1-4 or 5	+)				most of working								
10				Seams	tres	S						Man	ufacture		
17. FATHER'S NAME (First, M	liddle, Last)						18. MOTI	NER'S NA	ME (Firs	t, Middle, Maiden	,				
James		<u>-</u>		Ashby			_	Isto		l da		Whit	acre		
19e. INFORMANT'S NAME (7										umber, City or Town					
Vernon G.Da			1.5					e. F		erstown,					
1 Donation 5 Other	on 3 🗆 Remo	oval from State	ceme	PLACE AND DATI Stery, cremetory or lar Lawn I	other plac	el		h 10	1			City or To	wn, State MD 21740		
21. SIGNATURE OF FUNERA	L SERVICE LIC	system /	1000	CI COMITI	2	2. NAME	E AND ADDRES	SS OF FA	CILITY		CISI	OWIE	10 21740		
1///90	M.	Kelan				P.0	ORNE F .Box #	348	Wi	Hiamso	ort.	MD 2	1795		
23. PART I. Enter the d	iseases, or c	omplications the	t caused	the death. Do	not ent	er the	mode of dyl	ing, auci	h ae c	erdiec or raepi	ratory ar	rest,	Approximata		
IMMEDIATE CAUSE (Fir disease or condition resulting in death)			wl	CONSEQUENCE	0F):	8	o ho	und	5				Interval Between Onset and Death		
Sequentially list condit if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- thet initiated events resulting in death) LAS	diete ING Iry			CONSEQUENCE											
DART # 044															
PART II. Other algolifica		a contributing to	deeth bu	it not resulting	In the	underly	ying couse (given in	Part I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY EMDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\square\) NO		
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			ОТН		. PLACE OF D	EATH (Ch	eck only	one)					
XXYES 2 NO		1 Inpetient 2			4 🗆 N	ursing t	Home 5 XRe	sidence							
27. MANNER OF DEATH 1 Netural 5	Pending	28s. DATE OF (Month, D		28b. T	Sound		INJURY AT WORK?		28d. (DESCRIBE NOW I	NJURY OC	CURED			
2 Accident	investigation	FEB	14/94					X _{NO}	SUE	BJECT SIA	BBED				
	Could not be determined	28e. PLACE C building,	etc. (Specia	— At home, ferm	, atreet, fe	ectory, o	office		28f. L	OCATION (Street & ity or Town, State)	and Numbe	r or Rural F	loute Number,		
		AT	HOME						Н	AGERSI	'OWN	PAW,	LINGION COUNTY		
		ZIAN: To the best of													
2 XMEDI	ICAL EXAMINE	R: On the besis of e	xamination	end/or investigat	ion, in my	opinio	n, death occur	red at the	time, d	ate end place, en	d due to ti	he ceuse(s) end menner as stated.		
296 SIGNATURE AND TITLE	1	orke	2 /	M				C.M				ESIGNED	(Month, Day, Year) 16/94		
JAPON	F PERSON WHO	COMPLETED CAU				Str	eet,	Bal	ti	more,	Mary	ylan	d 21201		
31. DATE FILED (Month, Day, FEB 1	8 1994	32 HEGISTRA	R'S SIGNA	TURE	L										

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

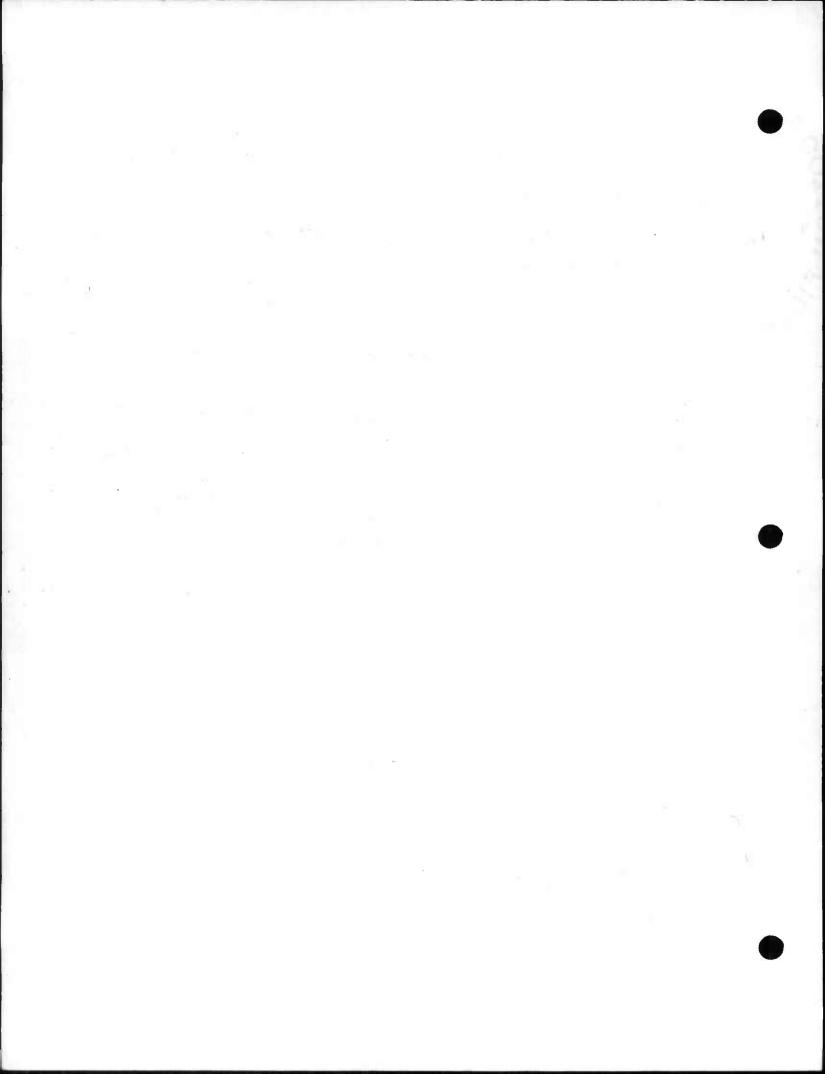
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMN-18 Rev 1/89



requires that the death certificate be executed within

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 05575 **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Middle name:Benjamin 2. DATE OF DEATH 3. TIME OF DEATH DANIEL DAVI FEB 94 3:05P4. SOCIAL SECURITY NUMBER 8. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreig 214-09-9080 YRS. Feb.3,1910 Maryland 9a. FACILITY NAME (If not institution, give street and nu-9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 109 W. WILSON BLVD. DIRECTOR HAGERSTOWN WASHINGTON RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? <u>Maryl</u>and Washington Hagerstown 1 YES 2 NO permit FUNERAL 10a STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 109 W.Wilson Blvd. funeral director, page 5 should be detached for use as the bunal-transit 21740 USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Ri 1 YES 2 NO Specify: BY 3 Widowed 4 Olvorced Specify: White 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION secify only highest grade complete 16b. KIND OF BUSINESS/INOUSTRY (Sp (Give kind of work done during life. Do NOT use retired.) condary (0-12) College (1-4 or 5 +) 10 Shipper Bread Baking once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surni George Benjamin notified at Davis Nina Pluma BE Cunningham 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Vernon G.Davis 11123 Glenside Ave. Hagerstown, MD 21740 hours after death. Page 6 may be must be 20e METHOD OF DISPOSITION
1 % Burlel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stele OATE 4 ☐ Donation 5 ☐ Other (Specify) <u>Cedar Lawn Memorial Park Feb.19,1994</u> Hagerstown.MD 21740 examiner 21. SIGNATURE OF FUNEBAL SERVICE LICENSIE 22. NAME AND ADDRESS OF FACILITY OSBORNE FUNERAL HOME n and completely filled in by the to bunial, cremation, or removal. .O.Box # 348 Williamsport.MD 21795 the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. Liet only one ceuse Interval Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition event, reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate signed by the attending physician Health and Mental Hygiene prior to cause. Enter UNDERLYING other CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST Injury, or PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO YES 2 NO t. of F has by Dept. PHYSICIAN: DR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate to the State EXAMINER? OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) HOSPITAL: 1 X YES 2 NO patient 2 - ER/Outpatient 3 DOA 6 27. MANNER OF DEATH 28a, DATE OF INJURY 28c, INJURY AT WORK? with t marked, FOUND 26d. DESCRIBE HOW INJURY OCCURED 14/94 1 Netural 5 Pending FEB SUBJECT STABBED 2 X X 0 1 YES BY After 1 death 2 Accident 1500 28s. PLACE OF INJURY - At I 281. LOCATION (Street and Number or Rural Route Number, Suicide 28 is DIRECTOR: / COMPLETED AT HOME HAGERSIOWN, WASHINGTON COUNTY 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the ledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated HOSPITAL FUNERAL I = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II on and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated ATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E. FEB 16/94 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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whi Sandem-Rondoll

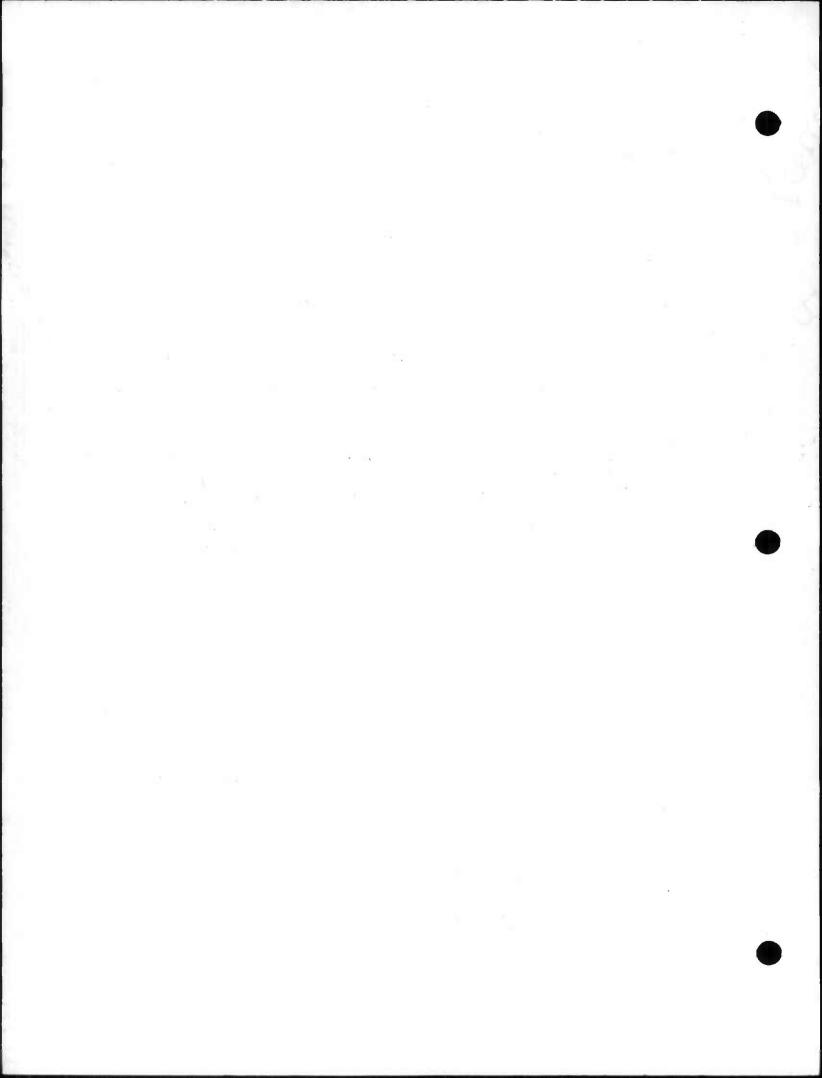
32. REGISTRAR'S SIGNATURE

1994

31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

Penn Street, Baltimore, Maryland 21201



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BALTIMORE, MARYLAND 21215-0020

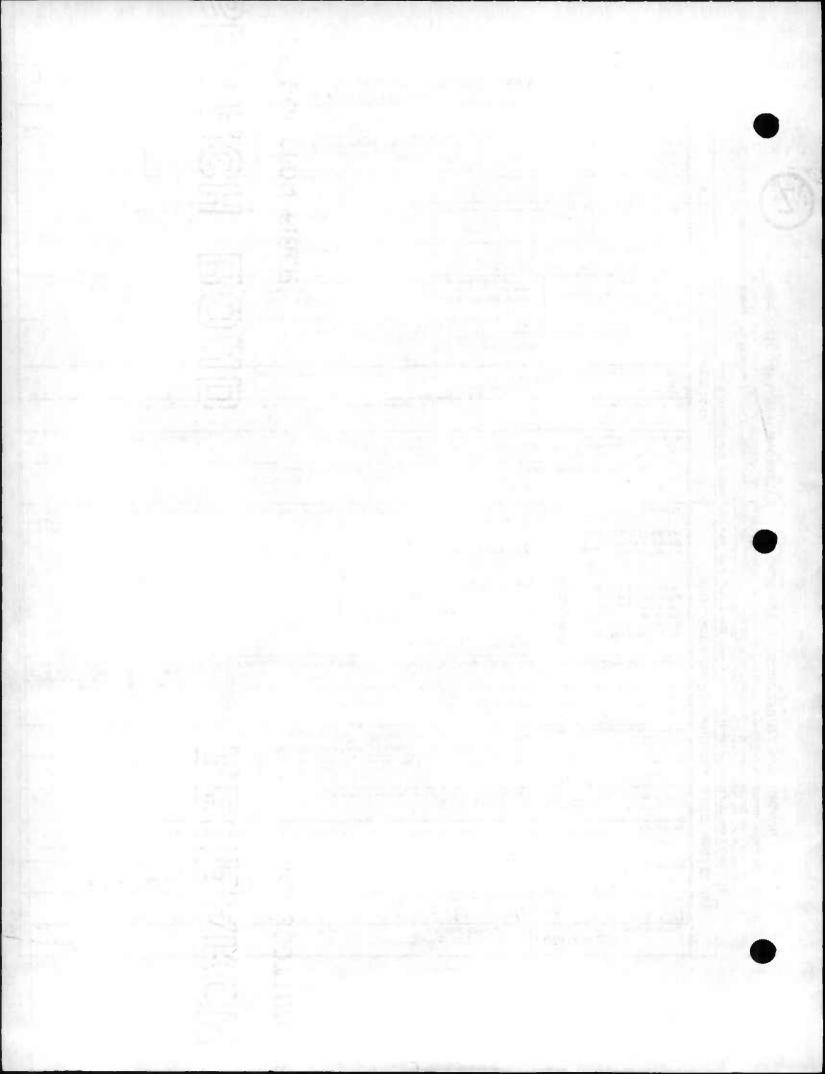
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, A Martha	Alddle, Last) Elizat	eth Du	mahugh						2. DATE (AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBE 218-12-5140	R	5. SEX 1 M 2 X F	6. AGE (In yrs. In:	ot birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS. MIN.	7. DATE O Sept	F BIRTH Day, (Ser)	1922		PLACE (State or Foreign Tyland
FOR	9a. FACILITY NAME (If not inst Washington (County	,	1				or LOCATI		EATH			nty of Di ashi	eath ngton
DIRECTOR		10b. COUNTY	nington			10c. CITY, TOWN OR LOCATION Maugansville							10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	14020 Village	e Mill	Drive				10	21.		MAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Married 2 M 3 Widowed 4 XDivore	Tried 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) FYES, GIVE WAR OR DATES If yes, specify Cuben, Maxican, Puerto Rican, etc.) Specify: YES 2 NO Specify:							, American Indian, White, atc.					
BE COMPLETED	15. DECEI (Specify only in Elementary/Secondary (0-1			(G	ECEDENT'S live kind of a. Do NOT un acco	work done	during mo	ON ost of worki	ing		of Bu			ty
E CON	17. FATHER'S NAME (First, Mich Edward Fa	de, Last) azenba	aker					18. MOT		ME (First, Milla	iddle, Meiden Ga	sumame) arlit	z	
10	190. INFORMANT'S NAME (Type Barbara H. N	1cKenc									or, City or Tow			nia 17268
	20s, METHOD OF DISPOSITIO 1 2 Burtel 2 Cremation 4 Donation 5 Other (S	Specify)		20b. PLACE	Telephane Telephane	renec	eme	tery	ij	2/2.		gerst		Maryland
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE		Gerald N. Minnich 305 N. Potoma Funeral Home Hagerstown, M.									
NOIL	23. PART i. Enter the die abock, or hei iMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list condition if any, leading to immedi	nat failure.	a	(OR AS A COMPA	Factories of the factor	lim	tha mo	ida ot dy	ring, suc	n aa carol	ac or reap	iratory ar	rest,	Approximate interval Batween Onset and Death
CERTIFICATION	cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	G	d. Rend	(OR AS A CONSE	OUENCE O	F):								
MEDICAL	PART H. Other eignificen	condition	a contributing to	death but not	resulting	in the ur	derlyin	g cause	given in		24a. WAS AN PERFOI 1 YES	RMED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	7 mm / 10 m		OTHER	3:			eck only one				
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 P 2 Accident In	ending vestigation	28a. DATE OF	INJURY	28b. TIN		28c. IN.	FURY AT ORK? YES 2		8 Other	(Specify)	INJURY OC	CURED	
	3 Suicide 6 C. 4 Homicide de	of INJURY — At he etc. (Specify)	ome, farm,	street, fact	ory, offic	•		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				loute Number,		
COMPLETED	onel		CIAN: To the best of a											and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE O	Duet	-orl					29c. LIC	ENSE NUI	MBER YY	FŲ.	29d. DAT	E SIGNED	(Month, Day, Year)
	DR. ERIC Wag	shall	1799	Howe	M 27) (Type	0 1	lay	erst	tow/	v p	nd.	2179	10	
	31. DATE FILEO (Month, Dell'e	2 199	4 32. REGISTRA	Sandan	Renda	ıL	0							

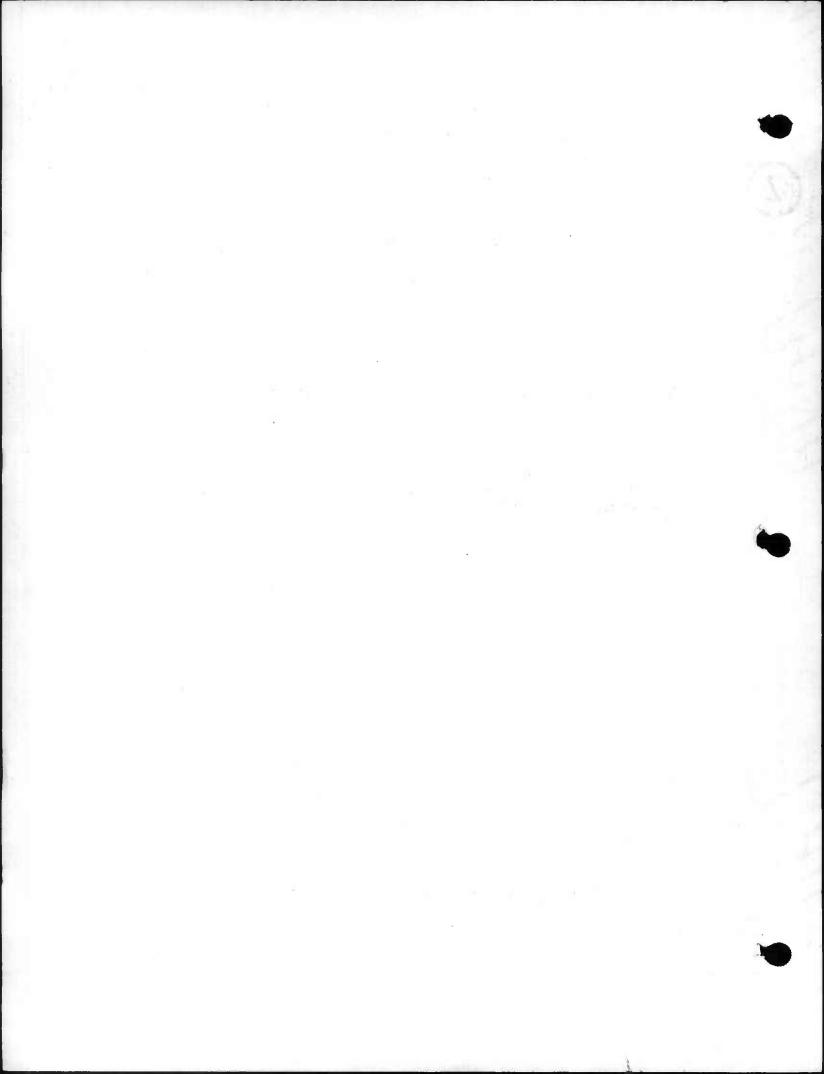


THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. THE FOURTAL DIRECTOR: After this certificate has been signed by the attending physician. The fourtal is the form of the property of the prior to burial, cremation, or removal. The fourtal property is marked, or filter 23 shows any fullury, or other traumatic event, the medical examiner must be notified at once.
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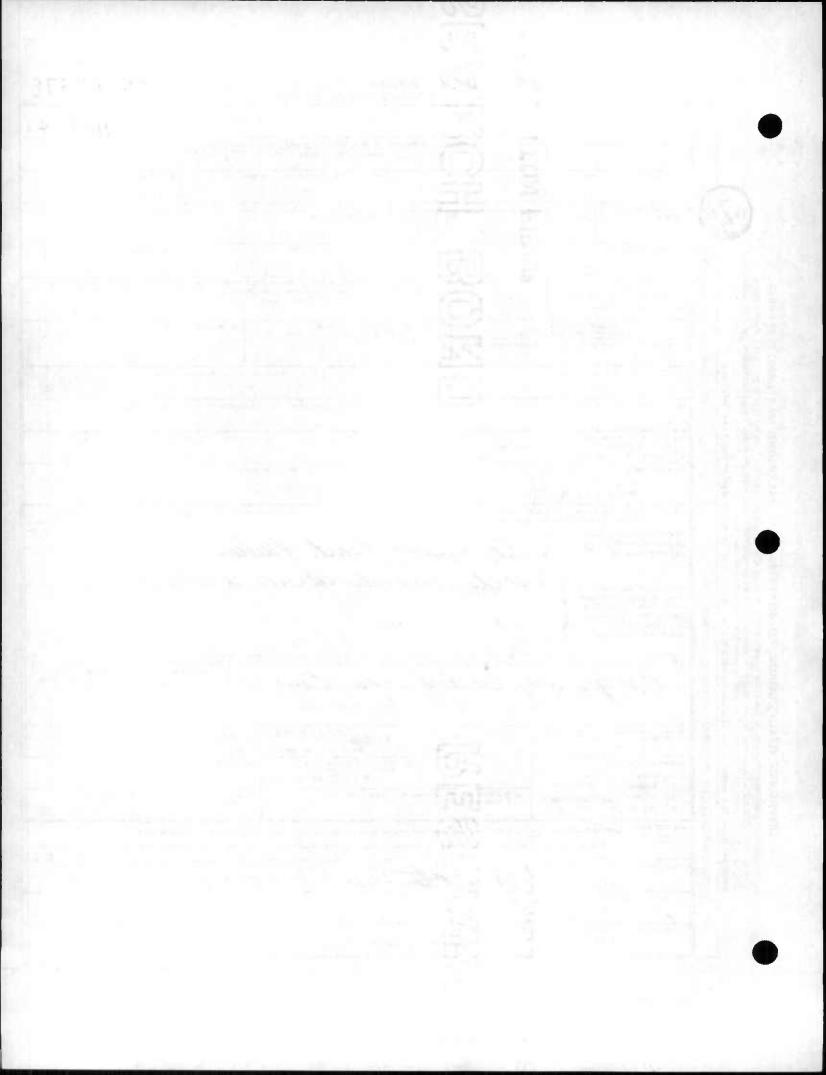
94 05577 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND /		OF HEALTH AND I	MENTAL HYGIEN	E 94	05577
	DECEDENT'S NAME (First, Middle, Last) HEN	IRY CLAY	DRAYT	ON	2. DATE OF DEATH DA O1/28/94	Y YEA	3. TIME OF DEATH 12:30 P.M.M.
1000		M 2 □ F 56	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08/07/37	So	Outh Carolina
OR	9a. FACILITY NAME (If not institution, give street at 8815 Hunting Lane	nd number)		town or location of de	ATH	9c. COUNTY C	Georges
DIRECTOR	mesidence of decedent 10e. STATE Maryland Prince	Georges	10c. CITY, TOWN OF	LOCATION			10d. INSIDE CITY LIMITS?
	10. STREET AND NUMBER 8815 Hunting Lane	ocorges	Daurer	10f. ZIP CODE		1070.	1 X YES 2 NO
FUNERAL	11. MARITAL STATUS 12.	MAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 10 YES	0 11	AS DECENDENT OF HISPAN yes, specify Cuben, Maxics YES 2 NO Specify	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No 14. I	ed States RACE - American Indian, Black, White, atc.
ED BY	15. DECEDENT'S EDUCATION	N 16a. DEC	EDENT'S USUAL OC	CUPATION	16b. KIND OF BUS		Black
COMPLETED	(Specify only highest grade composition of the comp	lege (1-4 or 5+)	re kind of work done do Do NOT use retired.) YY Equipm	ent Operato	D.C. Go	vernmer	nt
BE CON	17. FATHER'S NAME (First, Middle, Last) Edward Drayton				ME (First, Middle, Meiden ae Pendegr		
TO B	196. INFORMANT'S NAME (Type/Print) PATRICIA DRAYTON			(Street and Number or Rural I			
	20e, METHOD OF DISPOSITION XX Buriel 2 Cremation 3 Removal I 4 Donellon 5 Other (Specify)	rom State other place		ine of cometery, crematory or		DOVER I	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	no b	M850	ALEXANDER S 538 Marlbore	. POPE FUN	ERAL HO	ME le.Md 20747
	23. PART I. Enter the disease, or compahock, or heart fellure. List of IMMEDIATE CAUSE (Finel disease or condition resulting in death)		eth. Do not enter t	Pancre	h as cardiac or respi	ratory arrest,	Approximate Interval Between Opent and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEO					
PHYSICIAN: MEDICAL C	PART II. Other algoriticent conditions co	ntributing to death but not re	esulting in the und	derlying ceuse given in	Part I. 24a. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
NAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF OEATH (Ch	eck only one)		
YSIC	1 TES THE	SPITAL: Inpetient 2 ER/Outpetient 3		Ing Home 5 Residence	6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	28e. DATE OF INJURY (Month, Day, Year)	INJURY M	26c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW I		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, street, fecto	ery, office	261. LOCATION (Street City or Town, State)		ural Route Number,
COMPLETED	onel only	To the best of my knowledge, der the basis of examination end/or in					use(e) end manner ee stated.
BE	HA SIGNATURE AND TITLE OF CERTIFIER	Ulsen	_	D296	MBER J G	29d. DATE SIG	DS (SY
3	DOCA . M	MPLETED CAUSE OF DEATH (ITEM	CANIS	The State of the S			
	JAN 3 1 1994	32. REGISTRAR'S SIGNATURE	Pandell				





	1. DECEDENT'S NAME (First, Middle, La							MO	TE OF DEATH	AY . O O 4	YEAR	3. TIME OF DEATH
	PATRICIA	CONSTAN		ILLIS					EB. 19,	1994		1104
211	4. SOCIAL SECURITY NUMBER	5. SEX		s. lest birthday)	IF UNDE	DAYS	HOURS 2		TE OF BIRTN onth, Day, Year)		Country)	
	164-07-6845	1 □ M 2 🔀 F	86	YRS.					M. 3, 1	1908	MAI	RYLAND
	9e. FACILITY NAME (If not institution, give				9b. CIT			N OF DEATN		9c. COUNT	Y OF DE	ATN
à	7051 CATALPA RO					I	REDE	RICK		F	REDI	ERICK
<u>ව</u>	RESIDENCE OF DECEDENT 10e, STATE 10b, COU			10c. CI	TY, TOWN	OR LOCAT	TION					10d. INSIDE CITY
THE STATE OF	MARYLAND	FREDERIC	אר				REDER	CK				LIMITS?
L	10e. STREET AND NUMBER	PICEDENT					. ZIP CODE	LCK		Tana Cirilar		1 YES 2 X NO
ERA	· 7051 CATALPA RO					101		701		10g. CI 1128		
W	11. MARITAL STATUS										_	5.A.
BY FUN	1 X Never Merried 2 Married 3 Wildowed 4 Divorced		1 YES 2 WAR OR DATES	X NO	13.	If yes, sp		Mexican, Puer	GIN? (Specify Yes to Rican, etc.)	s or No— 1	14. RACE Black, Specify	- American Indian, White, stc.
유	15. DECEDENT'S E	DUCATION	16e	DECEDENT'S					16b. KIND OF BUS	SINESS/INDU	STRY	
L	(Specify only highest gro Elementary/Secondary (0-12)	Ede completed) College (1-4 or 5	(+)	(Give kind of Itle. Do NOT u	work done see retired.)	during mo	ast of working					
COMPLET	12		100 m	N	IANAC	ER		- 24	TEL	EPHON	E CC	MPANY
0	17. FATHER'S NAME (First, Middle, Last)						16. MOTNI	ER'S NAME (Fin	st, Middle, Meiden			
	WILLIAM JAMES E	TLIS							LIA O'C		,	
BE	19e, INFORMANT'S NAME (Type/Print)	111110		19b. MAJUN	G ADDRES	S (Street e			umber, City or Tow			
2	MERCEDES S. WAY	7										
	200. METNOD OF DISPOSITION		001.014	CEANDDATE					CTOWN, M		769	Alleri
	1 Burial 2 Cremation 3 R	emoval from Stata	cemetary	y, crematory or o	other placa)				CATION — CI		
	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSES	- SM	ITHSBU	JRG C	REMA	TORY	2/21	1/94 SN	ALTHSB	UKG,	MARYLAI
		CIOCHOCC			22.	NAME AP	ND ADDRES	OF FACILITY				
	23. PART i. Enter the diseases.	or complications th	n H. B	e deeth. Do	. E	BAST	FUNE	RAL HOM	Boor	nsboro	, ME	21713
	23. PART I. Enter the diseasea, cahock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	John John John John John John John John	at caused the	deeth. Do	not ente	AST the mo	FUNER	RAL HON	Boor Boor	rsboro	o, MI	Approximatinterval Bet Onset and
RTIFICATION	ahock, or heart failur IMMEDIATE CAUSE (Final disease or condition	a. Due To	at caused the	e deeth. Do line. MALE NSEOUENCE CONSEQUENCE CO	not ente	AST the mo	FUNER	RAL HON	BOOT	rsboro	o, MI	Approximate interval Bette Onset and E
CERTIFICATION	ahock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	John John John John John John John John	at caused the	e deeth. Do line. NSEOUENCE CONSEQUENCE C	not ente	BAST the mo	FUNES	RAL HOM	HE BOOT ardiac or reapi	rsboro	o, MI	Approximate interval Bett Onset and D
CAL	ahock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	John John John John John John John John	at caused the	e deeth. Do line. NSEOUENCE CONSEQUENCE C	not ente	BAST the mo	FUNES	RAL HOM	HE BOOT ardiac or reapi	AUTOPSY RMED?	lses	Approximate interval Bett Onset and E Onse
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MEDICAL	ahock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST PART II. Other aignificant condit	DUE TO d. John DUE TO d. John DUE TO C. DUE TO	at caused the	e deeth. Do line. NSEOUENCE CONSEQUENCE C	not ente	AST r the mo	FUNEF	RAL HOM	BOOT ardiac or respi	AUTOPSY RMED?	lses	Approximate interval Bett Onset and E
MEDICAL	ahock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condit	a. Due To d. Due	at caused the use on each O (OR AS A COM	e deeth. Do ifine. MANUAL MAN	not ente	AST r the mo	g cause gi	RAL HOM g, such ea c ven in Part i.	BOOT ardiac or reapi 24a. WAS AN PERFOR 1 UVES 2	AUTOPSY RMED?	lses	Approximate interval Bate Onset and E Onse
MEDICAL	ahock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condit	John or complications the List only one can be depicted by the policy of	at caused the use on each of the control of the con	e deeth. Do iine. NSEOUENCE CONSEQUENCE C	OFF: AST r the mo	g cause gl	RAL HOM g, such ea c ven in Part i.	BOOT ardiac or reapi 24a. WAS AN PERFOR 1 UVES 2	AUTOPSY RMED?	24b.	Approximate interval Bate Onset and E Onse	
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D BY PHYSICIAN: MEDICAL	ahock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condit PART II. Other aignificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not determined	DUE TO at caused the use on each of the control of the con	nsequence of the sequence of t	OFF): OTHE 4 Nu ME OF JURY M street, fac	nderlying 28. Pt R: reing Nom 28c. INJ	g cause gi	ven in Part i. ATN (Check only Idence 6 0	ardiac or reapi 24a. WAS AN PERFOR 1 VES 2 OCATION (Street	AUTOPSY PMED?	24b. V	Approximatinterval Bet Onset and I	
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מברוומסחר, שלחורלמו	ours after death. Page 6 may be retained by the hosp	led in by the funeral director, page 5 should be detached	, or removal.	medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENI	TO THE FUNERAL DIRECTOR:	be filed within 72 hours after	IMPORTANT: If item 28 is

	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGI	U.I.	05579			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	KARFN		ELLIS)3 94	5:25PM M			
	215-70-8362	1 M 2 X F	in yrs. lest birthdey) 35 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 5 10)	BIRTHPLACE (State or Foreign Country) ASHINGTON, D.C.			
OR	PRINCE GEORGE HO			96. CITY, TOWN O	Y,MD						
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		100 017	Y, TOWN OR LOCAT	104			1			
DIRECTOR	MD		1.5	ER MARLBO	ORO		10d. INSIDE CITY LIMITS? 1 X YES 2 \(\text{N} \)				
FUNERAL	3703 HALLWAY COURT	1			772			OF WHAT COUNTRY?			
JNE		12. WAS DECEDENT EVER IN	U.S. ARMED	13 WAS DECI	ENDENT OF HISPA	NIC ORIGIN? (Specify	U.S	. A .			
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, spe	cify Cuban, Maxica	n, Puerto Rican, etc.)		Black, Whita, etc. Specify: LACK			
ED	15. DECEDENT'S EDUCA (Specify only highest grade of	ITION	16a. DECEDENT'S	USUAL OCCUPATIO	N	16b. KIND OF	BUSINESS/INDUS				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOME MA		it of working						
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mail	den Surname)				
BE C	FREDDRICK COLE				GLORIA	ANN ELLI	S				
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street as		Route Number, City or		ode)			
F	GLORIA ALLEN		3703 F	HALLWAY C	OURT, UP	PER MARLB	ORO.MD	20772			
	20a, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	rai from Stata cem	etery, crematory or o	OF DISPOSITION (Na other piece) MEMORIAL		DATE 20c.	LOCATION — CIT				
	21. SIONATURE OF FUNERAL SERVICE LICE			22. NAME AN	D ADDRESS OF FA	CILITY					
	· wat Ba		276					.C. 20010			
	23. PART I. Entar tha diseasea, or co ahock, or haart fallura. Li	mpilcations that caused ist only one cause on a	the deeth. Do i ach lina,	not enter the mo	de of dying, suc	h as cardiac or re	spiratory srrea	Approximate Interval Batween			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		Molo	- 4/				Onset and Death			
z		ACRIMINAL A	CONSEQUENCE O	on In	une.	Deff ce	in S	Cele .			
CATIO	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	IF):		00					
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in dasth) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):							
	PART II, Other algnificant conditions	shotsibuting to death b		In the conductor							
PHYSICIAN: MEDICAL	End Stope of	est Dig	ice!	m the underlying	cause givan in	PER	AN AUTOPSY FORMED? 3 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
=											
ICIAI		HOSPITAL:		26. PL	ACE OF DEATH (C)	eck only one)					
Ϋ́	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetiant 2 ER/Outp				6 Other (Specify)					
ВУ РР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIN	JURY WO		26d. DESCRIBE HO	W INJURY OCCUP	RED			
E	3 Suicide 6 Could not be 4 Homicide detarmined	26s. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, office		261. LOCATION (Str. City or Town, St		Rural Route Number,			
COMPLET		IAN: To the best of my knowl						ause(a) and menner as stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU			IGNED (Month, Day, Year)			
2	20 NAME AND ADDRESS OF BERGON WITH	COMPLETED ONLY	AT1. (1701)		1) 15	78/	2	14/94			
	30. NAME AND ADDRESS OF PERSON WHO 7.525 Lellway	Cercle	ATH (ITEM 27) (Type	lebel	A 1	(d 20)	170				
	31. DATE FILED (Month, Day, Year) FFR 0 8 1994	32. REGISTRAR'S SIGN	NON- NOTHERS	OR COL							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within during after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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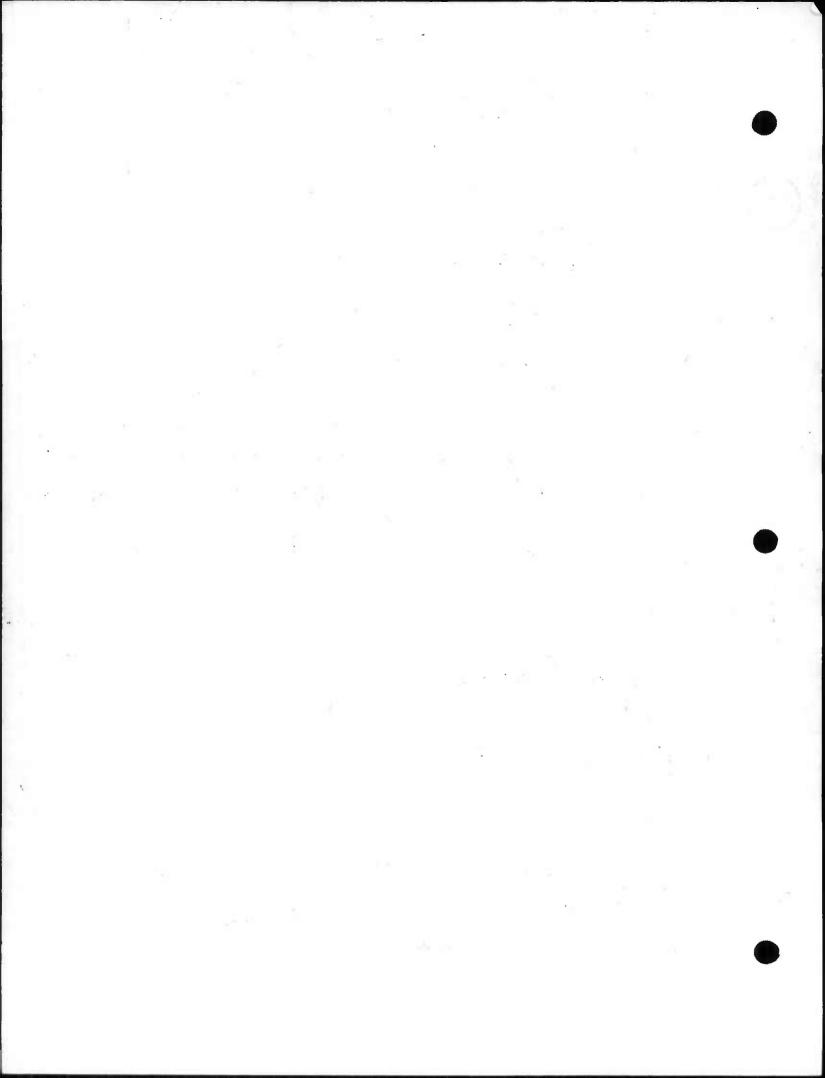
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PICHARD
31. DATE FILED (Month, Day, Year)
FFB 15 '94

	1 - FOR STATE REGISTRAR	STATE OF M		/ DEPAI CERTIF					MENTAL HYGIEN	_	1.	05500
19	1. DECEOENT'S NAME (First, Middle, Lest)	Thomas	s Albe	ert	Fevo	la				AY	YEAR S	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 064-36-8847	5. SEX								45-	Country)	
OR	90. FACILITY NAME (If not institution, give s	itreet and number)	lospi	ml				ON OF DE	-	9c. COUN	TY OF DEA	york beo
DIRECTOR	10a. STATE 10b. COUNT VA Staf	ford		F	ry, town							IOd. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	308 CANSEO	Glasglow	Street				2240			10g. CITIZ	USA	IAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 🔀 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W 1964-196	X YES 2	NO		If yes, sp	ecify Cubi		IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	or No-	14. RACE -	American Indian, White, atc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 -	·)	DECEDENT'S (Give kind of life. Do NOT u	work done se retired.)	during mo	st of world		16b. KIND OF BU			of Defense
BE CON	17. FATHER'S NAME (First, Middle, Last) Anthony F. Fevola	1			_ `		18. MOT	HER'S NA	ME (First, Middle, Meiden LaForte	Surname)		OI PACTERIST
TO B	Mary C. Fevola								noute Number, City or Tow et, Falmout		,	105
	20a. METHOD OF DISPOSITION 1 M Burlei 2 Cremetton 3 Rem 4 Donatton 5 Other (Specify)	//		CEANDDATE Crematory or (K HIII)	of dispos ther piece) Cen	nefer	ID ADDRE	2-	15-94 /- 16	der	CKS	burg Va.
	23. PART I. Enter the diseases, or shock, pr heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Auter	ise on each i	lne. Gent	not enter	r the mo	de of dy	ing, suci	n as cardiac or resp	iratory arre	est,	Approximate interval Batween Onset end Daath
ERTIFICATION	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	(OR AS A CON									
PHYSICIAN: MEDICAL CI	PART II. Other algnificent condition Liabutta	es contributing to	death but no	ot resulting	in the ur	nderiyinç	g ceuse	given in	Part I. 24e. WAS AN PERFO!	RMED?	0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 100
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHE	R:			8 Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF (Month, D	INJURY	28b. TIA		28c. INJ WO			28d. DESCRIBE HOW	NJURY OCC	URED	
0	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE O building,	F INJURY — At atc. (Specify)	home, farm,	street, fac	tory, offic			28f. LOCATION (Street City or Town, State,	and Number	or Rural Rou	ite Number,
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMINE								to the cause(s) and ma time, data and place, ar			and manner so stated,

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE



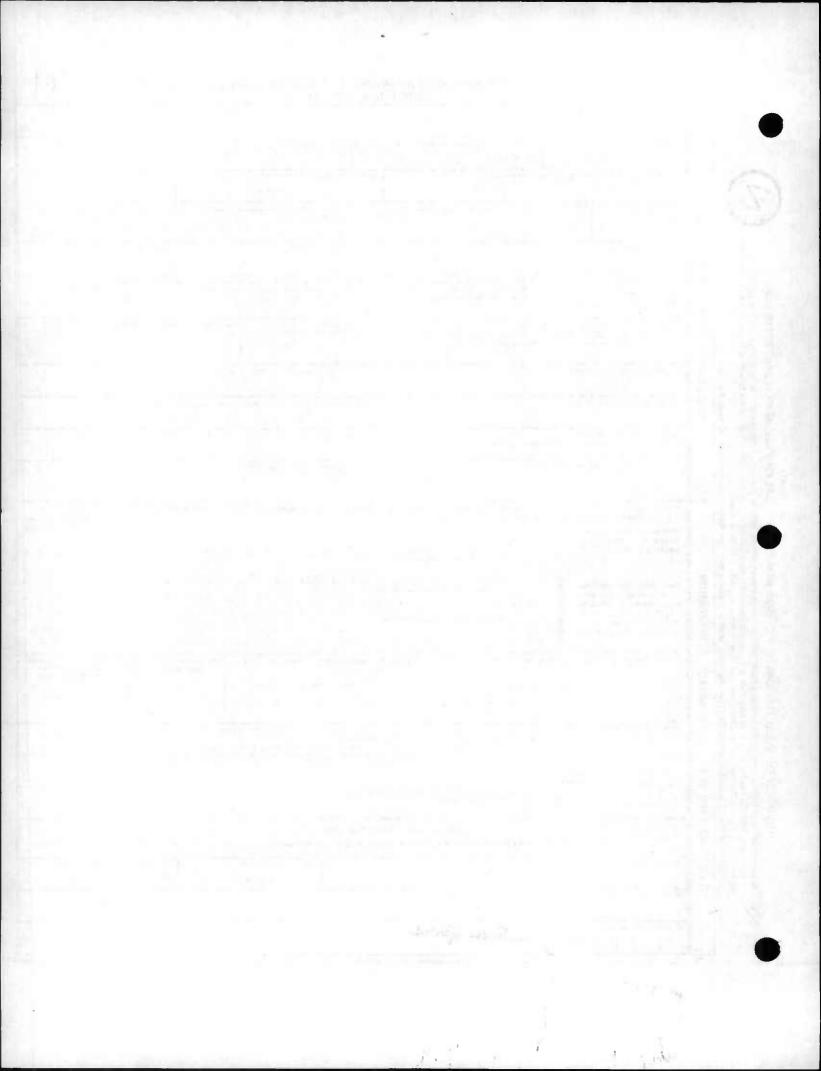
		permit
020	within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	pletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit,
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BALTIMORE, MARYLAND 21215-0020	death. F	funeral
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 fours after death with the State Dept. of Health and Mental Hydere prof to burlat, crematon, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
4 hours after	filled in by t	on, or remove
cuted within 2	d completely	be filed within 72 hours after death with the State Dept. of Heath and Memar hypere prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical expending the statement of the statem
tificate be exe	g physician an	ther trauma
he death cer	the attending	njury, or o
equires that t	en signed by	n Health and
I: The law re	cate has bee	Item 23 st
3 PHYSICIAN	or this certifi	m with the
R ATTENDING	RECTOR: After	m 28 is m
SPITAL OF	ERAL OF	T. If Ite
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

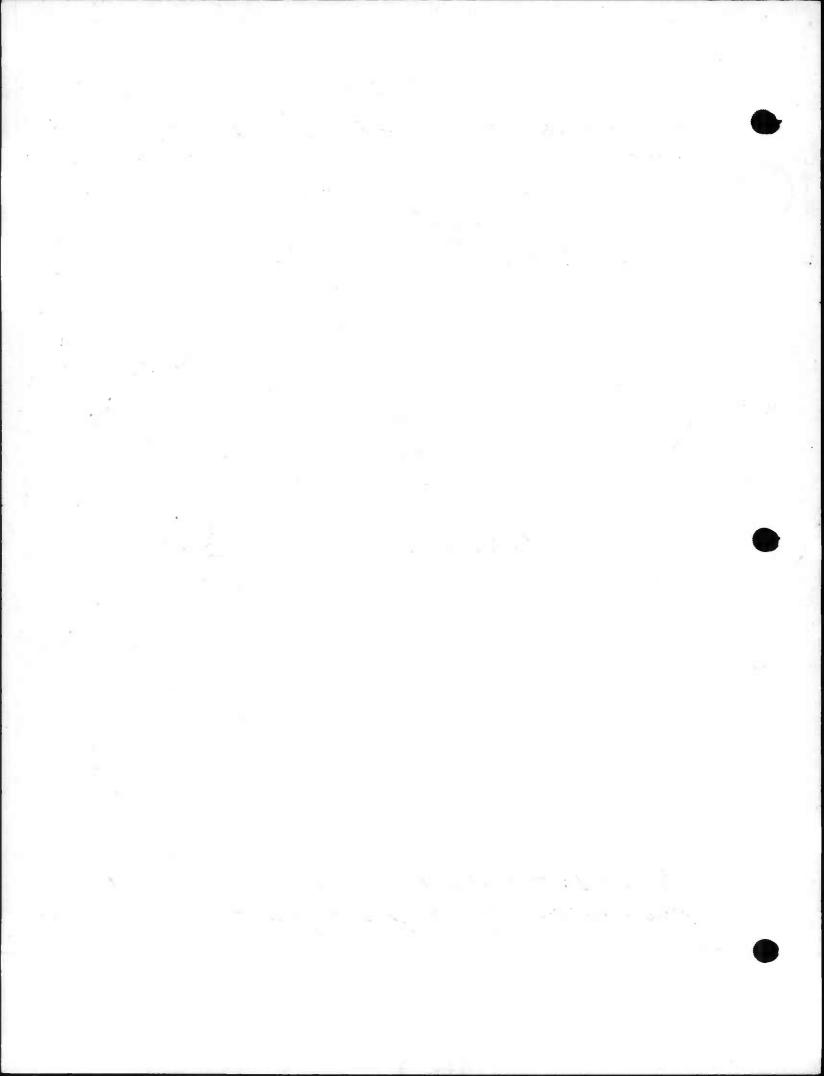
1. DECEDENT'S NAME (First, Middle, Last)		CERTIFI	CATE OF		MENIAL HYGIEN REG. NO		4 05581
				7)A	2. DATE OF DEATH	AY Y	3. TIME OF DEATH
GEORGE FERBISH	Jr.				FEBRUARY		0 50 5
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)
577-90-7525	1 [X M 2 □ F	31 YRS.	MONTHS DAYS	HOURS MIN.	9 28 6	2	Washington, D.
9a. FACILITY NAME (If not institution, give a			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
THE JOHNS HOPKI	NS HOSPITAL		BALTIM	DRE CITY			
10a. STATE 10b. COUNT	Υ		town on Local		AL MAIN		10d. INSIDE CITY LIMITS? 14 YES 2 NO
100. STREET AND NUMBER 721 Otis Place,	N LI			Of. ZIP CODE 20010			N OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVE	DINIIS ADMED			NIC ORIGIN? (Specify Yes		
1 🖾 Never Married 2 🗀 Merried 3 🗀 Widowed 4 🗀 Divorced	FORCES? 1 YE	S 2 X NO	If yes, s		n, Puarto Ricen, etc.)	6 OF NO	RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUS	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8+)	Iffe. Do NOT use	rork done during m e retired.)	lost of working			
12	4	Manager	r		Bogarts	Hair	Salon
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden		
George Ferbish,	Sr.			Hortens	se E. Talbe	ert	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	m, State, Zip Co	ode)
George & Hortens	e Ferbish	721 (Otis Pla	ace, N.W.	, Washingt	con, D	.C. 20010
20e ₇ METHOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremetion 3 ☐ Rem		20b. PLACE AND DATE O		lame of	DATE 20c. LO	CATION - CIT	y or Town, State
4 Donation 6 Other (Specify)	TOVER HOVE STATE	Payne Cen	netery		2/11 Pal	lmyra,	Virginia
III. BIGHATURE OF FUNERAL SERVICE LI		2 1,0	MCG11	ND ADDRESS OF FA	cal Service	Tnc	
Dynne	1. //weg	nure				-	D.C. 20012
disease or condition resulting in death) a. Central Nervous System hymphoma 2 months Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or influry that initieted events Due to (or as a consequence of): Due to (or as a consequence of):							
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C. DUE TO (OR A	S A CONSEQUENCE OF	ገ፡				
cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DUE TO (OR A	S A CONSEQUENCE OF	ŋ:				
cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	d			ng cause given in	Part I. 24a, WAS AN PERFO	RMED?	AMAILABLE PRIOR TO
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d			ng cause given in	PERFO	RMED?	COMPLETION OF CAUSE
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	d		n the underlyli	ng cause given in	PERFOI	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significant condition	d	n but not resulting in	n the underlyic	PLACE OF DEATH (C)	PERFOI	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	n but not resulting in	26. F OTHER: 4 Nursing Ho	PLACE OF DEATH (C)	PERFOI	RMED? 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☑ NO
CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	d	n but not resulting in	26. F OTHER: 4 Nursing Ho E OF 28c. III	PLACE OF DEATH (C)	PERFOI 1 YES :	RMED? 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/O 280. DATE OF INJUR	but not resulting in but not resulting in but not resulting in butpetient 3 DOA 28b. Tiset NJU	26. F OTHER: 4 Nursing Ho EN URY M 1	PLACE OF DEATH (C/r me 8 Raeldence JURY AT ORK? YES 2 NO	PERFOI 1 YES :	RMED? 2 2 NO INJURY OCCUI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CAUSE (Disease or Injury that initiated events resulting in dauth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural Dending investigation Death Death	HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Yea 28e. PLACE OF INJUR building, etc. (S	n but not resulting in but not resulting in but not resulting in butpetient 3 □ DOA 117	28. F OTHER: 4 Nursing Ho E OF 28c, IN URY 1 1	PLACE OF DEATH (CA	PERFOI 1 YES : 1 YES : 5 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State)	RMED? 2 Ø NO INJURY OCCUI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
CAUSE (Disease or Injury that initiated events resulting in dasth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be disermined 29e. CERTIFIER (Check only	HOSPITAL: 1 Inpetion 2 ER/O 28e. DATE OF INJUR (Month, Day, Yes 28e. PLACE OF INJUR building, etc. (S	hut not resulting is hutpatient 3 □ DOA TY 28b. Tilet INJL JRY — At home, farm, si pocify)	28. F OTHER: 4 Nursing Ho E OF 28c. IN URY M 1	PLACE OF DEATH (CA) TIME 8 Residence 1JURY AT ORK? YES 2 NO Icce	PERFOI 1 YES: Deck only one) 5 Other (Specify) 28d. DE\$CRIBE HOW 28f. LOCATION (Street City or Town, State, or to the cause(e) and me	INJURY OCCU	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
CAUSE (Disease or Injury that initiated events resulting in dasth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be disermined 29e. CERTIFIER (Check only	HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Yea 28e. PLACE OF INJUR building, etc. (S	hut not resulting is hutpatient 3 □ DOA TY 28b. Tilet INJL JRY — At home, farm, si pocify) nowledge, death occurre tion and/or investigation	28. F OTHER: 4 Nursing Ho E OF URY M 1 identified, factory, offi	PLACE OF DEATH (CA	PERFOI 1 YES: Deck only one) 5 Other (Specify) 28d. DE\$CRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end me Hime, date end place, et	and Number or	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Pending Investigation 3 Suicide Could not be determined 29. CERTIFIER (Check only one) MEDICAL EXAMINI	HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Yea 28e. PLACE OF INJUR building, etc. (S	hut not resulting is hutpatient 3 □ DOA TY 28b. Tilet INJL JRY — At home, farm, si pocify) nowledge, death occurre tion and/or investigation	28. F OTHER: 4 Nursing Ho E OF URY M 1 identified, factory, offi	PLACE OF DEATH (CA	PERFOI 1 YES: Deck only one) 5 Other (Specify) 28d. DE\$CRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end me Hime, date end place, et	and Number or	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Netural	HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Yea 28e. PLACE OF INJUR building, etc. (S	hut not resulting is hutpatient 3 □ DOA TY 28b. Tilet INJL JRY — At home, farm, si pocify) nowledge, death occurre tion and/or investigation	28. F OTHER: 4 Nursing Ho E OF URY M 1 identified, factory, offi	PLACE OF DEATH (CA	PERFOI 1 YES: Deck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end me time, date end place, et	and Number or	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,



200-0171 0110111 011101110	Yours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the bunal-transit per or removal.	medical examiner must be notified at once.	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

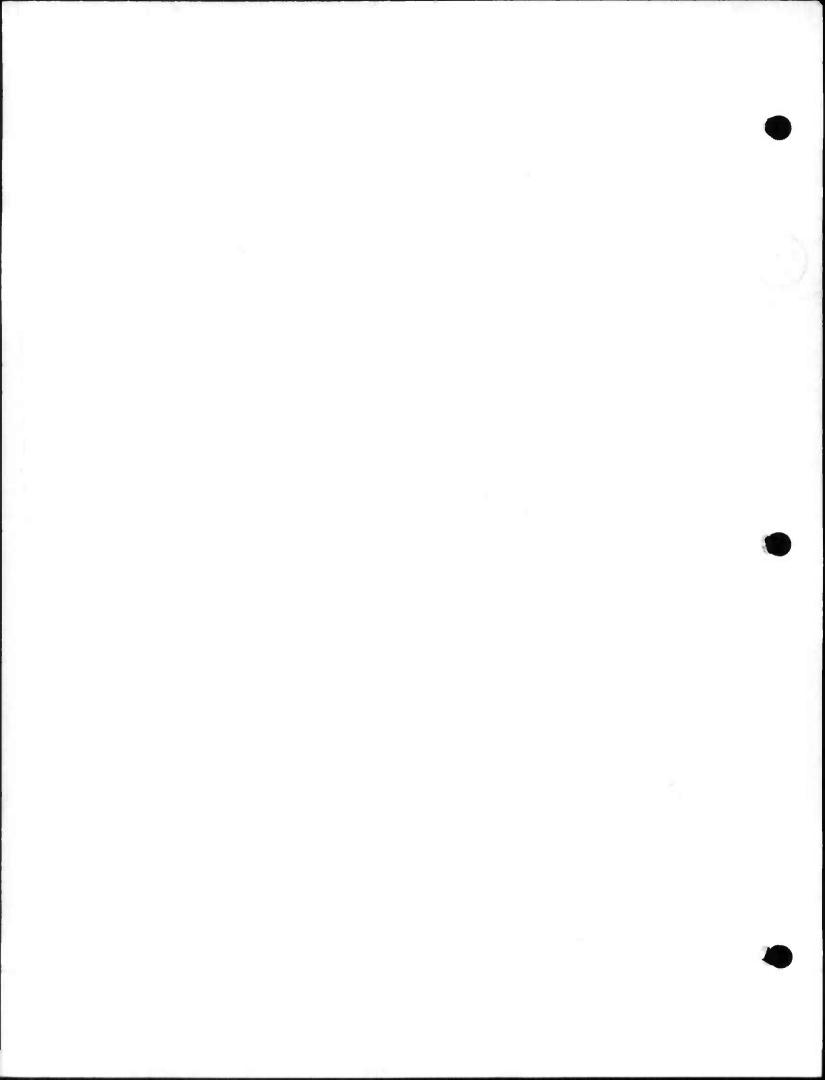
	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT ERTIFICATE	OF HEALTH AND	MENTAL HYGIEN REG. NO.	, , ,	05582
	1. DECEDENT'S NAME (First, Middle, Lest) Donna	7	Ford		2. DATE OF DEATH MONTH	-94	AR S. TIME OF DEATH
	215-64-5821	6. AGE (In yrs. lest	t birthday) IF UNDEF YRS. MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/8/55	, 0	everly, Md.
TOR	Prince George RESIDENCE OF DECEDENT			town on Location of Di heverly	EATH	9c. COUNTY	
DIRECTOR	10a. STATE 10b. COUNTY	P.G.	10c. CITY, TOWH (ttsville	* *		10d. INSIDE CITY LIMITS? 1 🖾 YES 2 🗌 NO
FUNERAL	3735 Warne	r Ave.	1	101. ZIP CODE 20784			OF WHAT COUNTRY?
B≺	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	10	WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica 1 ☐ YES 2 ※ NO Specify	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: Black
COMPLETED	ts. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	mpleted) (Git life.	CEDENT'S USUAL O live kind at work done Do NOT use retired.)	CCUPATION during most of working	16b. KIND OF BUS	BINESS/INDUST	
OM	t7. FATHER'S NAME (First, Middle, Last)		ner	16. MOTHER'S NA	Restal ME (First, Middle, Maiden		
BE C	Samuel Ford			Pat	ricia St	yles	
5	Stephanie A. Fo	ord :	Same as	# 10 abov	Route Number, City or Tow.	n, State, Zip Cod	(6)
	20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I from Stata 20b. PLACEA centelery, crem	matory or other place) MONY Me	m. Park 2/	0ATE 20c. LO 4/94 La	ndovei	or Town, State
	21, SIGNATURE OF FUNERAL SERVICE LICENS	SEE	22.	NAME AND ADDRESS OF FA	CHITY		
	Xary s	7. 0200		H.S.Washi 4925 Burro			
	23. PART i. Enter the diseases, or com shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	of only one cause on each line.	uterine	Clevern		ratory arrest,	Approximata Interval Between Onset and Death
ATION	Sequentially liet conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	DUENCE OF):				
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEO	DUENCE OF):				
	PART II. Other significant conditions c	contributing to death but not re	esulting in the ur	nderlying cause given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL					PERFOR	10.00	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N.							
Sic.		IOSPITAL:	OTHE				
PHYS	27. MANNER OF DEATH 1 Netural 5 Pending	Inpatient 2 DER/Outpatient 3 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	sing Home 5 Realdence 26c, INJURY AT WORK? 1 YES 2 NO	6 U Other (Specify) 28d. OESCRIBE HOW II	NJURY OCCURE	60
TED BY	2 Accident Investigation 3 Suicide 6 Could not be datarmined	26a. PLACE OF INJURY — At hor building, atc. (Specify)	ma, farm, atreel, fact		261. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,
COMPLETED	onel	N: To the bast of my knowledge, dea					use(s) and manner as stated.
BE	290. SIGNATURE AND TITLE OF CERTIFIER	Bolignym	9	20 LICENSE NUI	MBER	29d. DATE SIG	31-94
2	to wave add appears of proced was o						

DHMH-18 Rev 1/89



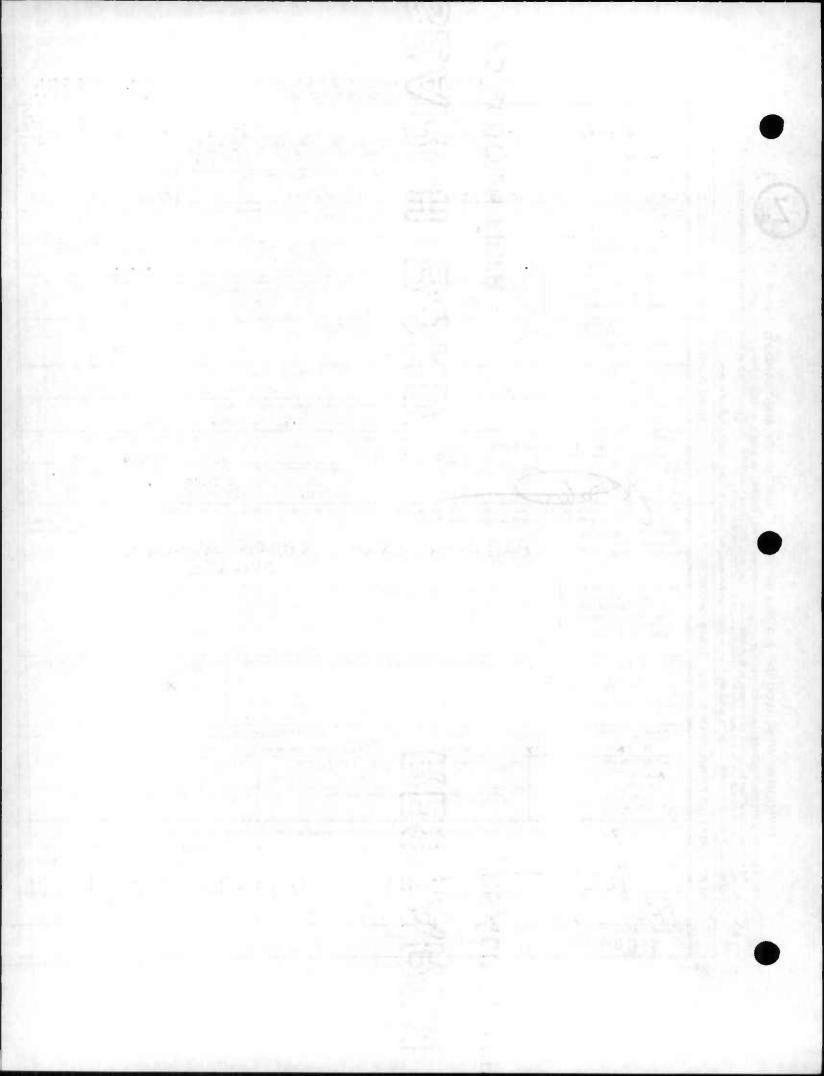
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DALIN	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after them. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the linearial di-		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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	47. E	ll fill	ation	the
The second of th	d within	mplete	be filed within 72 hours after death with the State Depti, of Health and Mental Hygiene prior to burial, cremation, or remains.	event,
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		1 - FOR STATE REGISTRAR	STATE OF M		/ DEPAR				MENT	AL HYGIEN REG. NO.) 4	05583
Г		1. DECEDENT'S NAME (First, Middle, Last)								TE OF DEATH		-	3. TIME OF DEATH
		James	Wi	11iam		For	becl	k, Sr.		ыты м bruary		YEAR QQL	10:35 A M
- 1		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DAT	TE OF BIRTH	7, 1	8. BIRTI	HPLACE (State or Foreign
-		283-36-2981	M 2 F	52	YRS.	MONTHS	DAYS	HOURS MIN.		il 23,1	941	Count	Md.
		9a. FACILITY NAME (If not Institution, give str	reet and number)			9b. CITY, 1	TOWN O	R LOCATION OF D		11 2391		NTY OF E	
	DIRECTOR	304 Columbia St				Cum	ber.	Land				A1	legany
	JE	10a, STATE 10b, COUNTY			10c. CIT	Y, TOWN OR	LOCAT	ION					10d, INSIDE CITY LIMITS?
		Md.	_Allegan	У		Cumb	er1	and					1 X YES 2 NO
	A	10e. STREET AND NUMBER					10f.	ZIP COOE			10g. CITI	ZEN OF	WHAT COUNTRY?
-1	E	304 Columbia	St.					21502				U.	S.A.
	FUNER	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S.	ARMED	13. W	AS DEC	ENDENT OF HISPA	NIC ORIC	GIN? (Specify Yes	or No-	14. RAC	E — American Indian,
-	BYF	1 Never Merried 2 Married	FORCES? 1 [IF YES, GIVE WI	UR OR DATES	Z NO			cify Cuben, Mexico 2. NO Specif		lo Rican, etc.)		Spec	k, White, atc. White
		3 Widowed 4 Divorced						Λ					MILLE
	ETED.	15. DECEDENT'S EDUC (Specify only highest grade of		18a.	DECEDENT'S	vork done du	UPATIO	N at of working	1	6b. KIND OF BUS	SINESS/IND	USTRY	
	E	Elementary/Secondary (0-12)	College (1-4 or 5+)		iile. Do NOT us	3 11.4							
nt.	COMPL	10			Auto]	Body 1	Rep	air		Auto Bo	dy Sl	nop	
8	8	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	AME (First	t, Middle, Maiden	Surname)		
발	BE	Robert	Fran	cis	Forb	eck		01eta	l	Virg	inia		Hill
ŧ	2	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Nu	umber, City or Town	n, State, Zip	Code)	
9		Kathy Dicken			Rt.#8	Box 4	425	Valley	Rd.	Cumbe	r1and	d, M	d. 21502
Ħ		20a. METHOD OF DISPOSITION 1 Burlel 2xxxCremation 3 Remo	oval from State		CEAND DATE O		ION (Na	ne of	0/	ATE 20c. LO	CATION —	City or To	own, State
Ē		4 Donation 5 Other (Specify)				land				/94 Cu	mber:	land	, Md. 21502
ê		21. SIGNATURE OF FUNERAL SERVICE LICE	ENSER	11		22. N/	AME AN	D ADDRESS OF FA	CILITY				
1		hale Z.	Monda	A		Me	rri	tt-Adams	Fu	neral H	ome	Md.	21502
lica lica		23. PART I. Enter the disesses, or c	omplications that	caused the	desth. Do n								Approximata
E B		shock, or heart failure. L	List only one caus	e on each I	lne.			, , , , , ,			12001		Interval Between
the		IMMEDIATE CAUSE (Final disease or condition											Onset and Death
ent,	į.	resulting in desth)		~									
6	- 11				ary Ar		Dis	ease					Years
Hat	_				TY AT		Dis	ease					Years
	NOI	Sequentially list conditions,	DUE TO (OR AS A CON		F):	Dis	ease					Years
ta Se	SATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON	SEQUENCE OF	F):	Dis	ease					Years
ther trau	IFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CON	SEQUENCE OF	F): F):	Dis	ease					Years
or other trau	RTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR AS A CON	SEQUENCE OF	F): F):	Dis	ease					Years
or other	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	OUE TO (OR AS A CON	SEQUENCE OF	- - - - - - - - - - - - - - - - - - -							
Injury.	L CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CON	SEQUENCE OF	- - - - - - - - - - - - - - - - - - -			Part I.	24s. WAS AN		246	Years WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
Injury.	L CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	OUE TO (OR AS A CON	SEQUENCE OF	- - - - - - - - - - - - - - - - - - -			Part I.		MED3	24b). WERE AUTOPSY FINDINGS
Injury.	L CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	OUE TO (OR AS A CON	SEQUENCE OF	- - - - - - - - - - - - - - - - - - -			Part I.	PERFOR	MED3	246	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
shows any injury,	MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	OUE TO (OR AS A CON	SEQUENCE OF	- - - - - - - - - - - - - - - - - - -			Part I.	PERFOR	MED3	24b	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shows any injury,	MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO (OR AS A CON	SEQUENCE OF	F): F): In the und	erlylng			PERFOR	MED3	246	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shows any injury,	SICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 □ NO	OUE TO (OR AS A CON	SEQUENCE OF	- - - - - - - - - - - - - - - - - - -	eriying 26. PL	cause given in	heck only	PERFOR 1 YES 2	MED3	246	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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is marked, or item 23 shows any injury,	ED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide s Could not be datermined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	OUE TO (1) OUE TO (1) OUE TO (1) OUE TO (1) B contributing to (2) OUE TO (1)	OR AS A CON OR AS A CON OR AS A CON death but no EFI/Outpatient INJURY	SEQUENCE OF SEQUEN	OTHER: OTHER: 4 — Nursir E OF URY M street, factor	26. PL 26. PL 9 Homm WO 1 U 7, office	ACE OF OEATH (Characteristics) Residence JRY AT RES 2 NO	s Ot 28d. D	One) PERFOR VES 2 One) OCATION (Street a fly or Town, State)	NJURY OCC	or Rural i	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
is marked, or item 23 shows any injury,	D BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide s Could not be datermined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO (1) OUE TO (1) OUE TO (1) S. B CONTributing to (2) B CONTributing to (2) 28e. PLACE OF 1 (Month, De) 28e. PLACE OF building, a	OR AS A CON OR AS A CON OR AS A CON death but no EFI/Outpatient INJURY	SEQUENCE OF SEQUEN	OTHER: OTHER: 4 — Nursir E OF URY M street, factor	26. PL 26. PL 9 Homm WO 1 U 7, office	Cause given in ACE OF OEATH (Ch Residence IRY AT IKY? ES 2 \(\sum \) NO and place, and due with occured at the	s Ot 28d. D 28f. LC Cl	One) PERFOR VES 2 One) OCATION (Street a fly or Town, State)	NJURY OCC	or Rural I	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
PORTANT: If Item 28 is marked, or Item 23 shows any injury,	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28. Certifier (Check only one) MEDICAL EXAMINER	DUE TO (1) OUE TO (1) OUE TO (1) S. B CONTributing to (2) B CONTributing to (2) 28e. PLACE OF 1 (Month, De) 28e. PLACE OF building, a	OR AS A CON OR AS A CON OR AS A CON death but no EFI/Outpatient INJURY	SEQUENCE OF SEQUEN	OTHER: OTHER: 4 — Nursir E OF URY M street, factor	26. PL 26. PL 9 Homm WO 1 U 7, office	ACE OF OEATH (Characteristics) ACE OF OEATH (Characteristics) Residence SRY AT RES 2 NO and place, and due seth occurred at the 29c. LICENSE NUI	s ot the control of time, da	One) PERFOR VES 2 One) OCATION (Street a fly or Town, State)	NJURY OCCURRENCE AND	or Rural I	Route Number, and manner as stated.
PORTANT: If Item 28 is marked, or Item 23 shows any injury,	E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28. Certifier (Check only one) MEDICAL EXAMINER	DUE TO (1) OUE TO (1) OUE TO (1) S. B CONTributing to (2) B CONTributing to (2) 28e. DATE OF I (Month, De) 28e. PLACE OF building, e	OR AS A CON OR AS A CON OR AS A CON DR AS A CON DR AS A CON DR AS A CON ER/Outpatient NJURY Y, Year) TINJURY — At Atc. (Specify) Try knowledge, amination and	SEQUENCE OF SEQUEN	OTHER: OTHER: Uny M OTHER: A Unurair E OF URY M In the time the time the time of the	26. PL 26. PL 9 Homm WO 1 U 7, office	Cause given in ACE OF OEATH (Ch Passidence RY AT RK? ES 2 NO and place, and due with occured at the 29c. LICENSE NUI D 0915	28f. LC	one) The (Specify) DESCRIBE HOW II OCATION (Street a fity or Town, State) DESCRIBE and man atte and place, an	NJURY OCCURRENCE AND	or Rural I	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
PORTANT: If Item 28 is marked, or Item 23 shows any injury,	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide S Could not be determined 29a. CERTIFIER (Check only one) 29a. SIGNATURE AND TIME OF CERTIFIER 10. MARKE AND ADDRESS OF PERSON WHO	DUE TO (1) OUE TO (1) OUE TO (1) B CONTributing to (2) B CONTributing to (2) B CONTributing to (3) Clan: To the best of axis	OR AS A CON OR AS A CON OR AS A CON OR AS A CON death but no ER/Outpetient INJURY y, Year) FINJURY — At the (Specify) Try knowledge, amination and	SEQUENCE OF SEQUEN	OTHER: OTHER: 4 Universe Variable of the time of the	26. PL 26. PL WO 1 y, office	Cause given in ACE OF OEATH (Ch Passidence RY AT RK? ES 2 NO and place, and due with occured at the 29c. LICENSE NUI D 0915	28f. LC	one) The (Specify) DESCRIBE HOW II OCATION (Street a fity or Town, State) DESCRIBE and man atte and place, an	NJURY OCCURRENCE AND	or Rural I	Route Number, and manner as stated.
PORTANT: If Item 28 is marked, or Item 23 shows any injury,	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 27. Manner OF DEATH 29. CERTIFIER Chart only one) 29. SETTIFIER Chart only one) 29. SETTIFIER Chart only one)	DUE TO (1) OUE TO (1) OUE TO (1) B CONTributing to complete to the contributing to complete to the contributing to complete to the contribution	OR AS A CON OR AS A CON OR AS A CON OR AS A CON DEPLOYMENT OF THE CON OR AS A	SEQUENCE OF SEQUEN	OTHER: OTHER: 4 Universe Variable of the time of the	26. PL 26. PL WO 1 y, office	ACE OF OEATH (Characteristics) ACE OF OEATH (Characteristics) Residence JRY AT RES 2 NO and place, and due seth occurred at the 29c. LICENSE NUI	28f. LC	one) The (Specify) DESCRIBE HOW II OCATION (Street a fity or Town, State) DESCRIBE and man atte and place, an	NJURY OCCURRENCE AND	or Rural I	Route Number, and manner as stated.



DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, M.	BALTIMORE, MARYLAND 2121
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attended to the hospital or att	nay be retained by the hospital or atte
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a libe filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	; page 5 should be detached for use a
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	st be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY		MENT OF HE			GIENE 9	05584
	1. DECEDENT'S NAME (First, Middle, Last	W. FR	ENCH			2. DATE OF DE MONTH	1 24 19	
	4. SOCIAL SECURITY NUMBER 228-40-9099	5. SEX 8. AGE		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	May I	Wear) 1899 Wa	BIRTHPLACE (State or Foreign Country) ashington, DC
TOR	So. FACILITY NAME (If not institution, give	Aryland Hos	~	Pi,	LOCATION OF DE		PAINS	
DIRECTOR	Maryland Prince	ce George's		town or location	ON			10d. INSIDE CITY LIMITS? 12(XYES 2 \sum NO
FUNERAL	100. STREET AND NUMBER 7015 Groveton	Dr.		1000	735		U.S.	N OF WHAT COUNTRY?
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR 1917 - 1919	2 NO	If yes, spec	NDENT OF HISPAN Ifly Cuben, Mexican X NO Specify	, Puerlo Rican,	city Yea or No — 14 etc.)	. RACE — American Indian, Black, White, atc. Specify: Vhite
TED	15. DECEDENT'S EC (Specify only highest gra	DUCATION de completed)	16a. DECEDENT'S US (Give kind of wor	k done during most	of working	16b. KIND	OF BUSINESS/INDUS	TRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	secretar			Amer	ican Red	Cross
	17. FATHER'S NAME (First, Middle, Last) William Henry	Walker			18. MOTHER'S NAI		The second second	
BE (19a. INFORMANT'S NAME (Type/Print)	walkel	19b. MAILING AL	DDRESS (Street en		Ann Gi	LDETL y or Town, Stets, Zip Co	ode)
5	Doris Thiebaud						MD 20735	
	20e. METHOD OF DISPOSITION 1		b. PLACE AND DATE OF I	r place)		1/25/94	Clintor	, MD
	21. SIGNATURE OF FUNERAL SERVICE	ndtweet		b022 01	d Alexan	nder Fe	Funeral	Home, Inc.
	23. PART I. Enter the diseases, Deshock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ARTERIO DUE TO (OR AS	each line.	,				Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Sequentially list conditions, If any, leading to immediate						
CERTIFICATION	CAUSE (Disease or Injury that initiated events reaulting in death) LAST	c. DUE TO (OR AS	A CONSEQUENCE OF):					
MEDICAL	PART II. Other algorificant condition of the condition of		but not reaulting in	the underlying	ceuse given in		WAS AN AUTOPSY PERFORMED? YES 2 A NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLA	CE OF DEATH (Che	ock anly one)		I.
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Ou 28e. DATE OF INJURY	tpatient 3 DOA 4	Nursing Home DF 28c, INJU	5 Residence		HOW INJURY OCCUP	RED
ВУ Р	1 Neturel 5 Pending 2 Accident Investigation		feet to	M 1 🗆 YI	K? S 2 NO			
ETED (3 Suicide 6 Could not b 4 Homicide determined	28e, PLACE OF INJUF building, etc. (Sp	RY ← Al home, ferm, streectly)	eet, fectory, office		28f. LOCATION City or Town	(Street and Number or n, Stete)	Rural Route Number,
COMPLE	onel	SICIAN: To the best of my kno NER: On the beste of examinat						cause(e) and manner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIF	DER	m		29c. LICENSE NUM	19ER 45	29d, DATE S	IGHED (Month, Day, Year)
10	30. NAME IND ADDRESS OF PERSON V	SDTSK4	G188 (TEM 27) (Type, Pr		HILL R	D. Ox	ION HIL	20745 MANJAND
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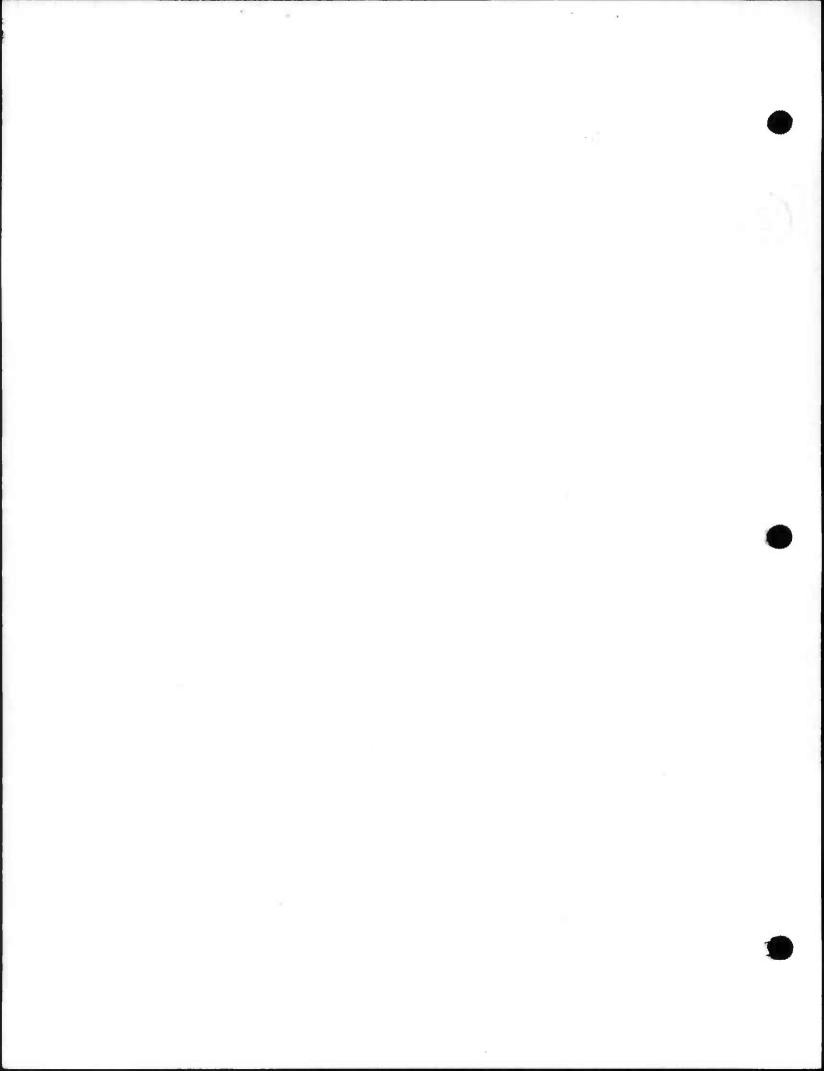
		IMPORTANT: If tem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or re	shows a
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	FOR STATE 1 - STATE REGISTRAR	OF MARYLAND / DEPAI CERTIF	RTMENT OF H	EALTH AND M DEATH	IENTAL HYGIEN REG. NO.	-	4 05585	
	1. DECEDENT'S NAME (First, Middle, Last) A SOCIAL SECURITY NUMBER 5. SEX				2. DATE OF DEATH MONTH DATE OF BIRTH	97	3. TIME OF DEATH 3. / O M BIRTHPLACE (State or Foreign	
	116 05 8611 1 M 2 5	and the same of th	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Mar. 9 19		New York	
TOR	9e. FACILITY NAME (If not institution, give street and numb Greater Laurel-Beltsv: RESIDENCE OF DECEDENT	АТН	9c. COUNTY Prince	of DEATH e George's				
DIRECTOR	10e. STATE 10b. COUNTY		TY, TOWN OR LOCATE	ON			10d. INSIDE CITY LIMITS? XXX YES 2 NO	
FUNERAL D	Maryland Prince Geo 100. STREET AND NUMBER 2726 Keystone Lane	ige 5 D		ZIP CODE BO	wie		of what country? ed States	
BY FUN	1 Name Married 2 3 Married FORCES	CEDENT EVER IN U.S. ARMED 7 1 YES 2 NO GIVE WAR OR DATES NO		city Cuben, Mexican		or No- 14.	RACE — American Indian, Black, While, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-	(Give kind of	S USUAL OCCUPATION of work done during most use retired.)	N of working	166. KIND OF BU		TRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Joseph A. Ryan	1 Hollielli	drei	18. MOTHER'S NAM Alice	ME (First, Middle, Maiden (Unknow			
TO B	190. INFORMANT'S NAME (Type/Print) John Louis Fenton	19b. MAILIN 2726	Keystone	nd Number or Rural A E Lane B	oute Number, City or Tow Sowie Md.	m, State, Zip Co 20715	de)	
	20a METHOD OF DISPOSITION 1	20b. PLACE OF DISPO other place) Lorriane	osition (Name of con Park Cen			cation — chy ltimor	Control of the Contro	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ms, Pres	Beall	L-Evans F		me, P.	Α.	
	23. PART I. Enter the diseases, or complication shock, or haart fellure. List only or immediate CAUSE (Final disease or condition resulting in death)	Tyrue Pa	not anter the mo		as cardiac or resp			
NO	Sequentially list conditions, Out TO (OR AS A CONSCOUENCE OF): D. OUT TO (OR AS A CONSCOUENCE OF):							
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING							
ERTIF	that initiated events resulting in death) LAST d.							
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions contribut	ing to death but not resulting	g in the underlying	g ceuse given in l	Part i. 24a. WAS AF PERFO 1 TYES	N AUTOPSY RMED? 2 1410	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERREO TO MEDICAL EXAMINER?	A		ACE OF DEATH (Che	eck only one)			
IYSIC	1 YES 2 Me 1 Impette	nt 2 ER/Outpetient 3 DOA		e 5 Residence		IN HOW COOL	050	
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	NJURY WO	YES 2 NO	28d. OESCRIBE HOW	INJURY OCCUI	AED.		
	3 Suicide a Gardana 28e. P	LACE OF INJURY — At home, fermuliding, etc. (Specify)	n, street, factory, offic	•	28t. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beautiful depth on the beaut	best of my knowledge, death occusie of examination and/or investiga						
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUN		29d. DATE	IONED (Monthy Dw. Whar)	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

831 2070 mo CAURET CASAS mi LUIS 32. REGISTRAR'S SIGNATURE

Lika Davidson-Rondell 1994

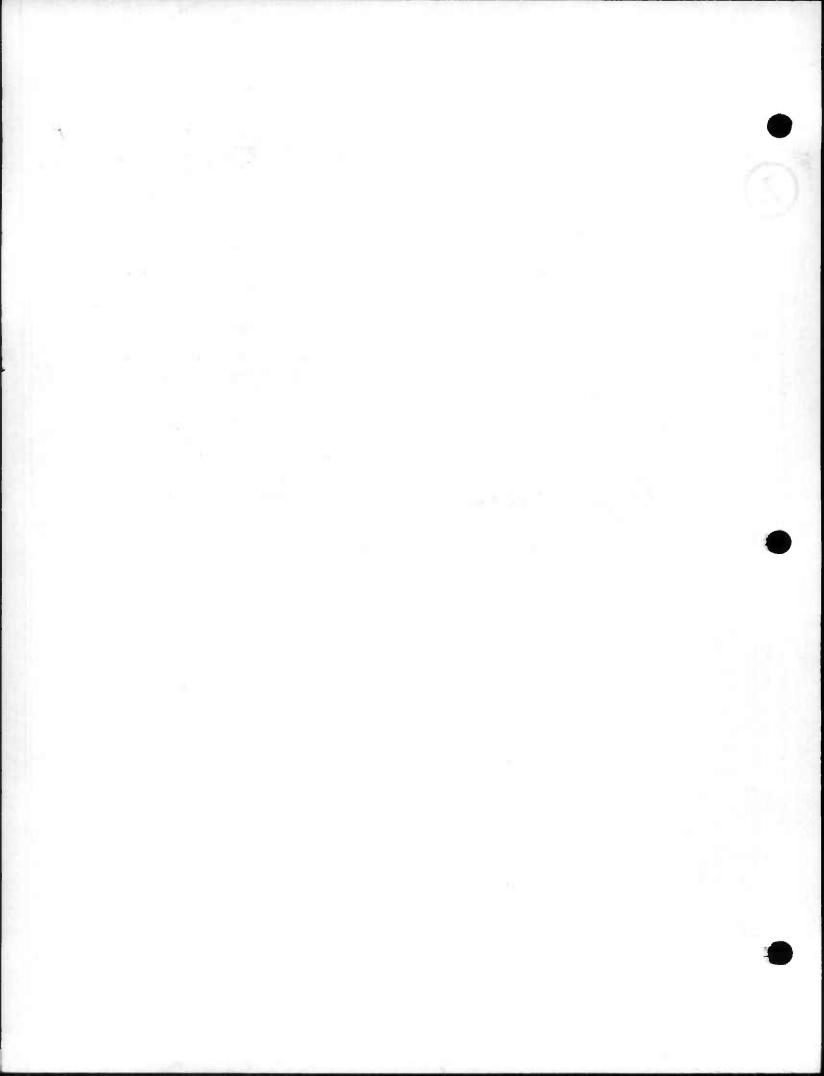


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ORDS, P.O. BOX 13146,	is that the death certificate be executed within actions after death. Page 6 may be retained by the hospital or attending phy	property by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but alth and Merial Hygiene prior to burial, cremation, or removal.	seen in in a solute transmette many the medical aversions much be selffed at seen
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1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AN	D MENTAL	HYGIENE REG. NO.	94	0558		
1. DECEDENT'S NAME (First, Middle, Last KAHLET)	ng J. I	FAGAN		2. DATE O MONTH	DEATH DAY	SY S	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 578-54-7203	1□M2ØF 94	YRS.	F UNDER 1 YEAR IF UNDER 24 HR ONTHS DAYS HOURS MIN	Dec.	19,1899	Washi	ngton, D.C		
9a. FACILITY NAME (If not institution, give Livingston Heal RESIDENCE OF DECEDENT			Fort Washing			ince Ge	eorge's		
	m ce George's		on Hill				IOd. INSIDE CITY LIMITS? I YES 2 X NO		
916 White Oak D	rive		101. ZIP CODE 20745	166	U.S.A.				
11. MARITAL STATUS 1 Never Married 2 Married 3 X Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR I	2 X NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 NO Sp			Black.	- American Indian, White, etc. White		
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)			rk done during most of working retired.)		KIND OF BUSINESS	INDUSTRY			
17. FATHER'S NAME (First, Middle, Last)		e Solicitor 18. MOTHER'S		nerican F Iddle, Melden Sumem		SS			
James Elaison			J	ennie N	McGill				
19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number or Re						
Audrey Karhumaa	-		ill, Md.						
1 X Burial 2 Cremation 3 Re	20a_METHOD OF DISPOSITION 1 \(\text{X Burlal 2 } \subseteq \text{Cremetion 3 } \subseteq \text{Removal from State} \) 4 \(\text{Donation} \) 0 ther (Specify) \(\text{Cedar Hill Cemetery} \) 20b_PLACE OF DISPOSITION (Name of commeter); crematory or other place) Cedar Hill Cemetery 2/1/94 Suitland, Maryland								
22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md.20745									
23. PART I. Enter the diseases, or ahock, or heert fellure immediate CAUSE (Final disease or condition resulting in death)	a. ARTERIOSC	each line.	eat pisea		ac of respiratory	arroat,	Approximate Interval Betwee Onset and Dea		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS								
CAUSE (Disease or Injury that initiated events resulting in death) LAST	Injury C. DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other significant conditi	one contributing to death	but not resulting in	the underlying cause giver	n In Part I.	24e. WAS AN AUTOP	SY 24b.	WERE AUTOPSY FINDING		
	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.								
25. WAS CASE REFERRED TO MEDICAL			OA DU ACE OF DEATH	Letter to a design					
EXAMINER?	HOSPITAL:		26. PLACE OF DEATH						
27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF WORK? 1 Netural 6 Pending 26c. INJURY AT WORK? 1 YES 2 NO								
A 0.446	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Four State)								
one)			at the time, date and piece, and in my opinion, death occured at				and manner as stated.		
	ame Ho.		D 35		29d.	DATE SIGNED	(Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WILLIAM T. TA		EATH (ITEM 27) (Type,	Print)						

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

31. DATE FILED (Month, Day, Year) JAN 3



3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign

Pennsylvania

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: White

Seifert

Inc. 21740

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

1 ☐ YES 2 ☐ NO

OF DEATH?

Approximate interval Between

Onset and Death

2-3 1/83

mon

1 - YES 2 X NO

21740

:15 a.m.

Margaret

31. DATE FILED (Month,

ED

2 1994

4. SOCIAL SECURITY NUMBER

212-74-8528

DECEDENT'S NAME (First, Middle, Last)

Twila

5. SEX

1 - M 2/- F

6. AGE (In yrs. last birthday)

93

Ficken

IF UNDER 1 YEAR

IF UNDER 24 HRS.

VEAR

994

9c. COUNTY OF DEATH

Washington

10g. CITIZEN OF WHAT COUNTRY?

U.S.A

1900

REG. NO

2. DATE OF DEATH

February

7. DATE OF BIRTH (Month, Day, Year)

October 7

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BALTIMORE, MARYLAND 21215-0020

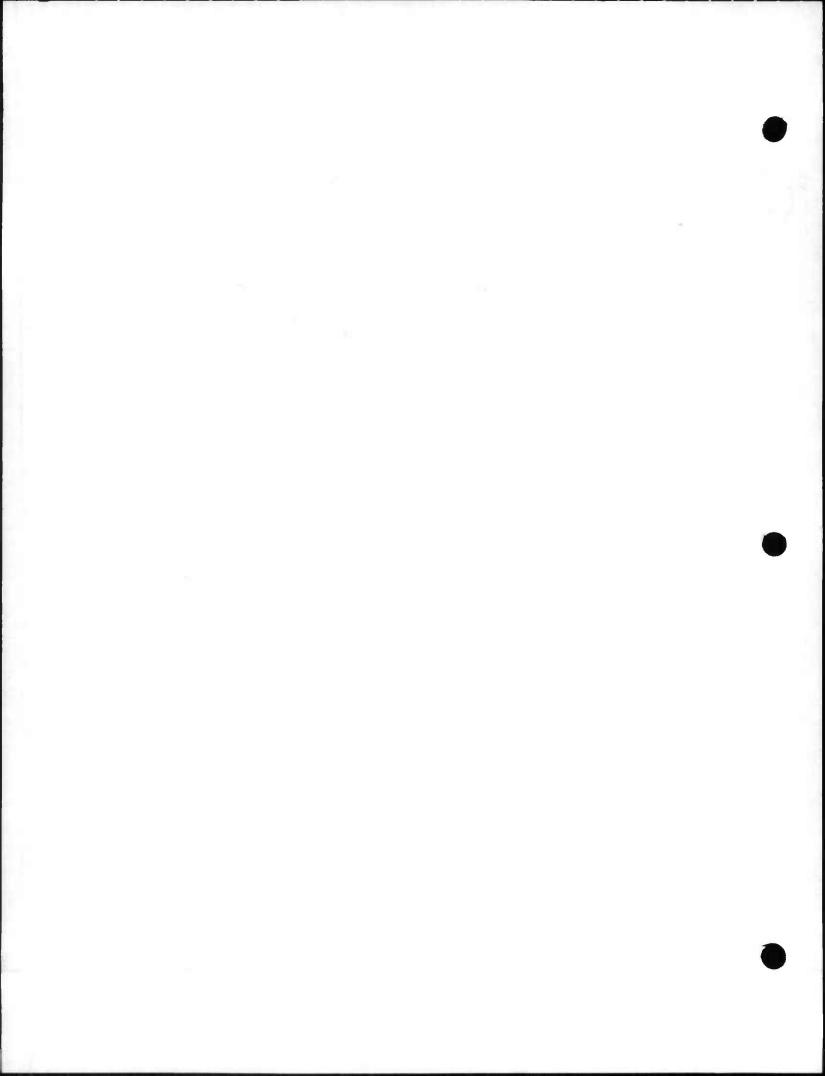
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Avalon Manor Home, Hagerstown 10c. CITY, TOWN OR LOCATION Maryland Washington Hagerstown 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 24 mous after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit 12904 Pinehill Drive 21740 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Marrie 1 TES 2 NO Specify BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY dary (0-12) College (1-4 or 5+) 10 Homemaker Own home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ti Benjamin BE Leeser Hattie Grace notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Catherine M. Montgomery 12904 Pinehill Drive Hagerstown, Md. 2 20s. METHOD OF DISPOSITION

1 M Buriel 2 Cremation 3 Rem
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE examiner must Haven Cemetery 2<u>-22-94 Hagerstown,Wash.,M</u>d. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Andrew K. Coffman Funeral Home, In 40 E. Antietam St., Hagerstown, Md. noel y attending physician and completely filled in by the sittal Hygiene prior to burial, cremation, or removal. or other traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST the atten shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? signed by t Health and 1 | YES 2 | 160 s certificate has been so the State Dept. of H. id, or Item 23 show PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? M. PLACE OF DEATH (Check only one) 1 YES MO 1 | Inpatient 2 | ER/Outpatient 3 | DOA e 5 Residence 6 Other (Specify) 28e. OATE OF INJURY (Month, Day, Year) 27, MANNEY OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED After this co IMPORTANT: If Item 28 is marked, 1 Natural 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED FUNERAL DIRECTOR: within 72 hours after 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examin 29b. SIGNATURE AND TITLE OF CENTS BE 포포 4996 2 2 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print ALIK MH

32. REGISTRAR'S SIGNATURE

Sinden Renderal



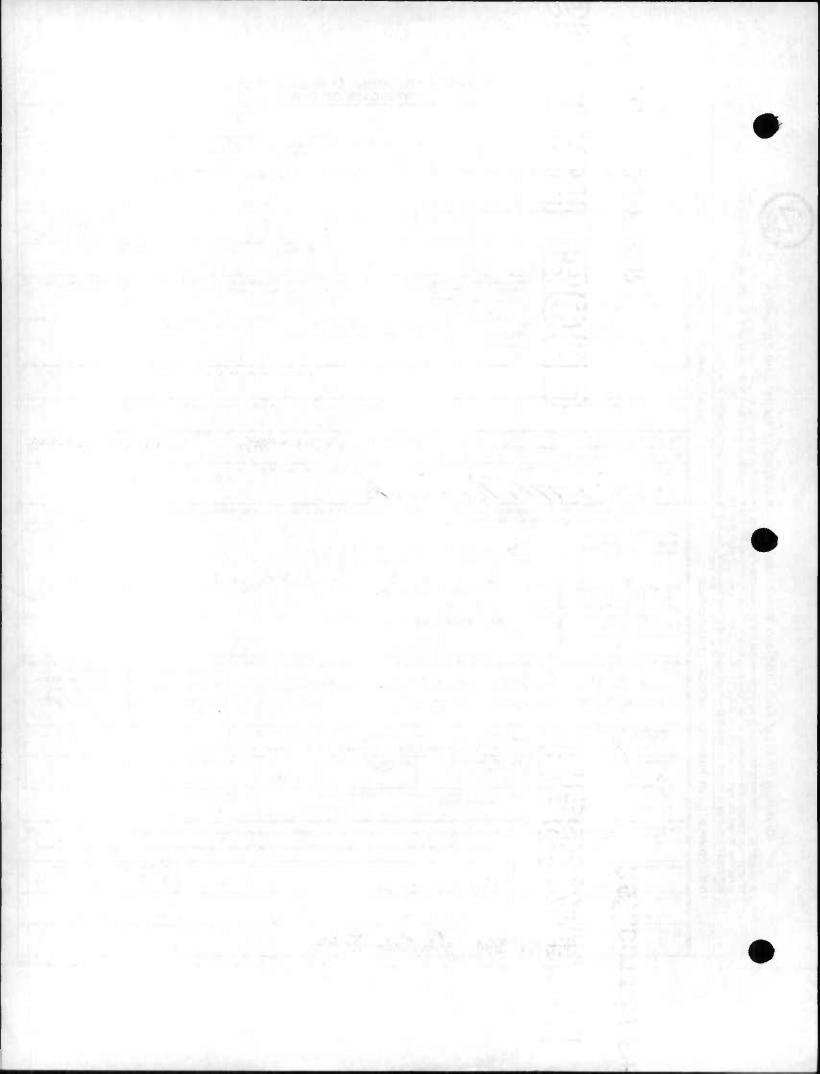
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. 4	-	2
6:	ALTIMORE, MARYLAND 21215-0020	death. Pane 6 may be retained by the hospital or attending physician
	LAND	the hospit
	MAR	e retained
	ORE,	6 may b
	ALTIM	death Pane

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow state death. Page 6 may be retained by the hospital or attending physician. And the state bear signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIF	ICALE	UF	DEATH	1	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest JAMES EDWIN FI				2. DATE OF DEATH MONTH FEBRUARY				16. 1994 2:15 P M		
	4. SOCIAL SECURITY NUMBER 420-94-3289	5. SEX 1 M 2 F	6. AGE (In yrs. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 I	HRS. 7.	OATE OF BIRTH (Month, Day, Year)		B. BIRTHE Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give	31 YAS.	at alter	-	OR LOCATION		farch 31,			bama	
OR	THE JOHNS HOPKI	THE JOHNS HOPKINS HOSPITAL					ITY			nty of de ltimo	
5	RESIDENCE OF DECEDENT 100. STATE 10b. COUN	TY	100 00	ry, TOWH O	B I OCA	TION					10d. INSIDE CITY
DIRECTOR	Maryland Wash	agers					1 SY YES 2 NO				
FUNERAL	145 S. Prospect		21740				10g. CITIZEN OF WHAT COUNT				
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	13. V	WAS DEC	ENDENT OF H	HISPANIC (ORIGIN? (Specify Yea	or No-		- American Indian, White, alc.
8≺	1 Never Married 2 Married 3 Widowed 4 KDivorced	IF YES, GIVE V	© YES 2 □NO WAR OR DATES .Navy			ecity Cuban, N 2 13 NO		Puarto Rican, etc.)		Specify	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	de completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	WORK done of	CUPATIO	ON st of working		Mental			
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)				Jo~	rehabil:			
2	17. FATHER'S NAME (First, Middle, Last)	0	1631	ueilei	al	_		(First, Middle, Maiden		ton c	enter
	Edward Morrow							rummie	Surreme)		
BE	19a. INFORMANT'S NAME (Type/Print)		19h MAILING	ADDRESS	(Street 6			te Number, City or Town	- Ctata Vis	- Codel	
2	Edith Bonner							, Tuscalo			la ama
	20e. METHOD OF DISPOSITION										
	1 Buriel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	Clagers to	wn Gr	ema	OLA	77.77	8-94 Hage	A TOTAL	THE REAL PROPERTY.	Marylando Z
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	6	22.1	NAME A	ND ADDRESS	OF FACILI	TY	D E D CL		Acar y Larrido
	> SCOR	MA	ennies	11		CH FUN . Wils			eersi	lown.	Md. 21740
	23. PART i. Enter the disease, or abook, or heert failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cet	use on each ilne.								Approximate Interval Between Onset and Daath
	reading in death)	DUE TO	(OR AS A CONSEQUENCE O	n: ACQ	JIRE	D IMMI	UNE I	DEFICIENC	YNDR	OME	7 1100
ATION	IMMEDIATE CAUSE (Final diseases or condition resulting in death) a. Kaposi's Sarcoma Due to (or as a consequence of): ACQUIRED IMMUNE DEFICIENCY A. I. D. S. (end stage) Due to (or as a consequence of): Langueritally list conditions, or conditions, or consequence of): Due to (or as a consequence of):										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST										
	PART il. Other significent condition	ona contributing to	death but not resulting	in the un	derlyin	g cause give	en in Par	rt i. 24a. WAS AN.	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL	Bilateral	pleve	al offus	2 no	a	nd		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
Σ	resultant	hypox	emia.					1 TYES 2	703		OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
Sic	EXAMINER? 1 VES 2 ANO HOSPITAL: 1 Ves 2 ANO OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)										
BY PHY	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF VORK? WORK? M 1 YES 2 NO										
	2 Accident Investigation 3 Suicide 6 Could not be determined 6 Homicide Getermined 1 Accident Investigation 1 Accident 1										
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
BE	296. SIGNATURE AND TYTLE OF CERTIFI	A a	in mi	>		29c. LICENS			29d. DAT	E SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W							BALTO	m	D -	21205
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE Sulla David					.31,1-10	74		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1000		-						

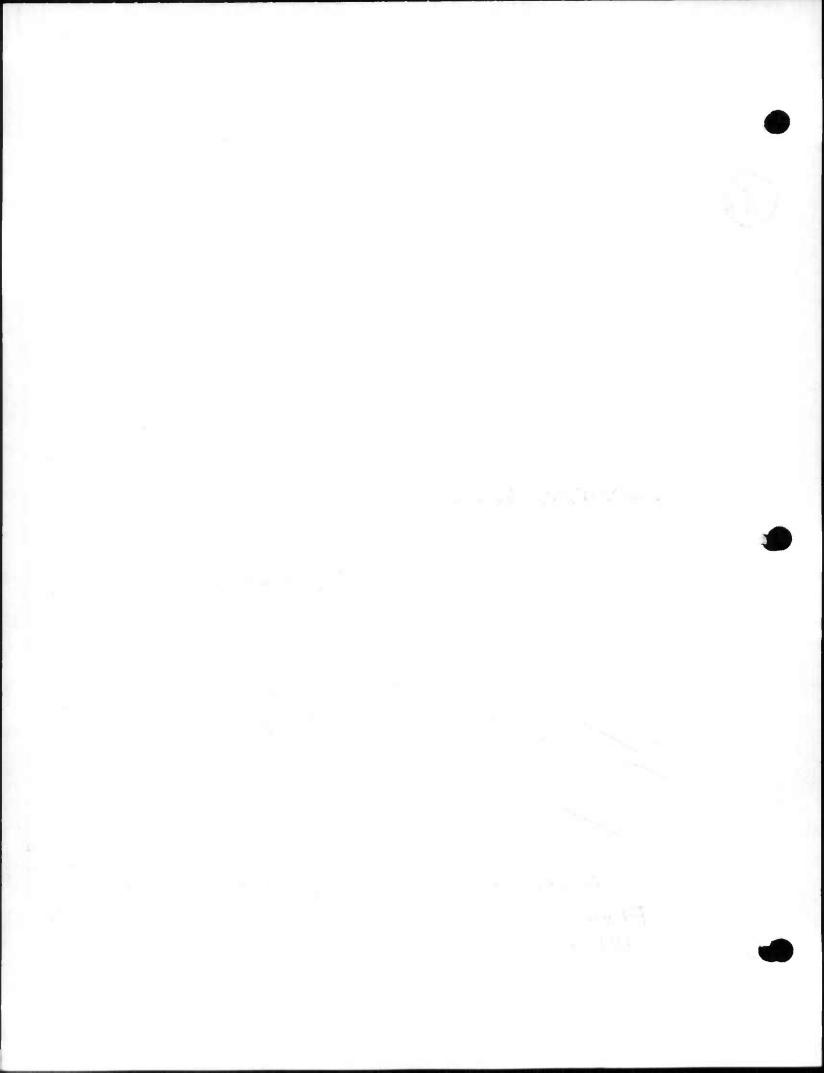


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BALTIMORE, MARYLAND 21215-0020	Notes after death. Page 6 may be retained by the hospital or attending procedured in by the huneral director, page 5 should be detached for use as the burin-transit permit or removal. medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnel transit permit. Pe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR LAS

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR				CERTIF	ICATE	E OF	DEAT	Н		REG. NO).			
1. DECEDENT'S NAME (First, Midd									2. DATE O	F DEATH			3. TIME OF DEATH	
Leonard John	FREIT	ICK							Feb.	. 11,	1994	YEAR		M
4. SOCIAL SECURITY NUMBER	5.	. SEX	6. AGE (In y	rrs. lest birthday)	IF UNDER	1 YEAR	IF UNDER 2	4 HRS.	7. DATE OF	FBIRTH		8. BIRTH	IPLACE (State or Foreig	ion
180-16-5318	1	X M 2 ☐ F	71	YRS.	MONTHS	DAY	HOURS	MIN.		22 -	1022	Count	nsylvania	
9e. FACILITY NAME (If not institution	on, give street	t and number)			9b. CITY	, TOWN C	R LOCATION	N OF DE	ATH	44,		NTY OF D		
1135 Hamilton	Blvd.	_					stown					20 13 5		
RESIDENCE OF DECEDE	ENT				1.1	ager	SLUWI	ı		-	Was	shing	ton	_
	COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?	
	Washir	ngton		Ha	igers	town	1						1 YES 2 X NO	0
10e. STREET AND NUMBER						101	ZIP CODE				10g. CIT	IZEN OF Y	WHAT COUNTRY?	
1135 Hamilton	n Boul	levard					2174	12				USA		
11. MARITAL STATUS		PORCES? 1	EVER IN U.	S. ARMED	13. V	WAS DEC	ENDENT OF	HISPANI	IC ORIGIN?	(Specify Yes	or No-	14. RACE	E — American Indian.	
1 Never Married 2 X Marrie 3 Widowed 4 Divorced	ed	IF YES, GIVE W	AR OR DATE				cify Cuban, 2 🔯 NO			en, etc.)		Black Speci	k, White, etc.	
		W.W.I	-									whi	•	
15. DECEDEN (Specify only high	T'S EDUCATI est grade com	ION npleted)	16	e. DECEDENT'S (Give kind of v	work done a	CUPATIO	N st of working		16b. K	IND OF BU	SINESS/INC	JUSTRY		
Elementary/Secondary (0-12)	C	College (1-4 or 5 +)		life. Do NOT us	se retired.)	Ki Li								
12		2		engin	eer				t	ruck	manu	fact	urer	
17. FATHER'S NAME (First, Middle, I	Last)						18. MOTHE	R'S NAM	AE (First, Mid	ldle, Maiden	Surname)			
John Freitick							Ann			unkı				
19a. INFORMANT'S NAME (Type/Pri				19b. MAILINO										
Bernice B. Fre	21tick	ζ		1135	Hami	lton	Blvd	.,	Hager	stown	n, Ma	ryla	nd 21740	
20a. METHOD OF DISPOSITION 1 Burlel 2 X Cremation 3	☐ Removal	from State		ACE AND DATE O	OF DISPOSI				OATE		CATION -			
4 Donation 5 Other (Speci	://y)			igersto	wn C				2-14	Hag	gerst	own,	Maryland	i
21. SIGNATURE OF FUNERAL SER	VICE LICENS	SEE .	des		MITA		D ADDRESS H FUN							
2000	11	VIII	m	ud										_
23. PART I. Enter the disease	es. or com	nilcations that			14 T-	the mov	WIID	OII	RTAG.	, nag	gerst	own,	Md. 2174	
office, of fleart t	aliure. List	only one caus	a on each	line.	Ot amai	(Ha nive	ia or cryms	g, such	SS CSTUIS	C Or respi	ratory srr	est,	Approximats Interval Batw	
IMMEDIATE CAUSE (Final disease or condition		(21	0: 1	1.		_	1.					Onset and D	
resulting in death)	8	DHE III)	200	HISEOUENCE OF	wn	ion	ay 1	Sur	ren					
		(16)	A M	NSEQUENCE OF):	1. 1/2	1	Du	1001	0				
Sequentially list conditions,			0000	NSEQUENCE OF	17	1	7			4				
if any, lasding to immediate cause. Enter UNDERLYING	J	Service and		()	, .	(/						i	
CAUSE (Disesse or Injury that initisted eventa	5 c	OUE TO (OR AS A CO	NSEOUENCE OF	A:			-						
resulting In death) LAST		0.00			,.								Ì	
	d													
PART II. Other significant co	nditions co	Distributing to c	leath but r	not resulting j	n the unc	derlying	rausa giv	an In P	ert I. 26	le. WAS AN		140.	WERE AUTOPSY FINDI	NGS
		1/ Reir	lai	154	Zout	W	uses	g		PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUS	
E.		Terro	e, su	10 (10	ard	isai	work	ile	-	☐ YES 2	MO		OF DEATH?	
		8		7			1-11-		-				1 TYES 2 THO	
25. WAS CASE REFERRED TO MED	HCAL	-				28 PI /	CE OF OEA	Y Char	t ant and					
EXAMINER?		OSPITAL:	EDIO de etle	: 2 C DO4	OTHER	:								
27. MANNER OF DEATH		28a. DATE OF II		28b. TIME		ing Home 28c. INJU	5 Reald	_						
1 Netural 5 Pendin	ng	(Month, Day		INJU	URY	WOR	IK?		26d. DESCR	IBE HOW I	NJURY OCC	UREO		
2 Accident Investig	gation	180 DI ACE OF	M HIDV	** have down a	Pm	1 YI	ES 2 F							
3 Suicide 8 Could 4 Homicide determ	not be	building, a	tc. (Specify)	At home, farm, st	treet, recto	ry, offica			28f. LOCATE City or 1	ON (Street a Town, State)	nd Number	or Rural Re	loute Number,	
29a. CERTIFIER														
(Check only	PHYSICIAN	: To the best of n	ny knowledge	e, death occurre	d at the tim	ne, date z	ind place, ar	nd due to	o the cause	(e) and men	ner as state	ed.		
2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner se stated.														
296. SIGNATURE AND TITLE OF PERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Mogrit, Dipy, Year)														
_	Chro	prove				1	Da	18	98		12	114/	94	
30. NAME AND ADDRESS OF PERS	ON WHO CO	MPLETED CAUSE	OF DEATH	(ITEM 27) (Type,	Peint)	:33	50 M	u	Jf.	Hop	erste	24.1	402174	()
31. DATE FILED (Mogth Bay, Year)	1994	32. REGISTRAR	S SIGNATUR	RE Perdal	L				,	0		. ,		

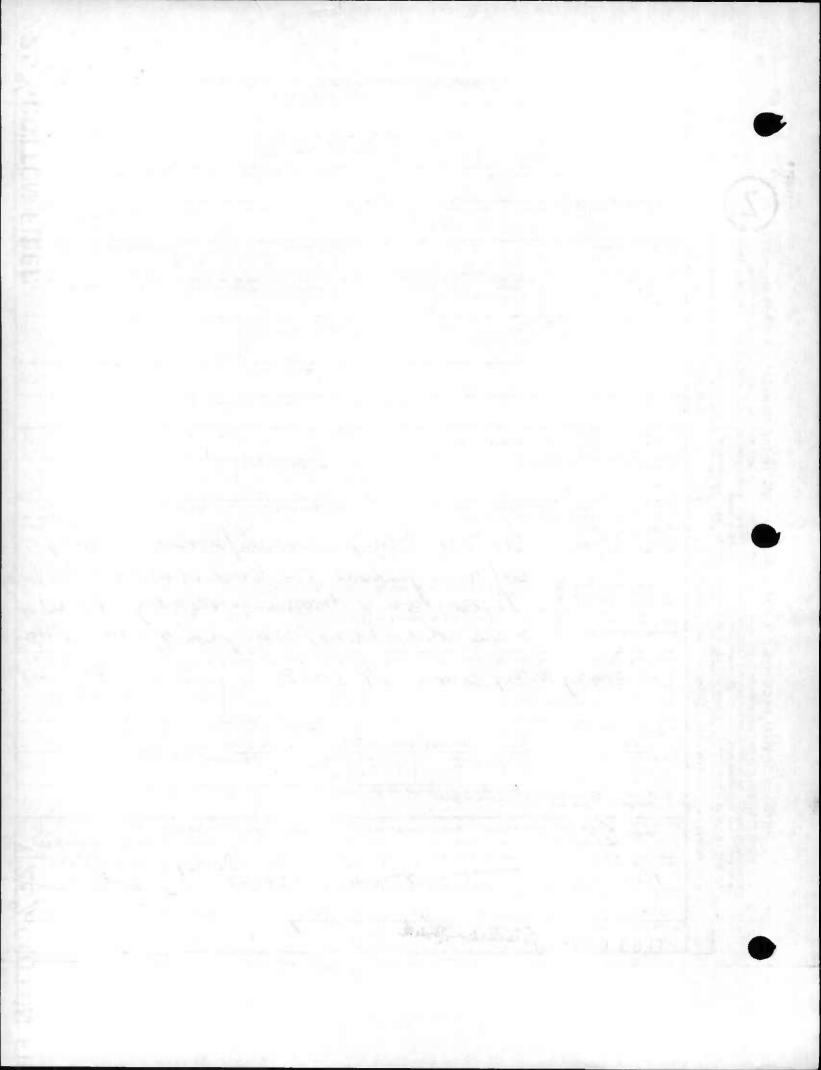


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use as the burial-transi urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 è be detached 76 funeral director, page 5 should notified pe must examiner attending physician and completely filled in by the matter it is a first than the matter of the second of the seco medical the event. DIVISION OF VITAL RECORDS, P.O. BOX 68760. traumatic OR ATTENDING PHYSICIAN: The law requires that the death certificate be or other Mental the signed by the shows any Health a has been a 23 this certificate h the the marked, After 1 .00 L DIRECTOR: A 28 Hem TO THE HOSPITAL OF THE FUNERAL D De filed within 72 hr

1. DECEDENT'S NAME (First, Middle, Leet) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Vincent Gough February 1994 James 7.10 A.M4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 3 M 2 | F 578-36-6080 JULY 28,1930 WASHINGTON, D.C. 63 9a. FACILITY NAME (If not institution, give atreet and number, 9b. CITY, TOWN OR LOCATION OF DEATH RC. COUNTY OF DEATH DIRECTOR Memorial Hospital at Faston Talbot Faston 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND QUEEN ANNE'S QUEENSTOWN 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 113 MARLBOROUGH ROAD 21658 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, 1 ☐ YES 2 ☑ NO Specify: FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 2 ND Specify BY 3 Widowed 4 Divorced 1954-1956 WHITE 16e. DECEDENT'S USUAL OCCUPATION

The date of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) FIREFIGHTER WASHINGTON, 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) PATRICK JOSEPH GOUGH BE HARRITY 19a. INFORMANT'S NAME (Type/Print) 2 EILEEN E. GOUGH 113 MARLBOROUGH ROAD QUEENSTOWN, MARYLAND 21658 20s. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State GATE OF HEAVEN CEMETERY SILVER SPRING, MARYLAND 21. SIGNATURE OF-FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. arro 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Betw **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) lateren lobar days/wox CERTIFICATION Sequentially list conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury arctio u that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL Coronary artern 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: | ER/Outpatient 3 DOA OTHER: 1 YES 2 NO ng Home 5 - Realdence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY Investigation 26s. PLACE OF INJURY — Al home, farm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2" MEDICAL EXAMINER: On the investigation, in my pointer, death occurred at the time data and place and due to the cause(s) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 124769 29d. DATE SIGNED (Month, Day, Year) BE einel 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Kein Sahme hardt 570x 32. REGISTRAR'S SIGNATURES 31. DATE FILED (Month, Day, Year) 1994



hours filed in b		
NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
4: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trail er death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ENDING PHYSICIAN: The law requires that the death certificate be executed within 2	hours after death. Page 6 may be retained by the hospital or attending physician.
	 After this certificate has been signed by the attending physician and completely fired earth with the State Dept. of Health and Mental Hygiene prior to burlal, cremation 	led in by the funeral director, page 5 should be detached for use as the burial-tran, or removal.

IMPORTANT. It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

K. SVD HA KAR 31. DATE FILED (Month, Day, Mart 1994

	Amended #19b, 2/7	/94, GAS	, Montgom	ery	Co.										
	FOR STATE REGISTRAR		MARYLAND / D CEF	EPAR	TMENT	OF H	EALTH DEAT	AND I		YGIEN EG. NO.		4	05591		
	1. DECEOENT'S NAME (First, Middle, Last) Burdell N	1. Gil	more						2. DATE OF E	EATH DA	NY	94	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest bi	irthdav)	IF UNDER	1 YEAR	# UNDER	24 HRS.	7. DATE OF B				PLACE (State or Foreign	M	
	579-18-6434	1 🗆 M 2 😾 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	(Year)	1012	Country	Y)		
	9a. FACILITY NAME (If not institution, give :	41	00	_	9b. CITY	. TOWN C	R LOCATIO	ON OF DE		9,			ington, D.C	•	
E	Washington Adver		enital				Park				9c. COUNTY OF DEATH Montgomery				
DIRECTOR	RESIDENCE OF DECEDENT	TETSE NOS	pricar		Tan	Coma	Idik				MOI	regon	ery	_	
RE	10e. STATE 10b. COUNT		1	10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?	Τ	
	D.C. N	<u>/ A</u>		Wa	shir	igtor	1						1 X YES 2 NO		
FUNERAL	10e. STREET AND NUMBER					101.	ZIP CODE	i i			10g. CITI	ZEN OF W	HAT COUNTRY?		
Ē	3317 - 12th Stre	eet N.E.					2001	7			Uni	ted	States		
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARME	D	13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (S	ecify Yes	or No-	14. RACE	- American Indian,	_	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W						Specify	n, Puerto Rican	, etc.)		Specif	, White, stc.		
	**												Black		
1	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEI (Give	DENT'S	vork done	CCUPATIO	N st of worldn	g	16b, KIN	D OF BUS	SINESS/IND	USTRY			
Ž	Elementary/Secondary (0-12)	College (1-4 or 5	+)						,, ,						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Dino	lery	Оре	rate				_	overn	ment		_	
	David A. Wills								ME (First, Middle						
BE	19a. INFORMANT'S NAME (Type/Print)		10h N	AAH ING	ADDRESS	2 /0			a Ghas		_			_	
2	Pamela W. Stitt		231	3 4	ASHIO	Oro T	wante	Char	y Chas	ny or rowr	1, Stere, 210	Cooe)	20015		
	26s. METHOD OF DISPOSITION		20b. PLACE AND					Cilev	OATE		CATION -			_	
	1/4 Burial 2 Cremation 3 Rem 4 Donation /5 Other (Specify)	oval from State	cemetery crematery Lin	tory or o	ther place)	mete	7.37	2	,				aryland		
	21. BIGNATURE OF EMPERAL BERVICE AS	ENSEE /	ILC. DIN	1001			D ADDRES	_	CILITY	prei	ILWOO	u, M	aryrand	_	
	N 6/ ///	1/1			Mc	Guir	e Fu	nera	1 Serv	ice,	Inc				
_	1000	1/2			74	00 G	eorg	ia A	ve. N.	W.,	Wash	ingt	on, D.C.		
	23. PART I. Enter the diseases, or shock, or heart failure.	List only one cau	it caused tha death use on each line.	h. Do r	ot anter	the mod	de of dyl	ng, such	n aa cardlac	or respli	ratory arr	aat,	Approximata Interval Between		
	IMMEDIATE CAUSE (Final disease or condition		D. 6				Λ						Onset and Death		
	resulting in death)	a			m (241	<u></u>								
		DUE TO	(OR AS À CONSEQUE	ENCE OF	ት: 				1100	0	0	N 24			
CERTIFICATION	Sequentially list conditions,	PILE 10	OR AS A CONSEQUE	C (- 2	RUI	10		F1(5/1)	KL	, 6 /	JEHI	7.6	_	
AT	if any, leading to immediate cause. Enter UNDERLYING	302.10	CAR	1	DC	C	9 (29	BH	ы.	m. f	1	i		
FIC	CAUSE (Disease or Injury that initiated events	c. OUE TO	(OR AS A CONSEQUE	ENCE OF	7:			1-11	97()	,	1.1.1		<u> </u>	_	
H	resulting in death) LAST														
S														_	
AL	PART II. Other significant condition	s contributing to	death but not resu				cause g	iven in i	Part I. 24a.	WAS AN		246.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
20		FNA	- (Fet)	17	VF	(2			_ 10	YES 2			COMPLETION OF CAUSE OF DEATH?		
ME											1		1 _ YES 2 _ NO		
ä															
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF O	ATH (Che	ock only one)						
PHYSICIAN: MEDICAL	1 TES 2 DNO	1 Impatient 2	ER/Outpetient 3	DOA			5 🗆 Re	sidence	8 Other (Spe	icity)					
표	27. MANNER OF OEATH 1 Colorural 5 Pending	28s. DATE OF (Month, D.	INJURY 2 lay, Year)	MIT .d8	E OF URY	28c. INJU WOR	RIC?		28d. OESCRIB	E HOW IN	JURY OCC	URED			
B	2 Accident Investigation				M		ES 2 [NO							
<u> </u>	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At home, atc. (Specify)	, term, s	treet, tect	ory, office			281. LOCATION City or Tox	(Street si vn, State)	nd Number	or Rural R	oute Number,		
ᇦ														_	
COMPLETED	(Check only														
8	2 MEDICAL EXAMINE		ABINITATION SOCIOT INVE	attgatio	n, in my o	pinion, de	ath occur	od at the t	time, data and	place, and	d due 10 th	e cause(s)	and manner as stated.		
B	29b. SIGNATURE AND TITLE OF CERTIFIED	lo					29c. UPEE	NSE NUM	AL CAN	,	29d. DATE	SIGNED	(Mortin, Day, Year)		

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

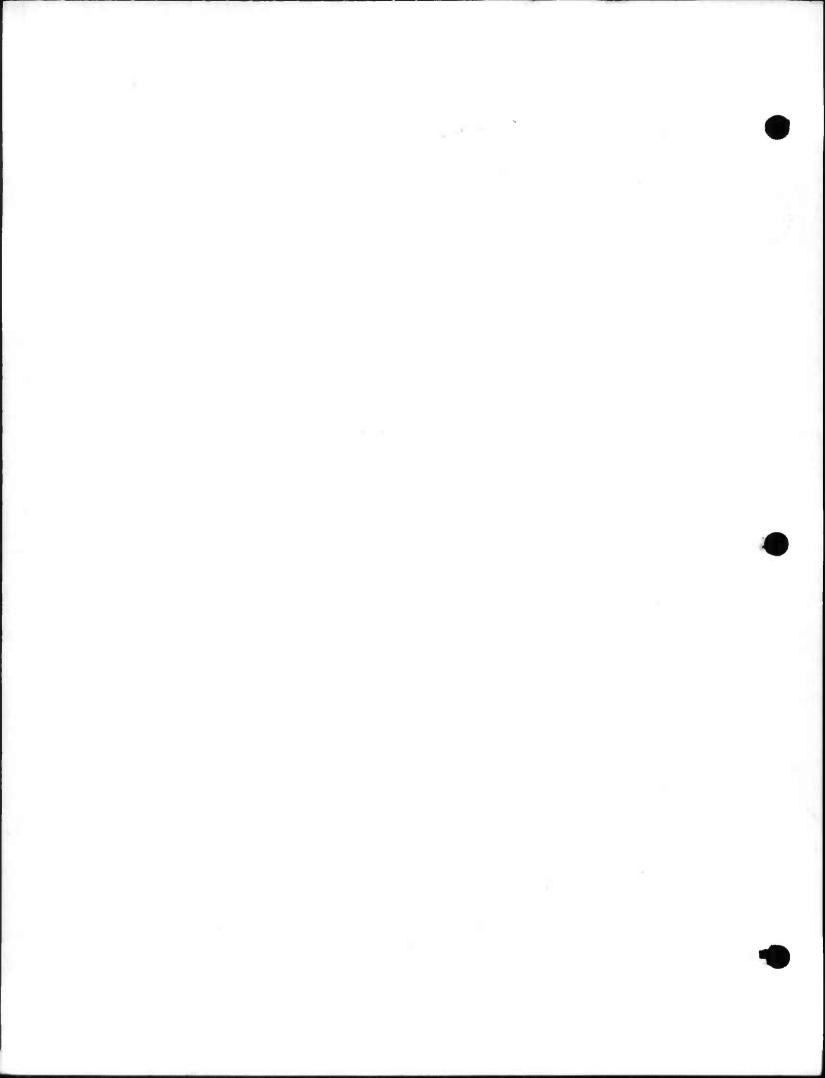
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a frours after death. Page 6 may b	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page he filed within 72 hours after death with the State Dect. of Health and Mental Horiere prior to build compation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
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FOR 1 • STATE REGISTRAR		STATE OF N		DEPAR					MENTAL HYGIEN	E (94	05592	
1. DECEDENT'S NAME (Firs		RUTH		GOLD					2. DATE OF DEATH DATE FEBRUARY		YEAR 1994	3. TIME OF DEATH 5:50 AM	
4. SOCIAL SECURITY NUM 215-05-111		5, SEX 1 M 2X F	8. AGE (In yrs. lea	t birthday) YRS.	IF UNDER	DAYS	IF UNDE	MIN.	7. DATE OF BIRTH (Month, Day, Year) APRIL 10,1	910	Count	HPLACE (State or Foreign try) ARYLAND	
90. FACILITY NAME (If not I HEBREW H	OME OF	GREATER	WASHING	TON			TLLE		DEATH		ONTGO		
10e. STATE MARYLAND	10b. COUNTY	TGOMERY			y, town o					M		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 6121 MONT		OAD				10	20 20	€ 852		10g. CI		WHAT COUNTRY? CED STATES	
11. MARITAL STATUS 1 Never Merried 2 2 3 Widowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2X			If you, ap		nn, Mexic	NIC ORIGIN? (Specify Yearan, Puerto Rican, etc.)	or No-		E — American Indian, ok, White, atc.	
	CEDENT'S EDU		(Gi	CEDENT'S	vork done			ng	16b. KIND OF BUS	INESS/II	NDUSTRY		
Elementary/Secondary (0-12) College (1-4 or 5+)				DO NOT US	re reurea.)								

FUNERAL DIRECTOR BY ETED COMPL HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MORRIS FOREMAN CELIA ROSOFSKY BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 15525 AMBIANCE DRIVE - N. POTOMAC, MARYLAND 20878 MARCIA BRAUNSTEIN 20e. METHOD OF DISPUSITION 1 X Buriel 2 Commetten 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State JUDEAN MEMORIAL GARDENS 2/4 OLNEY, MARYLAND 4 Donation 5 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE - ROCKVILLE,MD. 20852 Enter the diseases, or complications that caused the deseable, or heart failure. List only one cause on each line. mplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in deeth) SEPTIC SHOCK HOURS DUE TO (OR AS A CONSEQUENCE OF): SEPSIS HOURS CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING URINARY TRACT INFECTION DAYS CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to desth but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TES ZYNO ARTHEROSCLEROTIC HEART DISEASE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one HOSPITAL: OTHER: 1 TYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ig Home 5 🗆 Rasidence 6 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Netural 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be determined 4 🗌 Homicide 29a. CERTIFIER (Check only 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the b nination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER

30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

LEE JONATHAN MUSHER, M.D., 1801 E. JEFFERSON STREET, ROCKVILLE, MARYLAND 20852

29c. LICENSE NUMBER

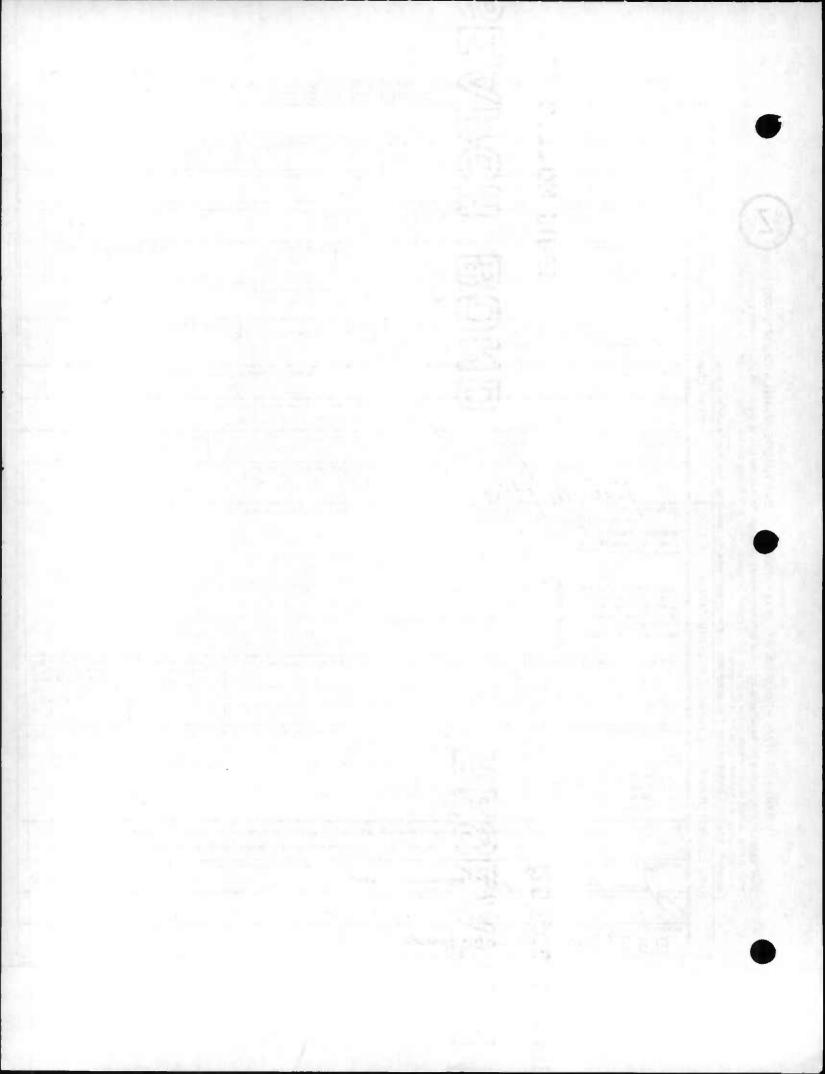
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32. REGISTRAR'S SIGNATURE

29d. DATE SIGNEO (Month, Day, Year)

▶ FEBRUARY 1, 1994



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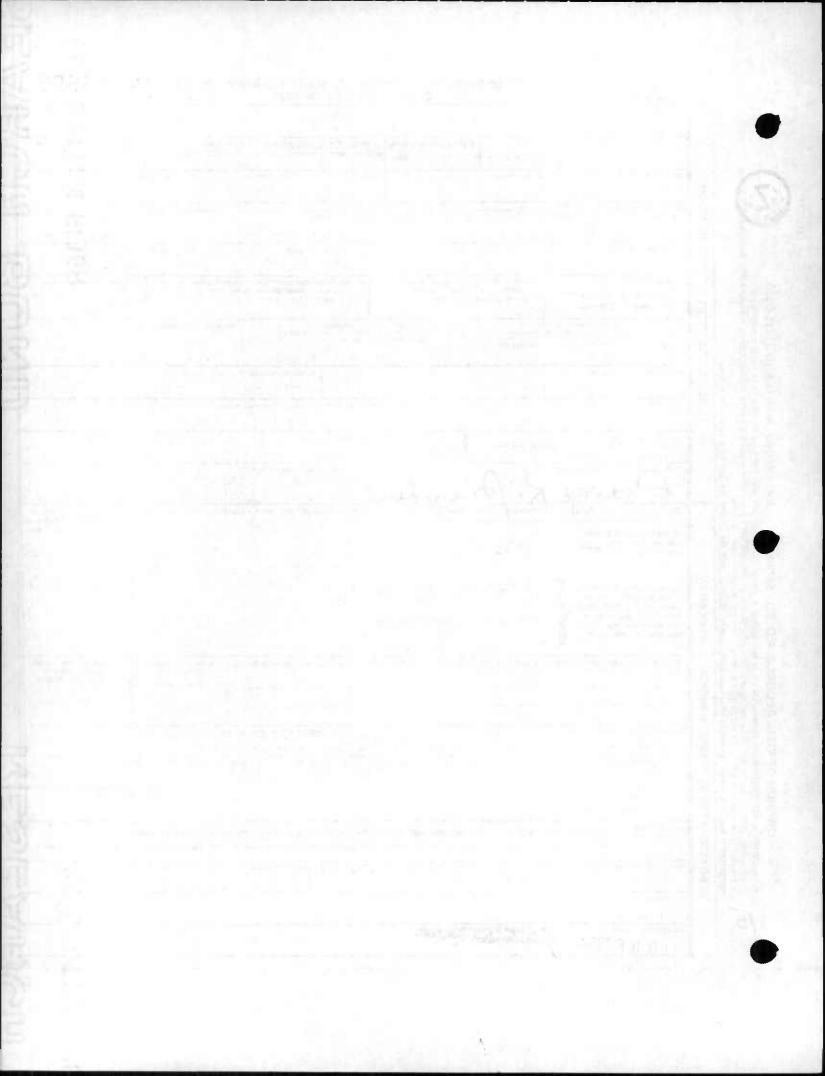
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BALTIMORE, MARYLAND	nours after death. Page 6 may be retained by the hosp	iled in by the funeral director, page 5 should be detached, or removal.	a medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache the flued within 72 hours after death with the State Dent, of Health and Mental Hodiene orlor to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR 1. DECEDENT'S NAME (First			IARYLAND /		CATE	: OF	DEA	Н	2. DATE	OF DEAT	NO. °		0 5 5 9	
	Elain	D. Gaskins Feb								6,1	6,1994 1:00F			
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	/Man	OF BIFIT	arl	Cours	HPLACE (State or Fore	-
577-52-84	160	X	1 L M 2 X F 5 / YRS.										t Of Co	1.
	onsal	on, give street and number) al Lane Silver Spring Mo									tgomery			
10e. STATE	10b. COUNTY	Y		10c. CITY	r, TOWN O	R LOCAT	ION						10d. INSIDE CITY	
Maryland	Mont	gomery			Si	lve	r Sp	rir	ng				1 X YES 2 A	0
10e. STREET AND NUMBER	4					101	. ZIP CODE				10g. C		WHAT COUNTRY?	
13805 I	Bonsal						209						5.A/	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 X Div	1.74144(11.546)	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2.X	NO		f yes, sp	ENDENT Cobe 2 1100	n, Maxica	in, Puerto	N? (Speci Rican, etc	y Yes or No— :.)	Spec	E — American Indiar ck, Whita, etc. city: lack	
15. DE (Specify of	CEDENT'S EDU	CATION completed)	(G	CEDENT'S live kind of w	rork done o			a	16	b. KIND O	F BUSINESS/II	NDUSTRY		
Elementary/Secondary	(0-12)	College (1-4 or 5 +) life	. Do NOT us	e retired.)					II C	C			
12th Gra			P ₁	rocu	reme	ent				_	. Go			_
Thom	1000	. Diggs					111111111111111111111111111111111111111		red	Middle, M	siden Surname)			
19a. INFORMANT'S NAME		Daughter	19	b. MAILINO	ADDRESS	(Street a				ober, City o	r Town, State, 2	Zip Codel	#20902	-
Ms Wan		askins											1 Sprin	7
20a METHOD OF DISPOSI 1- Burlal 2 Cremet 4 Donation 8 Other	TION ion 3 - Ram or (Specify)	oval from State	20b. PLACE	AND DATE O	F DISPOS	ITION (Na	me of		DA	TE 20	Lando	- City or T	own, State	2_8
21. SIGNATURE OF FUNER	AL BERVICE LIC	R. A	Maria	lon	S1	NAME AF	den	Fun	cility lera	1 H	ome P	.A.	20850 ville,	M
23. PART I. Enter the	diseeses, or o	complications the	caused tha de	eth. Do n	ot enter	the mo	de of dy	ing, suc	h as cer	dlac or	respiratory a	irrest,	Approxima	•
IMMEDIATE CAUSE (F	inel		iac A		t	,							Interval Be Onset and	
disease or condition resulting in desth)	\rightarrow	· Car	OR AS A CONSE	are	27								oveho	2
					(1)	oro	nary	Ar	ter	y D	iseas	е	1-	
Sequentially list cond if any, leading to imm cause. Enter UNDERL'	ediata	b. UOTO	OR AS A CONST	OUENCE OF	eu	1	TIST	20/	20				tenye	Ω
CAUSE (Disesse or in that initiated events resulting in death) LA		e. DUE TO	(OR AS A CONSE	QUENCE OF	7:									
PART II. Other signific	snt condition	na contributing to	deeth but not i	resulting i	n the un	derlyin	g csuse (given in	Part i.		S AN AUTOPS	Y 24	b. WERE AUTOPSY FIN	
											RFORMED?		AVAILABLE PRIOR T	
													OF DEATH?)
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:		-	071:5		ACE OF D	EATH (C	neck only o	ne)				
1 YES 2 NO		1 Inpatient 2					5 1 R	sidence	6 🗆 Oth	er (Specif))			
	Pending Investigation	26a. DATE OF (Month, D	INJURY ny, Ybar)	28b, TIMI INJ	E OF URY M	-	RK?	NO	28d. DE	SCRIBE H	OW INJURY O	CCURED		
2 Accident 3 Suicide	Could not be	28a. PLACE O	F INJURY — At he atc. (Specify)	ome, ferm, s	traal, fact	ory, offic	To YES 2 NO 2et. LOCATION (Street and Number or Fural Route Number, City or Town, State)							

296. SIGNATURE AND TITLE OF CERTIFIER JOANN Urquhart M.D. 296. LICENSE NUMBER 27 (NO. Print)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (NO. Print)
9911 Medical Center Drug Rockwile, Md Suite 306 TO BE C 12-7-94 20850 FFB 0 8 1994 12 AMEGISTRAR'S SIGNATURE

29d. DATE SIGNED (Month, Day, Year)



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Page 6 may be retained by the hospital or attending physici	director, page 5 should be detached to
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$4 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FOREMALL UNITED HAT ATTREET HAS DEED SIGNED BY THE AUROLDING PRINCIPLE AND COMPORTED MINE IN DV THE TONE AND GREAT OF BEING DE GETACHED FOR USE AS THE BUILD-STATE. DE filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

31. DATE FILED (Month, Day, Ye

94 05594 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 5,1994 3. TIME OF DEATH 7:0(AM Joaquin Garcia 2. DATE OF DEATHER 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, 1 1 X 1 2 - F DAYS HOURS 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF CEATH Montgom RESIDENCE OF DECEDENT DIRECT 10a. STATE 10h COUNTY 10d NSIDE CITY Washington, DC 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1435 Channing St, 20018 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuben, Maxican, Puerto Rican, atc.)

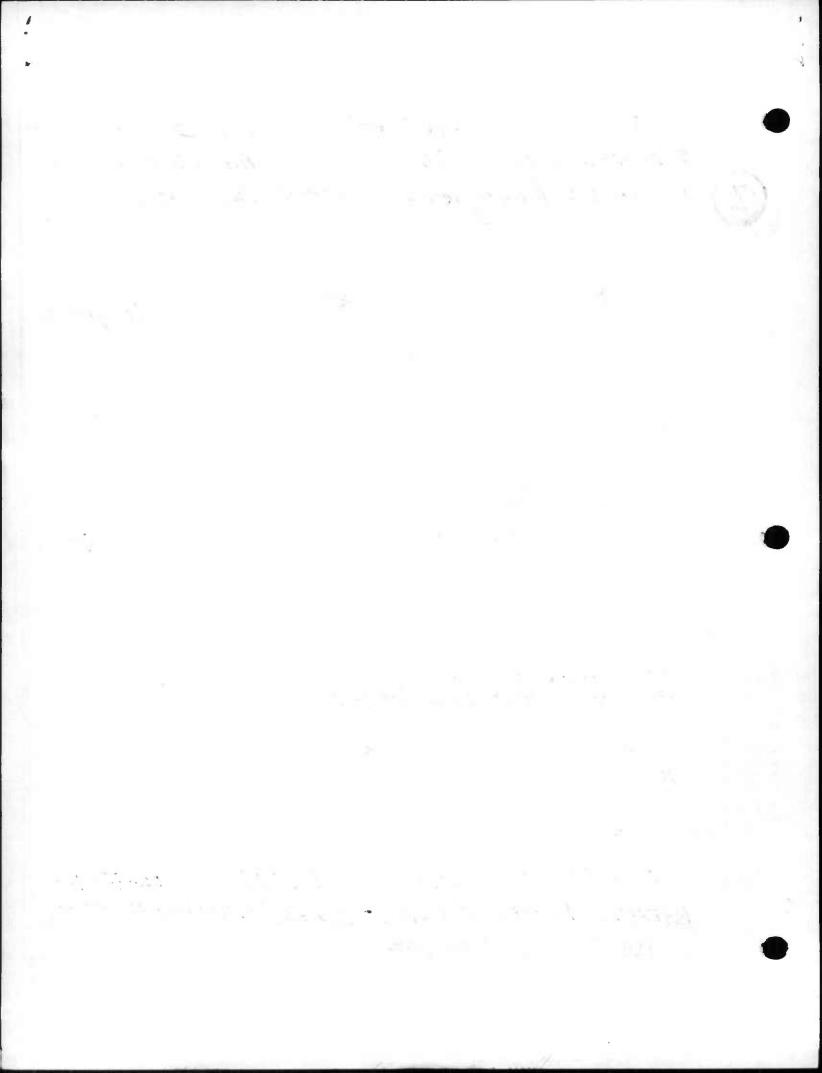
1 Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ▼ NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Mexican COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ry/Secondary (0-12) College (1-4 or 5+) Silversmith Silver once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE Carlos Garcia Maria Rodriguez 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Antoinette Fischman Yoakum Pkwy. #309. Alexandria, VA 22304 2 20a. METHOD OF DISPOSITION
1 Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must cemetery, crematory or other place) 4 Donation 5 Other (Specify) Heaven Cemetery Feb 9 Silver Spring, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home 11800 New Hampshire Ave, Silver Spring, MD medical 23. PART J. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Opset and Death 等 disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 7 OF DEATH? item 23 shows 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Surraing Home 5 - Residence 6 - Other (Specify) 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 2 Accident 5 Pending t YES 2 NO ВУ Investigation 28s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 8 Could not be determined COMPLETED 4 Homicide MPORTANT: It Item 29e, CERTIFIER 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER

(ITEM 27) (Type, Print)

whice Lavidson Randall

29d. DATE SIGNED (Month, Day Year)

▶02-5-94 13018 GEORGIA AVE. WHEATON, MD 20906 DHMH-18 Rev 1/89

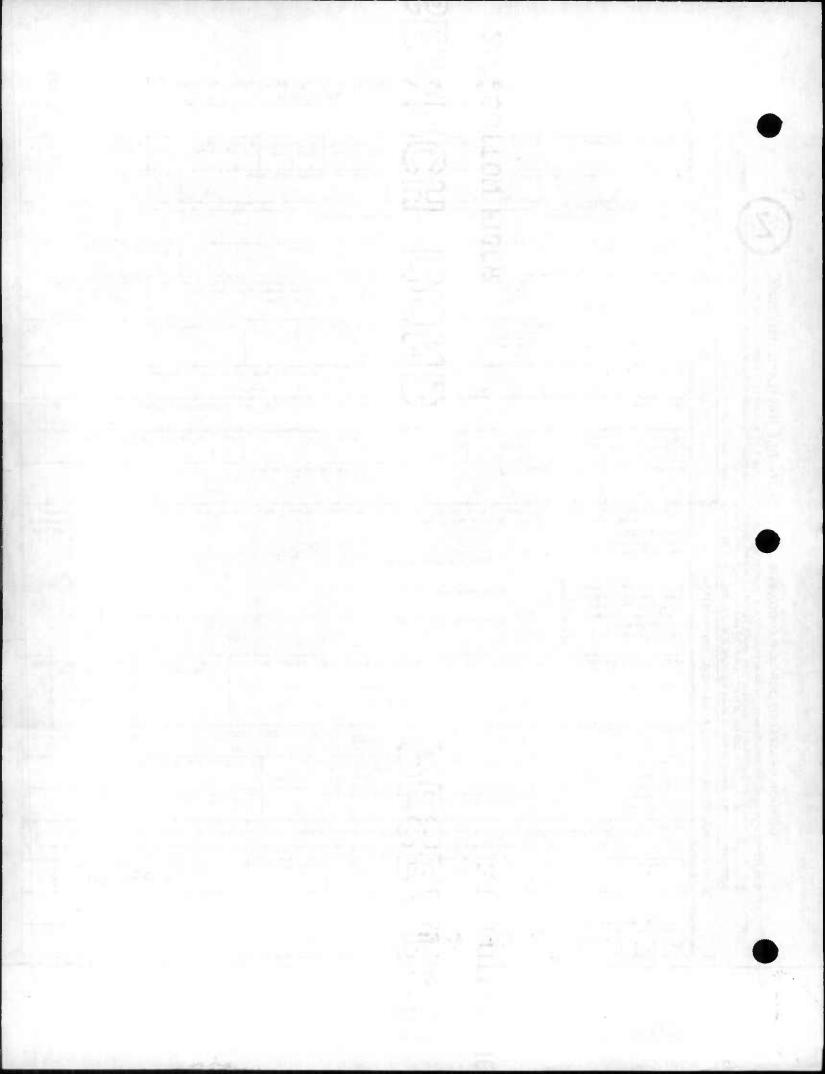


FOR STATE REGISTRAR	SIAIC UF MA	RYLAND / DEP CERT	IFICAT	TE OF	DEATH	MENIA	REG. I	, ,	1)5595)
DECEDENT'S NAME (First, Middle, Las	0					2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEAT	1
AUSTI	N PHILLIPS	GATTIS				JA		1994	TEAR	12:30	
SOCIAL SECURITY NUMBER		AGE (In yrs. last birthd	(ay) IF UND	DER I YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH		8. BIRTH Countr	IPLACE (State or For	oign
579-14-0042	1 M 2 F	77 YR	is.			DEC	3 1			TH CARO	I
a. FACILITY NAME (# not institution, give NATIONAL NAVAL		NTER	9b, CI		HESDA	DEATN			NTGO	MERY	
DESIDENCE OF DECEDENT			0/27/ 70//	N OR LOCATIO				- 110	NICO		-
		100	- 1001							10d. INSIDE CITY LIMITS?	
DISTRICT OF COL	UMBIA	W	Iasiiti	ngton,	ZIP CODE			100 000	ZEN OF W	1 X YES 2 1	10
3336 BROAD BRAN	CII TEDDACE	NTT 7		101.							
I. MARITAL STATUS	12. WAS DECEDENT E		1:	3. WAS DECE	20008	ANIC ORIGIN	17 (Specify			STATES - American India	
☐ Never Married 2 🔀 Married	FORCES? 1 F	YES 2 NO		If yes, spec	cify Cuban, Mexic 2 [X] NO Spec	can, Puerto I			Black	k, White, atc.	',
Wildowed 4 Divorced	1942 - 1		1	1 123	Muo spec	my.			Speci	WHITE	
15. DECEDENT'S EC (Specify only highest gra		16a, DECEDEN		OCCUPATION		16b	KIND OF	BUSINESS/IND	USTRY		ī
Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)	Ilfe. Do NO	M.C.	d.)	or working	DE	PENC	17			
	1	0.5	.H.U.				EFENS				
FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	IAME (First, F	Middle, Maid	den Surname)			
THOMAS JEFFER	SON GATTIS				LUCY M						
De. INFORMANT'S NAME (Type/Print)					d Number or Rura				/		
MARY GATTIS										ON. DC 2	0
Da. METNOD OF DISPOSITION Burlal 2 Cremation 3 Re	moval from State	20b. PLACE AND DA			ne of	DAT		LOCATION —	•		
Donation 5 Other (Specify)		U.S.U.H	1.5.			1-2		ethesd	a, M	10	
CIONATURE OF EINIERAL OFFICE	I CENCEE										
I. SIGNATURE OF FUNERAL SERVICE	LICENSEE		Å		uneral	Servi	ices,	P.A.			
3. PART 1. Enter the diseases, o shock, or heart failure MMEDIATE CAUSE (Final lisease or condition	r complications that con. List only one cause	on each line.	327 9 Do not ent	Rapp F 333 Gi	st Ave, e of dying, su	Silv	er S	pring,		20910 Approxima Interval Be Onset and	tw
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an outpetely filled in by the funeral director, page 5 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit abe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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DIVISION OF VITAL RECORDS, P.O.

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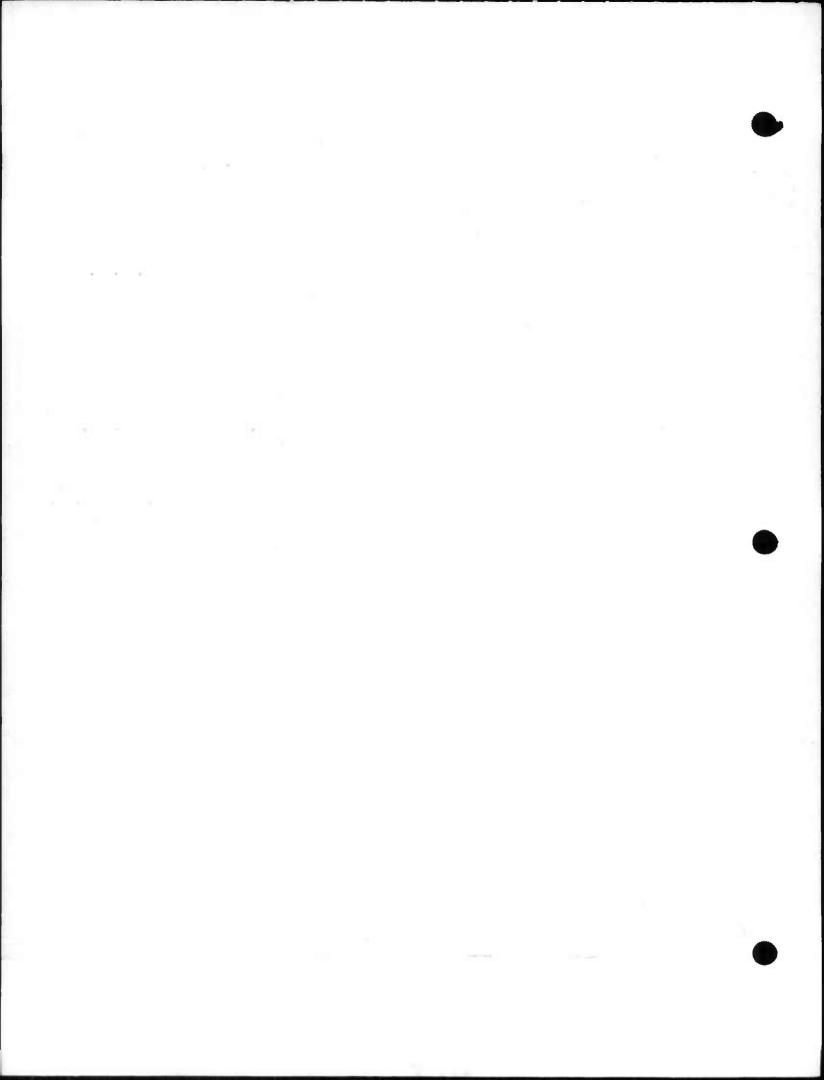
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	ath wi	IMPORTANT: If Irem 28 is marked, or Irem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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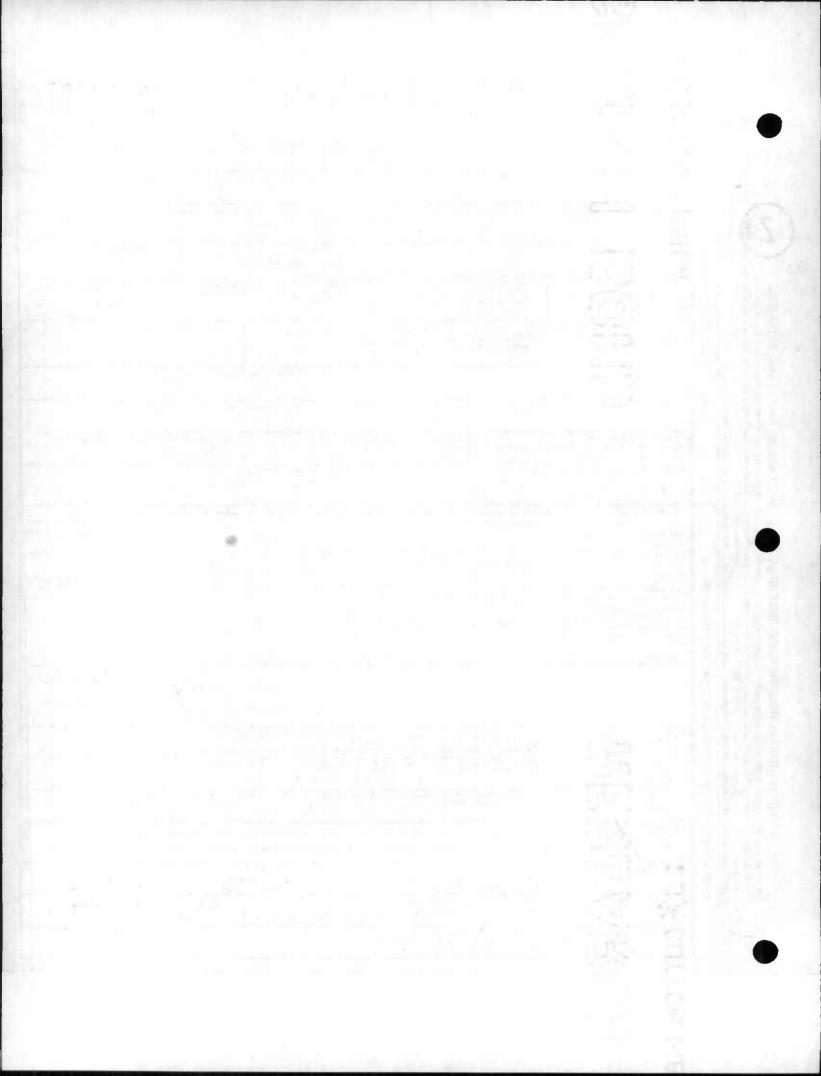
DIRECTOR
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CAL CERT

FOR STATE REGISTRAR 05596 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 94

i	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH								3. TIME OF DEATH					
	Ada Goodwin									January 25 1994 5:45 P				5:45 P M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	_	7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country)				IPLACE (State or Foreign
	$232-64-0531$ $1 \square$ M 2 \square F					MIN.	Feb. 1,		00		Virginia			
	9a. FACILITY NAME (If not in					9b. CITY,	TOWN (OR LOCATI	ON OF DE	ATH	\neg		NTY OF D	
DIRECTOR	2109 Brown		n Road			Up	per	Mar1	boro			Prin	ice G	George's
5	RESIDENCE OF DEC	10b. COUNTY	,		10c CITY	, TOWN O	B LOCAT	ION						10d, INSIDE CITY
<u> </u>				1 -										LIMITS?
	Maryland 100. STREET AND NUMBER	Princ	e George	`S	Upp	er M		OTO	E .			10a CIT	IZEN OF	1 YES 2 NO
FUNERAL	2100 Prosm	Chohio	m Dood				1.0	000						A COUNTRY?
ž I	2109 Brown	Statio		IT EVER IN U.S. ARI	MED	13. 1	MAS DEC	ENDENT (2077	Z IIC ORIGIN? (Spec	Hy Yea		S.	A
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COMPLETED	t5. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)		CEDENT'S				0/7	16b. KIND	OF BUSI	NESS/IN	DUSTRY	
9	Elementary/Secondary (0	1	College (1-4 or 5	life.	Do NOT us	e retired.)	zamy mo	of or works	79					
M P	8		F)	Hom	emak	er				Но	me_			
8	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	ME (First, Middle, I	Maiden S	lumame)		
띪	Evan Stone									1 Canno				
2	19a. INFORMANT'S NAME (7									Route Number, City				
	Carolyn Ann		n	2	109	Brow	n St	atio	n Rd	Uppe	r M	arlb	oro.	Md. 20772
	1 🗆 Burlei 2 🗆 Crematic	n 3 🗆 Remo	oval from State	20b. PLACE A	natory or of	her place)	ITION (No	ime of Ja	n 29	, 1994 2 Ws Cen	tot -	ATION —	City or To	own, State
	4 Donation 6 Other		ENSEE	Intern	allo	nac	Of	aa t	SS OF FA	ius cent	wes.	t vi	rigin	ua
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	Joseph	5 000	illor f	ato		66	33 C	ld A	1exa	nder Fe	rrv	Rd	CN	nton Md.
	23. PART I. Enter the d shock, or h	iseasea, or c eart failure.	complications the	it caused the decuse on each line.	eth-Do n	ot enter	the mo	de of dy	ing, suci	h as cardisc or	respin	atory an	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (FIR		01				4	10	0 12	Vian			a	Onset and Death
	disease or condition resulting in death)	→	100	marin	×	10	1	XX	100	ach	ýV	M	200	4
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o l	Sequentially list conditi	lons,	h. Our TO	TOR AS A CONSEC	MENCE OF				0	4	/			-1
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CERTIFICATION	CAUSE (Disease or Injuthat Initiated events	iry 🥤	DUE TO	(OR AS A CONSEQ	WENCE OF	n e								
F	resulting in death) LAS	ir 📗	d.											34
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MEDICAL	PART II. Other significa	ent condition	a contributing to	death but not re	eaulting i	n the un	derlyin	g cause	given in	Part I. 24s. V	ERFORM	WTOPSY MEO?	248	NERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă							_			10	YES 2	NO		OF DEATH?
_ 0										_				1 TES 2 NO
A I	25. WAS CASE REFERRED T	MEDICAL												
PHYSICIAN:	EXAMINER?	O MEDICAL	HOSPITAL:			OTHER	R:	11 90		eck only one)				
<u>}</u>	1 YES 2 NO		28a, DATE Of	ER/Outpatient 3	28b. TIM	_		URY AT	esidence	8 Other (Special 28d. DESCRIBE		ILIDY OC	CHRED	
- 1	1 Natural 5	Pending	(Month, L		INJ	URY	WC	PRK?	□NO	ZOU. DESCRIBE	now in	JUNI OC	CONED	
ĕ	2 Suitelds	Investigation	28a. PLACE (OF INJURY — At hor	me, larm, s	treet, fact				26f. LOCATION	(Street ar	nd Numbe	r or Rural	Route Number
딢		Could not be determined	building	etc. (Specify)						City or Town	, State)			
۳	29a. CERTIFIER 1 K CERT	CIEVINO PHYSI	CIAN: To the best o	f my knowledge, de	-th-enum	d			35-33					
COMPLETED	1													a) and manner as stated.
	29b. SIGNATURE AND TITLE	-	1	5-1	_	1		100			T			
8	7	NEW	100	1 1		1	\	Sab. FIG	ENSE NUA	ROLL		29d. DAI	SIGNE	(Month, Day, Year)
임	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAU	SE OF ALEATH (ITEM	AT) (Type	Print))	-			1 1		1	01174
	WR	MC	YNIC	1/01	7		1							
	31. DATE FILEO (Month, Day.	Year) ,	- 32. REGISTR	AR'S SIGNATURE	50	00								
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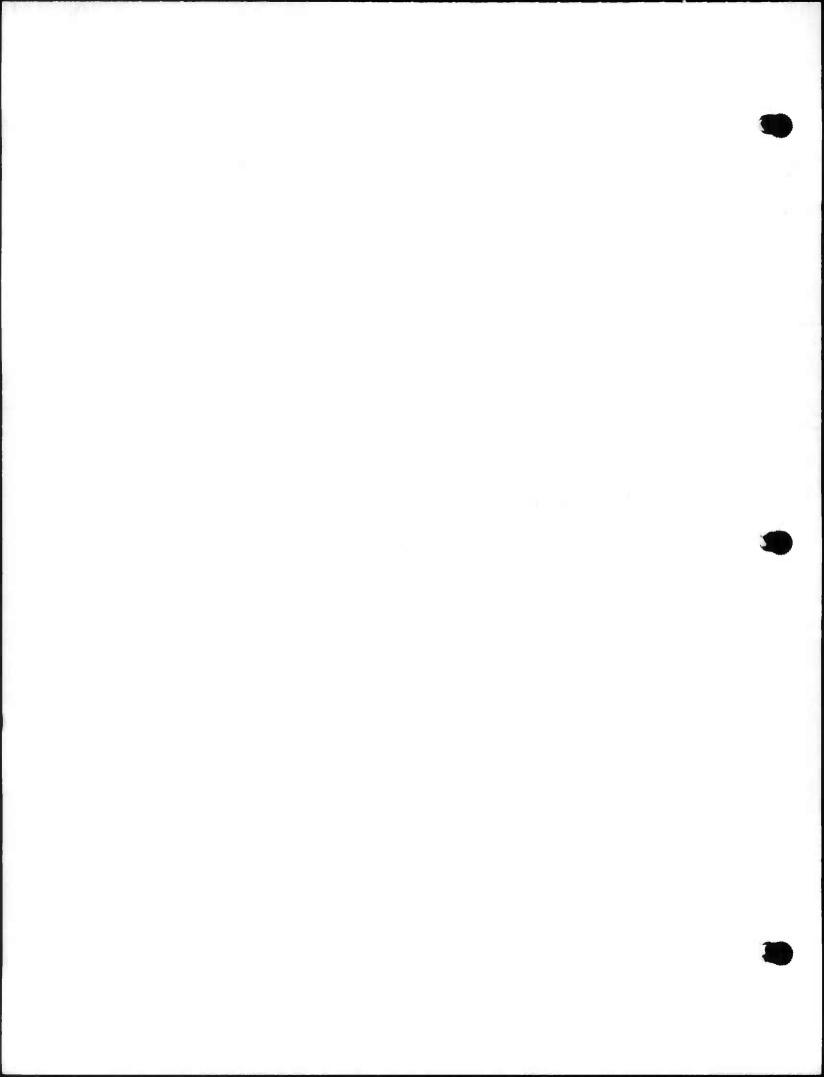
	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPART CERTIFIC	MENT OF HEAL CATE OF DE		NTAL HYGIENE REG. NO. 9 L	05597
	1. DECEDENT'S NAME (First, Middle, L. A. SOCIAL SECURITY NUMBER	S. SEX 8.			NDER 24 HRS. 7. (3. TIME OF OEATH 3. TIME OF OEATH M B. BIRTHPLACE (State or Foreign Country)
TOR	98. FACILITY NAME (II not Institution, g WASHING YON RESIDENCE OF DECEDEN	Adventist	TO YRS.	Takon	CATION OF OEATH	4-21-18	TY OF DEATH J
AL DIRECTOR	10a. STATE 10b. CO			TOWN OR LOCATION TOKOM 101. ZIP	-	10g. CITIZE	1 X YES 2 NO
BY FUNERAL	80 17 6 10 N 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	VER IN U.S. ARMED YES 2 NO		Cuben, Mexican, Pu	RIGIN? (Specify Yes or No- 1	ed States 4. RACE — American Indian, Black, White, etc. Specify:
PLETED	15. OECEDENT'S (Specify only highest of Elementary/Secondary (0-12)		164. DECEDENT'S US (Give kind of wo life. Do NOT use Administ	rk done during most of w retired.)	vorking	16b. KIND OF BUSINESS/INDU	
BE COM		ynn		L	illian	First, Middle, Malden Surname) G111	
10	19a. INFORMANT'S NAME (Type/Print) Lynn Monroe Gar 20a. METHOD OF DISPOSITION		11.6-17.6	omerset R		erdale, Maryl	and 20737
	1 X Suriel 2 Cremation 3 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL BERY C	E LIGENSHE	cemetery, cremetery or other Fort Linco	In Cemete	ncoln Fu	94 Brentwood	, Maryland nc., 3401
CERTIFICATION	23. PART I. Enter the diseases, ahock, or heart failt immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO OR	RAS A CONSEQUENCE OF:	Januar	dying, such aa	cardiac or respiratory arre-	Approximata interval Between Onset and Death
MEDICAL	PART II. Other algnificant cond	itiona contributing to de	eth but not resulting in	the underlying cau	se given in Part	1. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 77 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERBED TO MEDICAL EXAMINERY 1 YES 2 740	HOSPITAL:		26. PLACE (OTHER: I Nursing Home 5 (F CEATH (Check o		
ву Рн	Natural / 5 Pending	28e. DATE OF INJ (Month, Day,		OF 28c, INJURY) WORK? M 1 YES	2 NO 28d	I. DESCRIBE HOW INJURY OCCU	RED
ETED	3 Suicide 6 Could not	building, etc.	NJURY — At home, ferm, etr. . (Specify)	eet, factory, office	281.	LOCATION (Street and Number of City or Town, State)	r Rural Route Number,
OMPL	and a					e cause(a) and menner as states, date and place, and due to the	
O BE C	396. BEGRANATHE AND TITLE OF CERT	m D. Well	100		LICENSE NUMBER	3 29d. DATE	SP QY war
OT.	AND ADDRESS OF PERSON	Weltz	1252 1	relius	40	- Green	heer mo
	JAN 3 1 1	32. REGISTRAR'S	SIGNATURE Panda				



באבווווסחר, וווסחוובסום	irs after death. Page 6 may be retained by the hosp	d in by the funeral director, page 5 should be detache or removal,	medical examiner must be notified at once.
DIVISION OF VIEW RECORDS, T.C. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the first after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

CERTIFICATE OF DEATH REG. NO.	2 -3	00000
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	96	05598

	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MEN	TAL HYGIEN REG. NO.	_	1 6	05598
	1. DECEDENT'S NAME (First, Middle, Last)						ATE OF DEATH		YEAR	3. TIME OF DEATH
	DONALD LESTER G	ROVER				FE	BRUARY			6:10 p M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	-	7.0	ATE OF BIRTH		a. BIRTH	PLACE (State or Foreign
i	366-09-0990	1 🖾 M 2 🗌 F	91 yrs.	MONTHS DAY	HOURS MIN.	NÖ	Month, Day, Year)	1902	Mich	nigan
_	9a. FACILITY NAME (If not institution, give st	,			OR LOCATION OF				NTY OF DI	
5	Williamsport Nurs	sing Home		Will	iamsport			Wo	ashir	ngton
	10g. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN OR LO	CATION				Т	10d. INSIDE CITY
8	Maryland Wo	ashington	i i	Hagerst	own				- 1	LIMITS?
7	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
ER	13704 Paradise (Thurch Road			2174	2			USA	4
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 1 YES	N U.S. ARMEO		ECENDENT OF HISP specify Cuban, Mexi			or No-	14. RACE	— American Indian, , White, etc.
BYF	1 Never Married 2 Married 3 © Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		ES 2, NO Spe		nto ricell, etc.)	l	Specif	9 0 1
	15. DECEDENT'S EDUC	W.W.II	44- DECEMBER	1101141 000010	71011		401 VIVE OF 011	000000000		
E	(Specify only highest grade	completed)	18a. DECEDENT'S (Give kind of the life. Do NOT us	work done during to retired.)	most of working		16b. KIND OF BU	SINESS/INC	OUSTRY	1
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)		rse		- 1	nur	sing	home	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S I		irst, Middle, Meiden			
0	Howard	! Grover				M	artha A	nn Br	rigna	.Z
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	and Number or Run	al Route	Number, City or Tow	rn, State, Zip	Code)	
2	Mr. Ernest R. Bar	ny.	17163	Lappan	s Road,	Наде	erstown,	Mari	yland	1 21740
	20a. METHOD OF DISPOSITION 1- Burlel 2 □ Cremation 3 □ Rem	oval from State	other place)		cemetery, crematory o	or		CATION —		
	4 Donation 5 Dother (Specify)		Rose Hil	l Cemet	ery		Над	erst	own,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	4	22. NAMI	AND ADDRESS OF	FACILITY	Minni	ch Fr	unero	al Home
	2 CHAY	Mins	uch	415	East Wil	son	Blvd.,	Hagei	rstou	n, Maryland
	23. PART i. Enter the diseases, or o			not enter the	node of dying, a	uch aa	cerdiac or reep	iratory en	reat,	Approximeta
	iMMEDIATE CAUSE (Fine)	List only one cause on a	each line.							Interval Between Onset end Daeth
Ì	disease or condition resulting in death)	ACUTE CER	EBRAL TH	ROMBOSI	S					2 HOURS
İ	ATERIOR TO DONO 1	DUE TO (OR AS	A CONSEQUENCE O	F):						
NO	Sequentieily list conditions,	b	A CONSEQUENCE O	n.						
TA	if any, leading to immediata cause. Enter UNDERLYING	DOE TO (OR AS A	A CONSCOUENCE O	r).						i l
임	CAUSE (Disease or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE O	F):						
CERTIFICATION	reaulting in death) LAST	d								
	DATE II ON THE STATE OF THE STA								1	
¥.	PART ii. Other algnificant condition	_	but not resulting	in tha undari	ring cause given	in Part	i. 24a, WAS AP PERFO		246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	FRACTURE RIGHT	HIP					1 TYES	2 ∑ NO		OF DEATH?
X										1 NES 2 NO
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			24	PLACE OF DEATH	(Check o	ab anal			
i i	EXAMINER?	HOSPITAL:	Inetiant 2 DOS	OTHER:						
H	27. MANNER OF DEATH	26s. OATE OF INJURY	28b. TIA	ME OF 28c.	lome 5 Residenc	_	. OEŞCRIBE HOW	INJURY OC	CUREO	
7	1 Netural 5 Pending	(Month, Day, Year)	IN.	JURY M 1	WORK? YES 2 NO					
	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Spe		street, factory,	ffice	28f.	LOCATION (Street City or Town, State	and Numbe	r or Rural I	Route Number,
E	4 Homicide determined	Salloning, Stat (O)A	Jony)				Only or lown, Grand	7		
7	29a. CERTIFIER (Check only	ICIAN: To the best of my know	wiedge, death occur	red at the time,	lete and place, and o	due to th	e cause(a) and me	nner se ste	ited.	
COMPLETED	contact only	ER: On the basis of examination								a) and menner as stated.
EC	296. SIGNATURE AND TITLE OF CERTIFIE	R		-	29c. LICENSE I	NUMBER		29d, DA1	TE SIGNED	(Month, Day, Year)
00	< 1900 me	m				370				ARY 18,1994
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	e, Print)	1 2 3	2,00		F 1	אטאיעיי	10,1774
	Dr. Ted E. Hov	we, 18100 Ma	rden Lan	e, Olne	y, MD 20	832				
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE		,					
_ #	FEB 2 2 199	14 Jahris Dan	dan-Randas	رار						



31. DATE FILED (MONTH), Day, Year)
FEB 1 8 1994

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32. REGISTRAR'S SIGNATURE

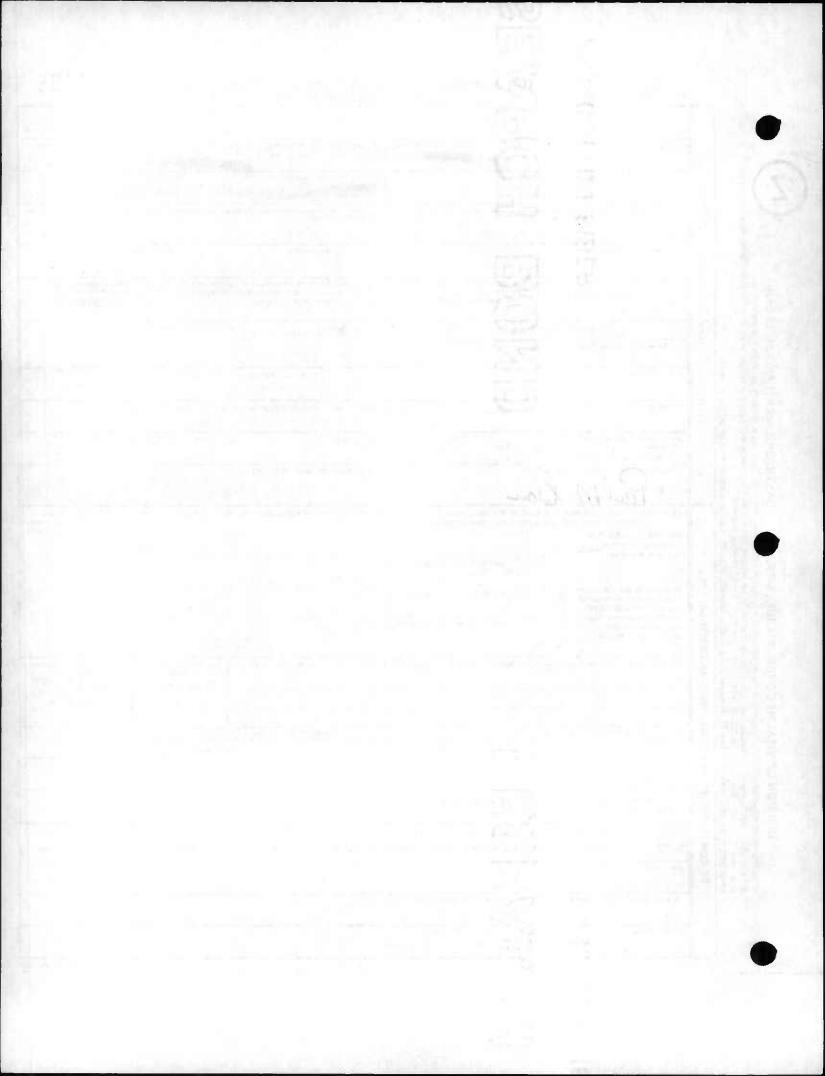
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	FOR 1 - STATE REGISTRAR	STATE OF N		DEPAF ERTIF					MENTAL HYGI		4)5599	
	1. DECEDENT'S NAME (First, Middle, Leet)	RBRAX	TON RUI	OLPH	I GC	DWIN	1		2. DATE OF DEATH	DAY 16	YEAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 578-18-6496	45		N birthday) YRS.	MONTHS	DAYS	IF UNDER	MIN.		1916	NORTH	ACE (State or Foreign I CAROLINA	
TOR	9a. FACILITY NAME (If not institution, give street and number) 4162 SOUTHBEND LANE RESIDENCE OF DECEDENT							ON OF DE		100	WASHII		
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY. MARYLAND WASHINGTON							SBUR	RG			d. INSIDE CITY LIMITS?	
FUNERAL	100. STREET AND NUMBER 4162 SOUTHBEND LANE						. ZIP COD	217			ZEN OF WHA		
BY FUI	11, MARITAL STATUS 1 Never Married 2 M Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	NO O		If yes, sp	ecify Cube	OF HISPAN en, Mexica Specify	NC ORIGIN? (Specify n, Puerto Ricen, etc.)	Yes or No—		American Indian, thire, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		+) (G	CEDENT'S live kind of . Do NOT u	work done se retired.)	during mo	st of world	51.27		BUSINESS/IND			
OMP	9 17. FATHER'S NAME (First, Middle, Last)		File	CTRI	CAL	CONT			ME (First, Middle, Mail	F EMP	LOYED		
BE ((UNKNOWN) GODWIN								E (UNKNO				
5	190. INFORMANT'S NAME (Type/Print) MARY F. GODWIN								SHARPSBU		,	22	
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE cometery, cre	AND DATE	OF DISPO	SITION (Na	me of		OATE 20c.	LOCATION -	OCATION — City or Town, State OCKVILLE, MARYLAND		
	21. SIGNATURE OR FUNERAL SERVICE LI		Paul M.	Dean				RAL I	HOME 760		Natio	nal Pike 21713	
	23. PART I. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	ise on each line							apiratory arr	eat,	Approximate Interval Between	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	4.1	ure	mia.		(130	hemic) and	renal	tailure	3 yours	
PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition	na contributing to	deeth but not r	resulting	In the u	nderlying	j cause	given in	PER	AN AUTOPSY FORMED?	CO OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO IMPLETION OF CAUSE DEATH?	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHE 4 Nu	R:	1		6 Other (Specify)				
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D		28b. TIN		28c. INJ WO			28d. DESCRIBE HO	W INJURY OC	CURED	2 - 3 - 1	
ED	3 Suicide 6 Could not be determined	28e. PLACE C building,	of INJURY — At ho	ome, ferm,	street, fac	tory, offic			28f. LOCATION (Str. City or Town, St		or Runil Rout	e Number,	
COMPLET	29e. CERTIFIER 1 CERTIFYINO PHYSI (Check only one) 2 MEDICAL EXAMINE											nd menner ee stated.	
BE		elen MD					29c, LIC	ENSE NUN	MBER 579	29d. DAT	E SIGNED (MG	onth, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAU	SE OF OEATH (ITE	М 27) (Туре	, Print)								

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Keedysvilles Md

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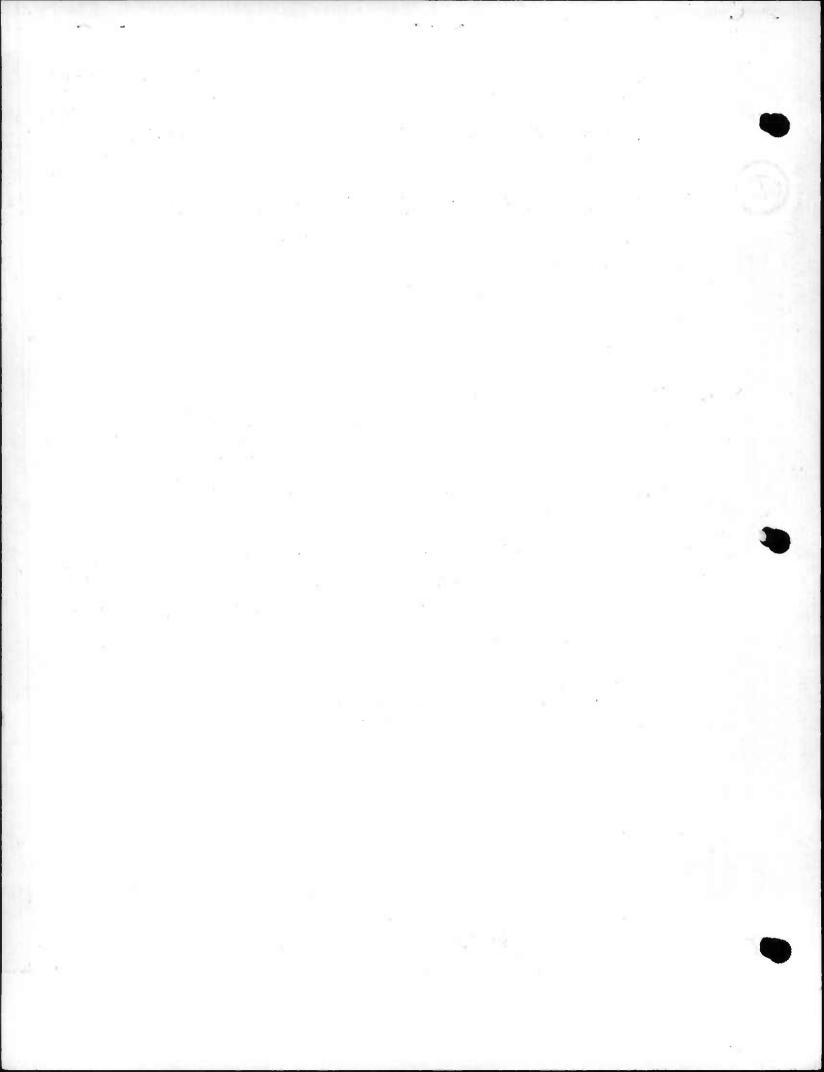
American Market Company	- 3	DIFISY	11.01	X///-//V			TE BY MIN	1 11	149	
		4. SOCIAL SECURITY NUMBER	100	AGE (In yrs. lest birthday)	IF UNDER 1 YEA		7. DATE DF BIRTH (Month, Pay, Year	1 - 1	8. BIRTH Country	
		259-62-7620	1 M 2 K F	96 YRS.			11/22/	97 G	ree	
- (47)		90. FACILITY NAME (If not institution, give	10 . /	11	9b. CITY, TOW	N OR LOCATION DE DE	EATH	9c. COUNT		
(-)	DIRECTOR	SOUTHERN /	MAYIAND	HOSPIM	Ch	INTON		PA	INC	
2 1	EC	10e. STATE 10b. COUNT	Y	10c, CITY	, TOWN DR LO	CATION				
5 E	님	Md.	P.G.		Upper	Marlbor	0			
Permit.	AL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZ	EN OF V	
- <u> </u>	EB	9130 D'A	Arcy Rd.			20772		U	.S.	
21203-3146 lal or attending physician. for use as the bunal-transit	BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1	VES 2 XNO	2 NO if yes, specify Cuban, Mexican, Puerto Ricen, etc.)					
203-31 r attending use as the	ED	15. DECEDENT'S EDI (Specify only highest grad		18a. DECEDENT'S		ATION most of working	16b. KIND OF	BUSINESS/INDU	JSTRY	
AND 212 the hospital or detached for us once.	LET	Elementary/Secondary (0-12) 6th	College (1-4 or 5+)	Domest	e retired.)	most or working	Priv	ate I	ndu	
MARYLAND : retained by the hospit 5 should be detached notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		Domese		16. MOTHER'S NA	ME (First, Middle, Mai			
# & & =		Colonel Hur	nter				na Green			
MARYL retained by 5 should be notified at	BE	19e. INFORMANT'S NAME (Type/Print)	reer	19b. MAILING	ADDRESS (Stre	et and Number or Rural			Code)	
	5	Dora C. Robins	son	Sam	e as	# 10 abo	ove			
ALTIMORE, I leath. Page 6 may be funeral director, page xaminer must be		20e. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Reg		20b. PLACE OF DISPOS other place)		cemetery, crematory or	200	LOCATION - C		
D Se 6 r		4 Donation 5 Other (Specify)	noval from Stata	onto: placey	Church Cem.2/12/94 Atlanta,					
FIM Fraid di		21. SIGNATURE DF FUNERAL SERVICE L			22. NAM	AND ADDRESS OF FA	naton 8	conc	Tn	
		of any	V. Gratt		49	.S.Washi 25 Burro	oughs A	e., N.	É.	
within cremation, or vent, the me		ahock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. ISCHEMIC		ŋ:					
13146, executed with and comple to burial, creammatic even	Z		. CEREBRAL	ARTERIOSC	LEROSI	S, SEVERE				
S, P.O. BOX 1314 the attending physician and comment hygiene prior to burial, illury, or other traumatic e	CERTIFICATION	Sequentially list conditions, if any, leading to immediate		AS A CONSEQUENCE OF			TRACE			
BOX ficate be ophysician ne prior to	S	CAUSE (Disease or Injury	C	LEROTIC CO. AS A CONSEQUENCE OF		HEART DIS	SEASE			
P.O. BO death certificate : attending physient ental Hygiene pri	RTIF	that initiated events resulting in death) LAST		RENAL FAIL						
death atten	CE		•							
0 = 22 =	AL	PART II. Other algnificant condition	_				PER	AN AUTOPSY	24b	
RECORD requires that some signed by of Health and shows any	MEDICAL	intractable co					1 🗆 YE	S 2 NO		
RECO v requires been sign rt. of Heali		angina pector:								
L R law re law r has be bept.	AN	obstructive pr	ulmonary di	sease , Neph	roscle	erosis				
VITAI NAM: The rificate h or Item	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	. PLACE OF DEATH (C)				
F VITA SICIAN: The certificate in the State	HYS	1 TYES 2 ND 27, MANNER OF DEATH	1 Ninpatient 2 ER			INJURY AT	8 Other (Specify) 28d. DESCRIBE HI	W IN HIRV OCC	TIRED	
N OF NG PHYSIC ther this ce path with t	0.	1 Natural 5 Pending	(Month, Day, Y		URY	WORK?	200. DESCRIBE III	W INSONT OCC	ONED	
ON WDING F Cheath	ВУ	2 Accident investigation 3 Suicide & Could not be	28e. PLACE OF IN	JURY — At home, ferm, s			28f. LOCATION (St	reet end Number (or Rural I	
SI TEN TOR	TED	4 Homicide 8 Could not be determined	(Specify)			City or Town, S	tate)			
OR DIR	MPLE	290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my	knowledge, death occurre	d at the time,	date end place, end due	to the cause(e) end	manner ee state	ed.	
HOSPITAL FUNERAL WITHIN 72 TANT: IF	MO	ana)	IER: On the basie of exami							
E HOS d with	E CO	29b. SIGNATURE AND TITLE DF CERTIFI	ER			29c, LICENSE NU	MBER	29d. DATE	SIGNED	
TO THE HOSPIT TO THE FUNERA De filed within ?	9 8	Optiv 47	cym h.	ρ.		D12884		▶ Fe	eb.1	
	5	30. NAME AND ADDRESS OF PERSON W								
(/))		PETER W.YIM M.D.	. 7900 OLD	BRANCH AVE	. SUIT	E 101,CLIN	TON , MARY	LAND 20)735	

FFR 0 8 1994

94 05600 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Migidle, Last) 2. DATE OF DEATH 3. TIME OF DEATH GRIFFIN MAIRY 01-45 EBYANY 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE DE BIRTH (Month, Pay, Year) 11/22/97 DAYS HOURS MIN. Greensboro, Ga YRS. 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LQCATION OF DEATH PMNCE MX Oc. CITY, TOWN DR LOCATION Upper Marlboro 1 X YES 2 | NO 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20772 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indien, Black, White, etc. if yes, specify Cuban, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify: Specify: Black DENT'S USUAL OCCUPATION kind of work done during most of working o NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Private Industry estic 16. MOTHER'S NAME (First, Middle, Malden Surname) Emma Green MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Same as # 10 above DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Church Cem.2/12/94 Atlanta, Ga. 22. NAME AND ADDRESS OF FACILITY H.S. Washington & sons, Inc. 4925 Burroughs Ave., N.E. h. Do not enter the mode of dying, such se cardiec or respiratory errest, Approximata Interval Between **Onset and Daath** HOURS ENCE OF OSCLEROSIS, SEVERE YEARS CORONARY HEART DISEASE YEARS ENCE OF): AIDURE Months ulting in the undarlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ilure, recurrent 1 YES 2 NO nemia ,chronic 1 YES 2 NO Nephrosclerosis 26. PLACE OF DEATH (Check only one) OTHER: DOA ne 8 🗆 Residence 8 🗀 Other (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE HDW INJURY OCCURED 1 YES 2 NO , farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) occurred at the time, date end place, end due to the cause(e) end manner ee stated. estigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D12884 Feb.1 1994 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Randalle

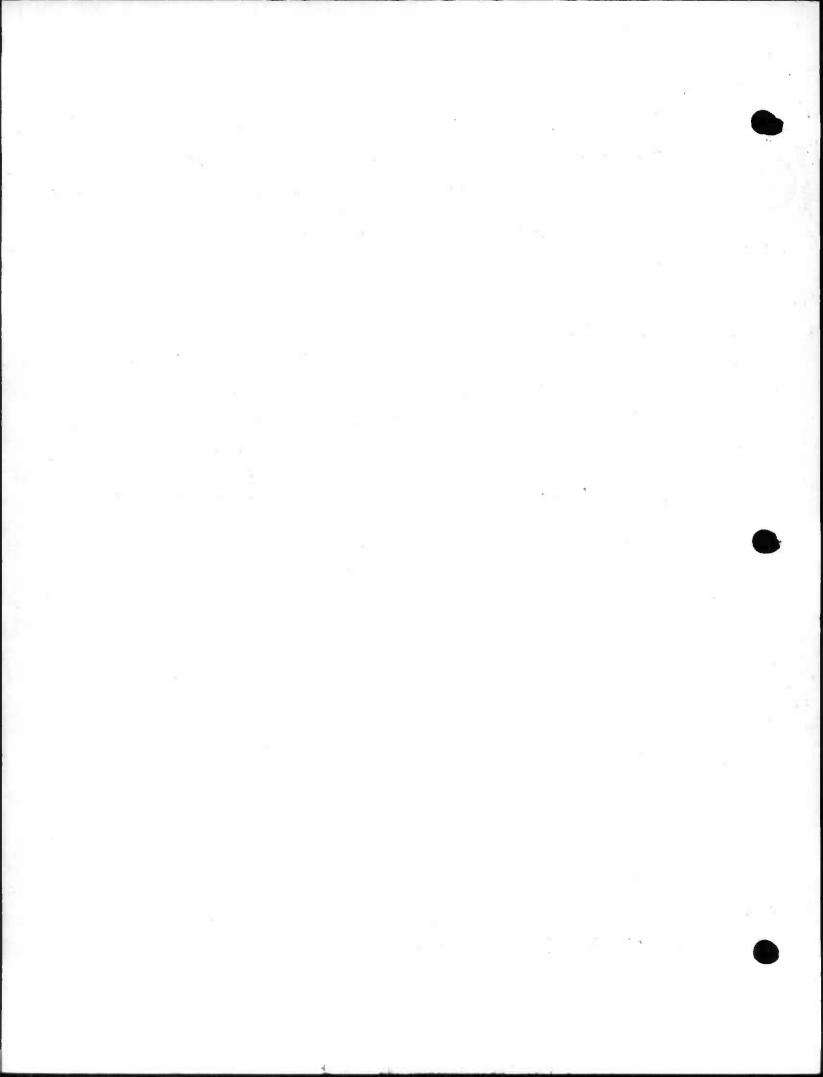
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MARYLAND	Page 6 may be retained by the
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	94	0560
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN ERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIEN		05601			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YEA	3. TIME OF DEATH			
	Hollis 4. SOCIAL SECURITY NUMBER	Gib			February	7. 1994	7:39P M			
		5. SEX 6. AGE (In yrs. Ia:	YRS. IF UNDE	DAYS HOURS MIN.	Mith. (Month, Day, Year) Country)					
	9a. FACILITY NAME (If not institution, give stre	11	9b. CIT	, TOWN OR LOCATION OF D	8-20-191 EATH	5 V	irginia PEATH			
DIRECTOR	Ft. Washington Med			Fort Washin	gton		ce George's			
REC	10e. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?			
	Maryland Prince	ce George's	For	Washington			1 TES 2 NO			
FUNERAL				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
N	7302 Epping Avenu	12. WAS DECEDENT EVER IN U.S. AF	MED 13.	20744 WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Ve		SA BACE — American Indian,			
BY FI	1 Never Married 2 Married 3XXWidowed 4 Divorced	FORCES7 1 XXYES 2 1 IF YES, GIVE WAR OR DATES W.W. II	NO	If yes, specify Cuban, Maxic 1 YES X NO Speci	en, Puerto Rican, etc.)	1 3	Black, White, etc.			
	15. DECEDENT'S EDUCA (Specify only highest grade or	TION 16a. DE	CEDENT'S USUAL C	CCUPATION during most of working	16b, KIND OF BU	SINESS/INDUSTR	ŧγ			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	i. Do NOT use retired.)	2001						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	2 yrs. Ele	ectronic	Technician		1 Gover	nment			
	Green Berr	v Gibbs		16, MOTHER'S N.	AME (First, Middle, Meiden Lavinia H					
) BE	19a. INFORMANT'S NAME (Type/Print)		b. MAILING ADDRES	S (Street and Number or Rural)			
5	Juanita A. Gibbs		1202 So.	Washington	St. 607C A	lexandr	ia. Va. 22314			
	Juanita A. Gibbs 1202 So. Washington St. 607C Alexandria. Va. 22314 20s. METHOD OF DISPOSITION 12 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Md. Veteran S Cemetery Other Computer Other (Specify) Other Computer									
	21. SIGNATURE OF FUNERAL SERVICE LYENSEE 22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home									
	George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745									
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death of the province of the conset and Death of the province of the cause of conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of):									
	PART II Other significant conditions	atting in death) LAST d. March Lis Til. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDS								
PHYSICIAN: MEDICAL	againtain Conditions	commoding to death but not i	resulting in the u	nderlying cause given in	Part I. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	neck only one)					
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: X Xinpatlant 2 ER/Outpatlant 3	DOA 4 Nu	R: sing Home 5 - Residence	6 Other (Specify)					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	NJURY OCCURE				
	2 Accident Investigation 3 Suicide 6 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
COMPLETED	29a. CERTIFIER (Check only one) 1									
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU		e, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)					
TO BE	MULL / / / 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE		D131			ruary 8, 1994			
	Mark H. Pillor, M			Rd. Oxon Hi	L1. Md. 201	745				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE				, ,				
	FFR 0 9 1994	in Davidson-Randall	2				DHMH.16 Ray 1/89			



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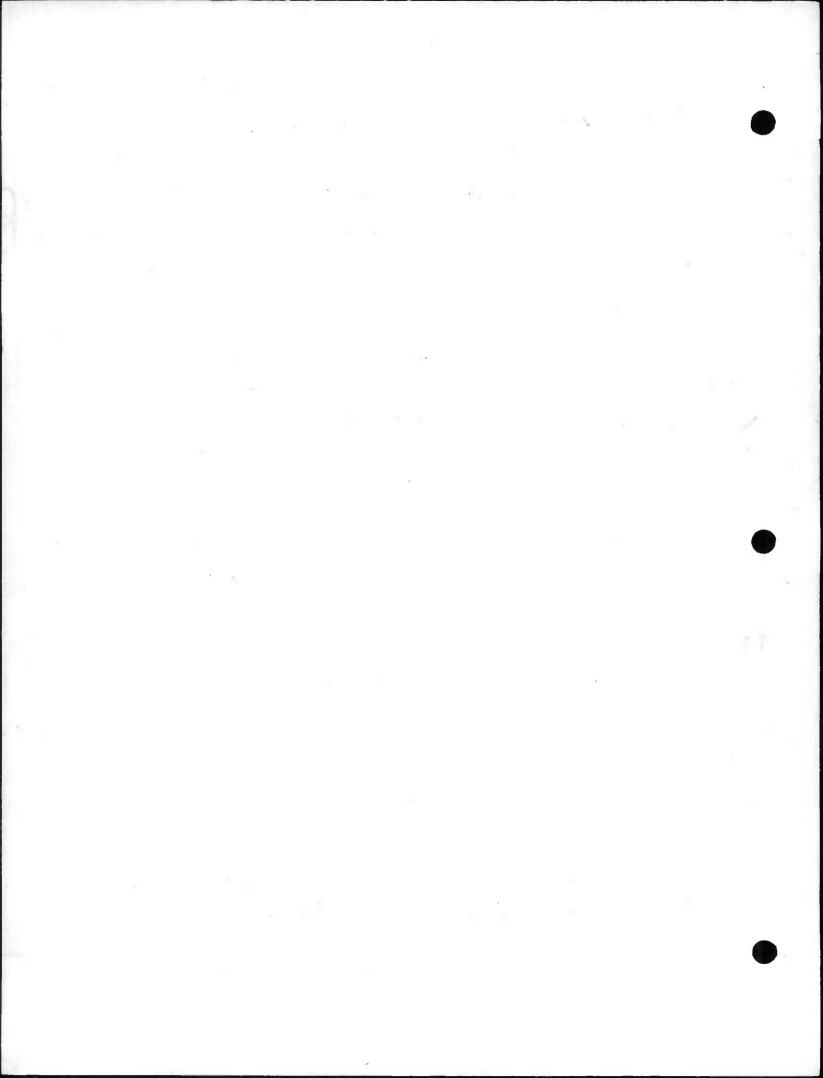
94 05602 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH MONTH TEB GRR15 OHNN 02 7. DATE OF BIRTH (Month, Day, Year) 2/21/06 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F YRS. 87 Virginia NKNOW Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, giv 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PRINCE GEORGES GENERAL HOSPITAL Cheverly Prince Georges 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Prince Georges District Heights Maryland MX YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 2205 County Road **Inited States** N 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-II yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 retained by the hospital or attending physic 1 Never Married 2 Married use as the bur 1 TYES 2X NO Specify Specify BY 3 Widowed 4 Divorced Black ETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig Elementary/Secondary (0-12) College (1-4 or 5+) funeral director, page 5 should be detached for COMPL 12 Private Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert Harris Elizabeth Harris Ħ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 Pobert Harris
200. METHOD OF DISPOSITION
Y M Burtal 2 Cremetton 3 Ren 9000 Flintwood Ct. Washington, MD. 20744 8 9 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State iours after death. Page 6 may DATE must Donation 5 - Other (Specify) armony Memorial Park /12/94 Landover, Md. the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hodges and Edwards B910 Silver Hill Rd. Suitland, Md. 20746 and completely filled in by the burial, cremation, or removal. 23. PAST I. Enter the diseases, or complications that ceused the death. shock, or heart feilure. List only one cause on each line. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death Hypertensive arterioscleratic Cardio. disease or condition_ resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, The law requires that the death certificate be executed with TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) 2 been signed by the attending physician app. of Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 TYES 2 1-10 OF DEATH? 1 TYES 2 T NO BY PHYSICIAN: s certificate has be th the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINERS 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: HOSPITAL OR ATTENDING PHYSICIAN: 1 TYES 2 NO Inpatient 2 PER/Outpatient 3 DOA ome 5 - Residence 8 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 1 YES 2 NO DIRECTOR: After the hours after death v 2 Accident 28s. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 28 Is r 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL D DE filed within 72 ho 2 MEDICAL EXAMINER: On the basis of exer SIGNATURE AND TITLE OF CERTIFIER 29g LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE ris nn my tillo

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7)

111)

1079

32. REGISTRAR'S SIGNATURE



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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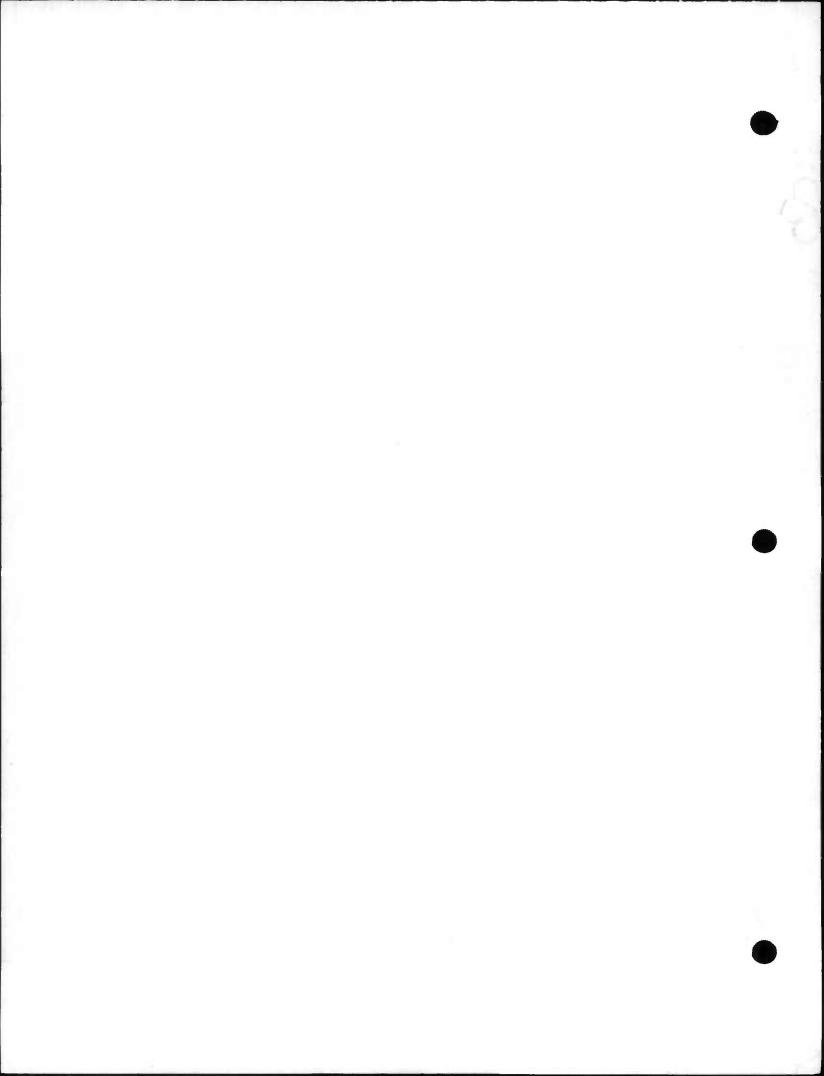
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the mount of the foundation of the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF D									3. TIME OF DEATH				
	JENNIE CLYDE					HOLLIS				FEB. 9, 1994 1			10:03 A M
	4. SOCIAL SECURITY NUME	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF (Month, D			0. BIRTH Countr	IPLACE (State or Foreign	
	577-38-5621	88	YRS.	MONTHS	DAYS	HOURS MIN.	Feb 1		905	_	nessee		
~	Se. FACILITY NAME (If not in					· ·		OR LOCATION OF D	EATH			NTY OF D	
DIRECTOR	Carriage H		rsing Ho	ne		Ве	the	sda			Мо	ntgor	mery
S	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN O	LOCAT	TION					10d. INSIDE CITY
HO	Maryland	Mont	gomery		Bet	hesd	а						LIMITS?
AL	10e. STREET AND NUMBER						101	. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
ER	5824 Bradle	y Blvc	1.					20814			Un:	ited	States
FUNERAL	11. MARITAL STATUS 1 X Never Married 2	Marada A	12. WAS DECEDEN	T EVER IN U.S. AI	RMED NO	13. W	AS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yea	or No-	14. RACE Black	E — American Indian, k, White, alc.
BY	3 Widowed 4 Divo		7/31//17	WAR OR DATES - 12/6	//15			2 XNO Specifi		,		Speci	
		EDENT'S EDUC	CATION	16a. DI	ECEDENT'S	USUAL OC			16b. KI	ND OF BUS	SINESS/IN	DUSTRY	MILLUE
COMPLETED	(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5	114	Sive kind of a b. Do NOT us	work done di se retired.)	uring mo	ast of working	1				
M M			5+	Su	pervi	isor			Ad	ult E	Educa	atior	1
8	17. FATHER'S NAME (First, M	iddle, Last)	_					18. MOTHER'S NA	AME (First, Mide				
BE	Charles		Ru	pert				Viola		Jane			Denise
2	Jane Hollis		(Niece)					Lane, Da			n, State, Zi 75238		
	20a. METHOD OF DISPOSIT	ION		20b. PLACE					DATE			Clfy or To	avo State
	1 ☐ Buriel 2 [XCremation 4 ☐ Donation 5 1 ☐ Other		oval from State	cemetery, cr	ematory or o	ther place)	ato	rv	2-10	1			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									OPII			
	Rapp Funeral Services, P.A. 933 Gist Ave, Silver Spring, M									MD	20910		
	23. PART I. Enter the d	seasea, or c	omplications the	t caused the d	eath. Do i	not anter	the mo	de of dying, suc	oh aa cardiad	or read	ratory ar	rest.	Approximata
	immediate cause (Fir disease or condition		List only one car	se on each lin	e.								Interval Batween Onset and Death
	resulting in death)	→	DUE TO	(OR AS A CONSE	QUENCE O	F):							Saug
N	Sequentially list condit	000)										0
CERTIFICATION	If any, leading to imme- cause. Enter UNDERLY	diata	DUE TO	(OR AS A CONSE	DUENCE O	F):							
E S	CAUSE (Disease or injuthat initiated events		DUE TO	(OR AS A CONSE	OUENCE O	F):							
RT	reaulting in death) LAS	т .	1.										
	PART II. Other algolfica	At condition	e contributing to	death but not	en et delma	in the un	double	a agusa aluan ta	Dani la	le. WAS AN		Lan	
MEDICAL	Sim		Dellara	dudiir but not	resulting		zerrynte	y cause given ni	1	PERFOR	MED?	240	WERE AUTOPSY FINDINGS AWARABLE PRIOR TO COMPLETION OF CAUSE
ED	11		The latest the same of the sam	1/2-1	110	1 _ YES			☐ YES 2	X] NO		OF DEATH?	
- 1		- FUZLO	ALC MATERIA	/	104				-				1 YES 2 NO
XA	25. WAS CASE REFERRED TO	O MEDICAL					28. PI	ACE OF DEATH (C	neck only one)				
SIC	1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER		e 5 🗆 Residence	6 Other (S	pecify)			
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF		28b. TIM	IE OF	28c. INJ WC	URY AT	28d. DESCR	IBE HOW I	NJURY OC	CURED	
B	2 Accident	Pending Investigation				M		YES 2 NO					
		Could not be	28e. PLACE (building.	of INJURY — At h etc. (Specify)	ome, ferm,	street, facto	ry, offic	•		ON (Street a lown, State)	and Numbe	or Or Rural F	Routs Number,
3 Suicide 8 Could not be distarmined Suicide, etc. (Specify) 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.													
OMP	(Check only												s) end menner as stated.
	295-SIGNATURE AND TITLE							29c. LICENSE NU					(Month, Day, Year)
BE	- t0	7	Von 4	MAS				DO-	247)			9, 1994
5	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAU	SE OF DEATH (ITE	ЕМ 27) (Туре	, Print)		. *	- 1 -	1			,
	Paul T. No				50	W. E	dmc	nston Di	#207	Roc	kvil	le,	MD 20852
	31. DATE FILED (Month, Day,	Year)	32. REGISTR.	AR'S SIGNATURE	2								
- 1	FFR 1 0 19	94 A	a pur travial	1	Te.								



1		1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH AN OF DEATH	D MENTA	REG. NO.	E 9	4 05604						
		1. DECEDENT'S NAME (First, Middle, Last) CORINNE	HORTON	L. Cor	inne Ho	orton	2. DAT	E OF DEATH	2/7/9	3. TIME OF DEATH 3; 55 A M						
		4. SOCIAL SECURITY NUMBER 451-28-2794	5. SEX 6. AGE	(In yrs. last birthda)) IF UNDER 1 YE		2 7 DATE	of BIRTH		BIRTHPLACE (State or Foreign Country)						
	nr.	9a. FACILITY NAME (If not institution, give s Suburban Hospita	treet and number)			wn or Location of		1011 22,	9c. COUNTY	Arkansas Y OF DEATH						
(7)	010	RESIDENCE OF DECEDENT			Beci	lesua			Mont	gomery						
	DIRE	MD Mon	tgomery		ilver S					10d. INSIDE CITY LIMITS? 1 X YES 2 NO						
Ded .	AP	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?						
cian. I-transit	FUNER	12123 Dalewood	AVENUE 12. WAS DECEDENT EVER I	IN U.S. ARMED	13. WAS	DECENDENT OF HIS	902	N? /Specify Vee	_	ted States						
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-transitipe at once.	BY	1XX Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	2 100	If ye	a, specify Cuban, Me YES 2 NO Sp	xican, Puerto			Black, White, ac. Specify: White						
1215 r attend use as	TEO	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind o	'S USUAL OCCU	PATION g most of working	t6	b. KIND OF BUS	SINESS/INDUS	TRY						
ID 21 ospital or shed for	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) +1	Secre	use retired.) tary		1	Presbyt	erian	Church						
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial notified at once.	TO BE COM	BE	BE	Eugene Horton Allie Horn												
														Rural Route Number, City or Town, State, Zip Code) 9. Silver Spring MD 20902		
F 8 8							20a. METHOD OF DISPOSITION 1 □ Buriel 2 ♣ Cremation 3 □ Rem 4 □ Donetion 5 □ Other (Specify)	oval from State 201	netery, crematory of	E OF DISPOSITIO	M(Name of 2/8/)	94 DA		CATION - CH	y or Town, State	
ALTIMOR death. Page 6 m e funeral director, I.	- {	21. SIGNATURE OF EMPERAL SERVICE LI	pass , , /	21	22 NAM	E AND ADDRESS OF es-Rinal	FACILITY	oral H	lomo							
BAL rs after death n by the funct removal.		23. PArtT I. Enter the diseases, or	mt-11el	land	118	00 New Ha	ampsh	ire Ave	Silve	er Spring MD						
O. BOX 68760 certificate be executed within. nou fing physician and completely filled it syglene prior to burial, cremation, or other traumatic event, the me	: MEDICAL CERTIFICATION	MEDICAL	MEDICAL	MEDICAL	MEDICAL	anock, or haart tallure.	a. Candio) DUE TO (OR AS) DUE TO OR AS OUR TO OR TO OR AS OUR TO OR TO	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	Tony OF): Porec OF):					Interval Between Onset and Death		
RECORDS, For requires that the death peen signed by the attern to a Health and Mental shows any injury, or						MEDICAL	MEDICAL	MEDICAL	MEDICAL	PART II. Other algnificent condition Dehydro	s contributing to deeth t				In Part I.	24a. WAS AN PERFOR
12 6 8 a L	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH	(Check only o	one)								
F VIT. SICIAN: Th certificate the State i, or item	HYS	1 TYES 2 WHO 27. MANNER OF DEATH	1 Inpatient 2 I ER/Out		4 - Nursing	Home 5 Realden		er (Specify)	NJURY OCCUI	RED						
ON OF DING PHYSIC After this ce death with th	BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		NJURY	WORK?										
ISIC TTENDI TTOR: A after d	8	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY building, atc. (Spe	office	281, LOCATION (Street and Number or Rural Route Number City or Town, State)		Rural Route Number,									
	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause (e) and manner as stated.															
TO THE HOSPITAL TO THE FUNERAL BE filed within 72 IMPORTANT: If	BE	98	BE	29b. SIGNATURE AND TITLE OF CERTIFIES	wo.			29c. LICENSE D 3'	NUMBER 789/	,	29d. DATE S	IGNED (Month, Day, Year)				
)	5	36. NAME AND ADDRESS OF PERSON WH	MAVEAS	841 W	pe, Print) / 2/			ral L	n #	409 Rockville						
		31. OATE FILED (Month, Day, Year) EER 0.8 1994	Julia Davidson-V	fandage.		- /				Wb-2012						

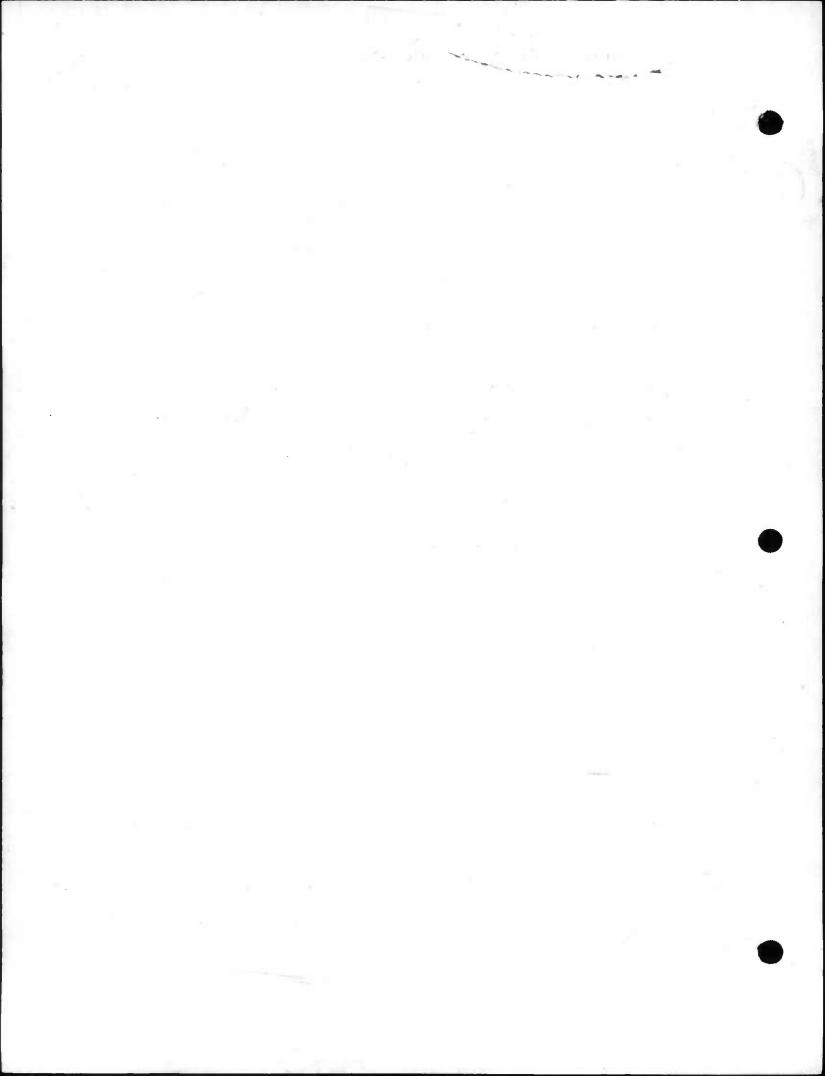
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-		d	£	
	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an intermedian part for may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pecmit. Page to filled within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	.O. BOX	certificate be	nding physician Hygiene prior t	or other traur
	CORDS, P	es that the death	and by the atter	s any injury, o
	TAL REC	The law require	ite has been sig ate Dept. of He	em 23 shows
	N OF VI	IG PHYSICIAN:	ter this certifical ath with the Sta	narked, or ite
	DIVISIO	. DR ATTENDIN	DIRECTOR: Aft hours after dea	Item 28 is n
		HE HOSPITAL	HE FUNERAL led within 72	ORTANT: If
		10	2 9	IMP

ITEMS: 23 PART I, 27, PER MEO FILM G-709 3/4/94 t.t FOR STATE

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	9 4	05605
OFFICIOATE OF BEATH	400	9 9 9

REGISTRAR		<u>C</u>	ERTIF	ICATE C	F DEATH	R	EG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)						MONTH	DEATH DAY	YEAR	3. TIME OF DEATH		
						Feb	-		1459 M		
216-60-0195	1 □ M 2 🂢 F	6. AGE (In yrs. In	st birthday) YRS.						cyland		
				9b. CITY, TOV	N OR LOCATION OF D	EATH	9c. CC	OUNTY OF DE	ATH		
RESIDENCE OF DECEDENT		Hospi	-				М	ontgo	mery		
			1000						IOd. INSIDE CITY LIMITS?		
	tgomery		1 1	akoma			1000		YES 2 NO		
8309 Roanoke D					2			U.S.	.A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	EVER IN U.S. AI YES 2	NO NO	If yes	specify Cuban, Maxic	an, Puarto Rican	pecify Yes or No— i, atc.)	14. RACE - Black, Specify	- American Indian, White, etc. Black			
15. DECEDENT'S EDUC	CATION	16a. Di	ECEDENT'S	USUAL OCCUP	ATION	16b. KIN	D OF BUSINESS/I	NDUSTRY			
Elementary/Secondary (0-12) 12th		104	Do NOT us	e retired.)							
17. FATHER'S NAME (First, Middle, Last)	<u>-</u>				-	AME (First, Middle	s, Maiden Sumame)			
Chester Selby,	Sr.				Ne	ttie B	owie				
19a. INFORMANT'S NAME (Type/Print)											
Wayne R. Hill	(Husban	d)	8309	Roan	oke Dr.	, Tako	ma Par	k, MI	20912		
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from Stata					y 2/9	Sandy	- city or Tow Spri	n, Stata		
21. SIGNATURE OF FUNERAL SERVICE LIC	Proper An	un	lau	SN SN	OWDEN FU	UNERAL	HOME,	P.A.			
								Interval Between Onset and Death			
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
d											
PERFORMED? AWAILABI. COMPLET 1 OF ES 2 ON COMPLET OF DEAT								VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ES 2 \(\sum \) NO			
25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF DEATH (C	hack anly one)					
EXAMINER?	HOSPITAL:	ER/Outpatient	DOA	OTHER:		, , , ,					
27. MANNER OF DEATH 1 XX Natural 5 Pending	26a. DATE OF I	NJURY	2Sb. TIM	E OF 28c. URY	INJURY AT WORK?			OCCURED			
2 Accident Investigation 3 Suicide 8 Could not be distarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)								ute Number,			
									and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIER) PD	1			29c. LICENSE NU	IMBER	29d. D.	ATE SIGNEO (Month, Day, Year)		
Menning (Varitoria)											
Mennis	29d. LICENSE NUMBER 29d. LICENSE NUMBER 29d. LICENSE NUMBER 29d. LICENSE NUMBER 29d. LICENSE NUMBER 29d. LICENSE NUMBER								Feb 05 1994		
30. NAME AND ADDRESS OF PERSON WHO Dennis J. Chute		9/		Print)	LO.C.M	E		Feb 0	5 1994		
	Sharon 4. SOCIAL SECURITY NUMBER 216-60-0195 9e. FACILITY NAME (If not institution, give st Washington Adv RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Maryland Mon 10c. STREET AND NUMBER 8 309 Roanoke D 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12th 17. FATHER'S NAME (First, Middle, Last) Chester Selby, 19e. INFORMANT'S NAME (Typer/Print) Wayne R. Hill 20e. METHOD OF DISOSITION 1X Burlel 2 Cremation 3 Remed 4 Donation 5 Other (Specify) 11. SIDNATUSE CA FUNERAL SERVICE LID 23. PART I. Enter the disease, or cannot, or feert feliure. It is investigation resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER 27. MANNER OF DEATH 1 Netural Initiated events resulting in death) 28. WAS CASE REFERRED TO MEDICAL EXAMINER 29. CERTIFIER (Check only 2 MEDICAL EXAMINER 29. CERTIFIER 1 CERTIFYING PHYSIC ONLY 2 MEDICAL EXAMINER 1 MEDICAL EXAMINER	Sharon M. 4. SCCIAL SECURITY NUMBER 216-60-0195 9a. FACILITY NAME (if not institution, give street and number) Washington Adventist RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Montgomery 10a. STATE 10b. COUNTY Maryland Montgomery 10a. STATE 10b. COUNTY Maryland Montgomery 11. MANITAL STATUS 1 Never Married 2 Married 3 Widowed 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 th 17. FATHER'S NAME (First, Middle, Last) Chester Selby, Sr. 19a. INFORMANT'S NAME (First, Middle, Last) Chester Selby, Sr. 19a. INFORMANT'S NAME (First, Middle, Last) Chester Selby, Sr. 19a. INFORMANT'S NAME (First, Middle, Last) Chester Selby, Sr. 19a. INFORMANT'S NAME (First, Middle, Last) Chester Selby, Sr. 19a. INFORMANT'S NAME (First, Middle, Last) Chester Selby, Sr. 19a. 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Martital Selby Se	Sharon M. Hill 4. SOCIAL SECURITY NUMBER 216-60-0195	Sharon M. Hill A SOCIAL SECURITY NUMBER 2 16-60-0195 1	Sharon M. Hill	Sharon M. Hill. **SOULS ECCEPTET NAME (Past, Models, Last) **REGISTERCE OF DECEDENT** **19.** SITE** **19.** SITE** **19.** STREET AND NUMBER* **3.09 Roanoke Drive **10.** STREET AND NUMBER* **3.09 Roanoke Drive **11.** MARIAL STATUS **12.** MARIAL STATUS **13.** MARIAL STATUS **14.** DECEDENT'S EBUCATION **(Speedy with injuried prise compliment) **15.** DECEDENT'S EBUCATION **(Speedy with injuried prise compliment) **15.** DECEDENT'S BUCALION **(Speedy with injuried prise compliment) **17.** RATHER'S MAME (Past, Models, Last) **Chester Selby, Sr.** **19.** MARIAL STATUS **10.** Sharon M. Hill D. SOCAL SECURITY NAME (FIRST MARKER) 216-60-0195 1-10 x 320 F 38 YHB. MOTHER ADDRESS 10 x 120 F 19 S	LOCKEDENT'S MANKE FIRST, MAGIN, LARD Sharon M. Hill Sharon M. A SOCIAL SECURITY NUMBER A ADE PRYS. MAT PORCHAIN 1.5 SEX 3.8 VAS. SOCIAL SECURITY NUMBER 2.16 - 60 - 0.195 IM 277 3.8 VAS. SOCIAL SECURITY NUMBER 2.16 - 60 - 0.195 IM 277 3.8 VAS. SOCIAL SECURITY NUMBER 2.16 - 60 - 0.195 IM 277 3.8 VAS. SOCIAL SECURITY NUMBER 2.16 - 60 - 0.195 IM 277 3.8 VAS. SOCIAL SECURITY NUMBER 2.16 - 60 - 0.195 IM 277 3.8 VAS. SOCIAL SECURITY NUMBER 2.16 - 60 - 0.195 IM 277 3.8 VAS. SOCIAL SECURITY NUMBER 3. SEX 3. SEX 3. SEX 3. A ADE PRYS. MAT PORCHAIN 3. SEX			





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burial-transit hospital or attending physician. use as the funeral director, page 5 should be detached for retained by the Раде 6 тау be 9 urs after death. and completely filled in by the I bunal, cremation, or remained executed within and 2 the attending physician Mental Hygiene prior to certificate be prior Injury. signed by the Health and has been s Dept. of H OR ATTENDING PHYSICIAN: The law 23 this certificate his with the State C TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death w IMPORTANT: If Item 28 is mark

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 . 56 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY ALVAH HAU 3.09 QM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 M 2 F YRS. 224-14-0085 Dec. 5, Virginia 9e. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDEN 10t. COUNTY 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Rockville Montgomery 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20852 6008 Poindexter Lane United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Y YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 Merried 3 Widowed 4 Divorced White WW II 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Banker Banking 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme S.C. Hall Bernice Fontaine 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Brooke F. Hall 20852 6004 Poindexter Lane, Rockville, Maryland 20e. METHOD OF DISPOSITION
1 Suriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Rockville Cemetery 2/4/94 Rockville, Maryland 4 Donation 5 Other (Specify) WATURE OF FUNERAL SERVICE LICENSES Robert A. Pumphrey Chevy Chase, Inc., Bethesda, Maryland Funeral Home/Bethesda-7557 Wisconsin Avenue 20814-3501 M00846 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. Liet only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition ischemic cardio myopath resulting in death) DUE TO (OR AS A CONSEQUENCE OF): rejocardial enfarc Sequentially list conditions, Sequentiary list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): artery orarary DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO Lealenia COMPLETION OF CAUSE 1 YES 2 NO insufficiency renal 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HQSPITAL: OTHER:
4 | Nursing Home | 6 | Residence | 6 | Other (Specify) rekoaseal 1 X YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide determined

29e. CERTIFIER

(Check aniv 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated

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296. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

19144

Sinderson, MA 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

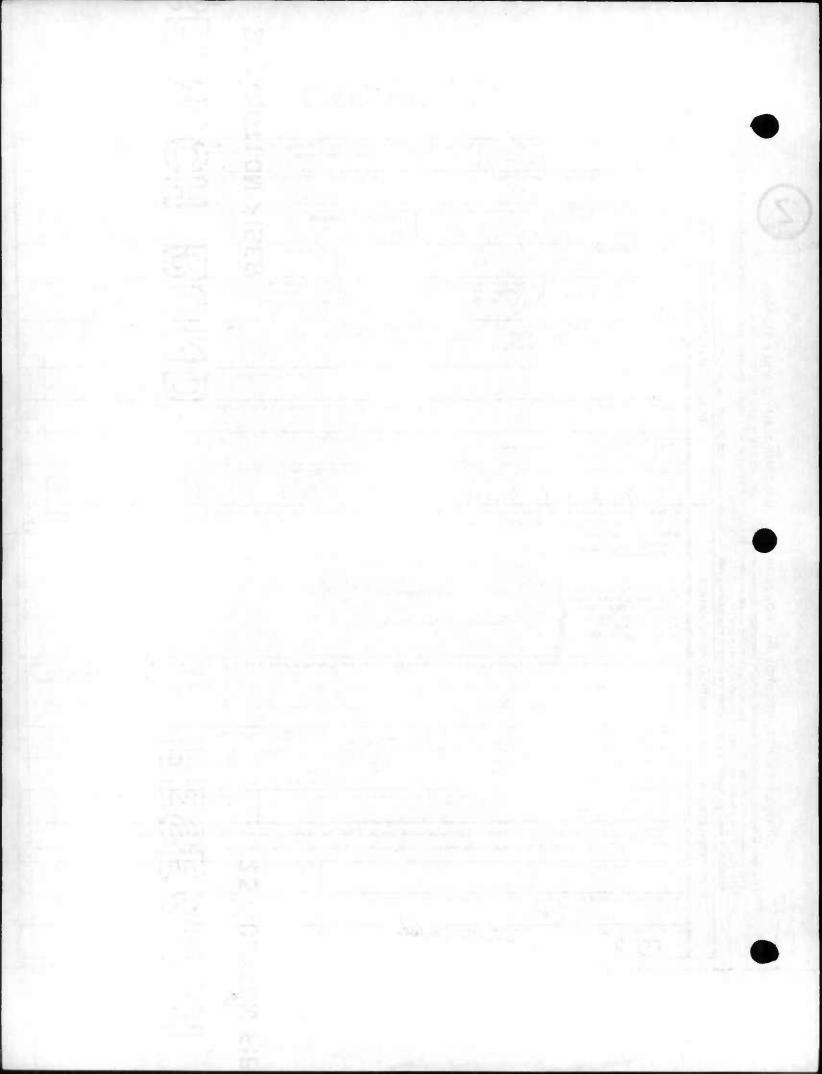
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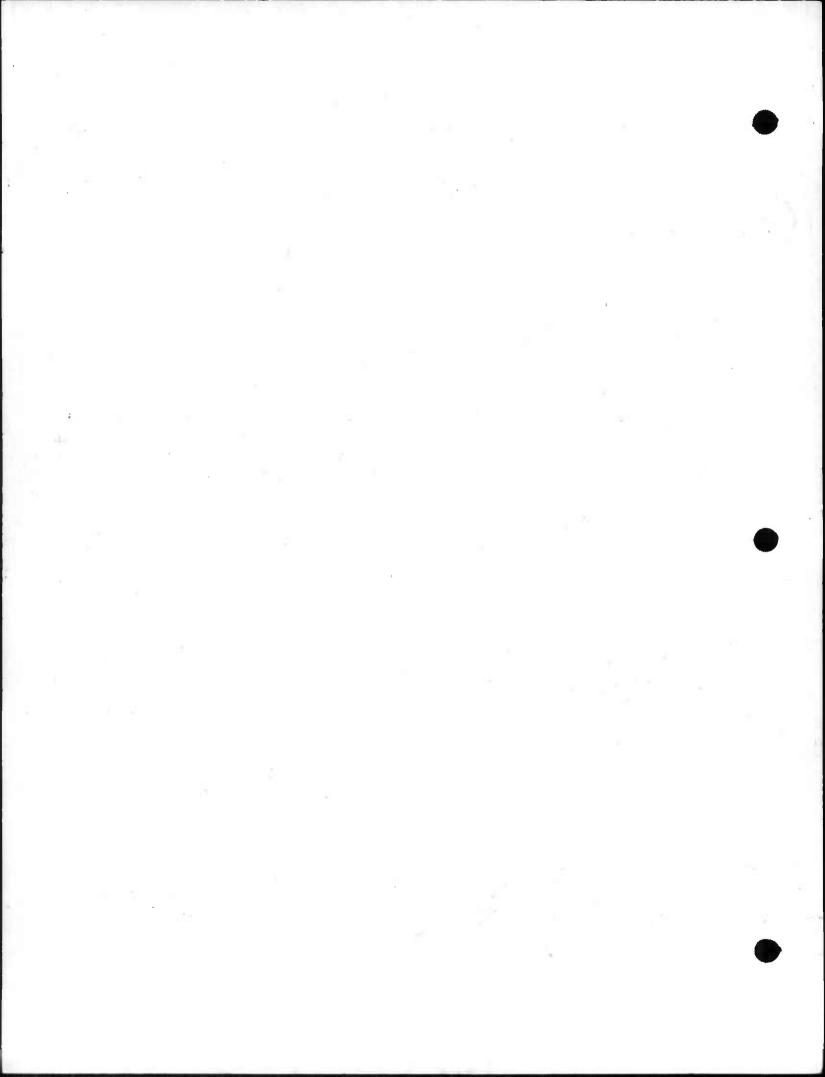
31. DATE FILED (Month, Day 1994 0 FFB

29d. DATE SIGNED (Month, Day, Year)



05607 94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC				HYGIENE REG. NO.	94	0	5607			
	t. DECEDENT'S NAME (First, Middle, Last)	7				2. DATE OF	DEATH	DAY YEAR 3. TIME OF DEATH					
	HELEN C.	H	IINDLE			MONTH 0.2	08	QL	EAR	2:40AM	м		
		5. SEX 6. AGE	(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH			CE (State or Foreig	m		
	173-05-2971 9a. FACILITY NAME (If not institution, give street		84 YAS.	ONTHS DAYS	HOURS MIN.	APRIL	2,190)9 F	Country)	YLVANIA			
HOL	PRINCE GEORGES GEN				VERLY	EATH		PRINCE					
DIRECTOR	10a. STATE 10b. COUNTY	GEORGES		TOWN OR LOCAT						d. INSIDE CITY LIMITS?			
	10a. STREET AND NUMBER	GEORGES	MIIC		. ZIP CODE		To.	10a CITIZEN		YES 2 NO			
FUNERAL	10450 LOTTSFORD RO	AD #	129				1	-	01 111114	· ocommit			
ξ		12. WAS DECEDENT EVER II		13 WAS DEC	20721 ENDENT OF HISPA	MIC OBIGINS (S	Specify Ven o	USA	DACE	American Indian,			
1 F	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 YES	2 T NO	If yes, sp	ecify Cuban, Mexico 2 NO Specif	in, Puarto Rica			Black, W Specify: VHITE	hita, etc.			
3	15. DECEDENT'S EDUCAT	TION	18a. DECEDENT'S US	UAL OCCUPATION	ON	16b. KI	ND OF BUSIN			2	-		
	(Specify only highest grade co	College (1-4 or 5 +)	(Give kind of world life. Do NOT use n	k done during mo etired.)	st of working						- 1		
COMPLET	12		UNDERWRIT	ING ASS	ISTANT	STA	TE FAR	M INS	URAN	ICE			
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mide	fle, Maiden Su	rname)					
ш	ROBERT G. CHEESEM	AN			BESS	SIE K.	GAUL						
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	DRESS (Street	nd Number or Rural	Route Number,	City or Town,	Stata, Zip Co	de)				
2	ROBERT E. HINDLE		3309 ST	EPHENSO	N PLACE	N.W.	WASHI	NGTON	I.D. 0	20015			
	20a. METHOD OF DISPOSITION t Burial 2 \(\text{D} \) Cremation 3 Remove	mi from State Cen	PLACE AND DATE OF I	DISPOSITION (Ne	me of	DATE	20c. LOCA	TION — City	or Town,	State			
	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LICEN		TROPOLITA		TORY ADDRESS OF FA	12/9	ALEXA	NDRIA	VIE	RGINIA			
	David F	J. Tak	l	FRANCI	S J. COI	LLINS 1			HOME, INC. .SPR.,MD. 20901				
AL CERTIFICATION	23. PART I. Enter the diseases, or con ahock, or heart feiture. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	DUE TO (OR AS A	CONSEQUENCE OF):	- 1	Intent		a. WAS AN AL	JTOPSY		Approximate interval Betw Onset and D. I dc \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	een aath		
MEDIC	DOLY LONG WEYLT LONG PERFORMED? 1 YES 2 NO OF DEATH?								MLABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO	SE			
PH TSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	T-		ACE OF DEATH (C/	eck only one)							
0	t TYES 2 PNO 1	I Inpetient 2 - ER/Outs		THER:	e 5 🗆 Residenca	6 - Other (S	pecify)						
-11	27. MANNER OF DEATH Netural 5 Pending Netural Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	Y WC	URY AT RK? /ES 2 NO	28d. DESCR	IBE HOW INJ	URY OCCUR	ED				
ED 6	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY building, atc. (Spec	— At home, term, stre	et, factory, offic			ON (Street and fown, State)	et and Number or Rural Route Number, ste)					
IO BE COMPLEI	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER A + + + + + + + + + + + + + + + + + +												
	JON H. YOLL 31. DATE FILED (Month, Day, Year) FER 1 0 1994	32. REGISTRAR'S SIGN	ATURE	W to	rbes e	7/24,	J.	echr	20 1-1	md 20:	701		



1. DECEDENT'S NAME (First, Middle, Last)					OF DEA		2. DATE	REG. N	٠.		3. TIME OF DE	EATH
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		AGE (In yrs. tes		F UNDER 1 YE	AR IF UNDE	R 24 HRS.	_	OF BIRTH	2, 3		HPLACE (State or	
NONE 98. FACILITY NAME (If not institution, give stre	1 □ M 2 🔀 F	82	YRS.		HOURS	MIN.	JUN	E 7,	_	CZE	CHOSLO	
5401 WESTBARI		1409	94		THESD.	115 115	EATH		9c. CC	MON!	IGOMER	Y
10a. STATE 10b. COUNTY			10c. CITY, T	OWN OR L	OCATION						10d. INSIDE C	TY
ITALY NON	1E]]	614	6 GE	NOV	A				LIMITS?	NO
10e. STREET AND NUMBER			-		10f. ZIP COD	E			10g. C	TIZEN OF	WHAT COUNTRY	7
	DERO 2-4]	NON	E			ITA	LY	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	IZ. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 X	RMED	If yo	DECENDENT (a, specify Cubic YES 2 NO	en, Mexica	an, Puerto I	? (Specify Y licen, etc.)	es or No-	14. RAC Blac Spec	E — American in ck, White, etc. c//y: WHIT	
15. DECEDENT'S EDUCA' (Specify only highest grade co		16e. DE	CEDENT'S US	UAL OCCU	PATION		16b.	KIND OF B	JSINESS/I	NDUSTRY		
Elementary/Secondary (0-12) College (1-4 or 5 +)			(Give kind of work done during most of working life. Do NOT use retired.) ARTIST — HOUSEWIF				E AT HO				ME	
17. FATHER'S NAME (First, Middle, Last)								liddle, Maide				
KAREL HUI	A						ARIE			ALAL	OVA	
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING AD	DRESS (St	reet and Numbe	r or Rural	Route Numb	er, City or To				
HELENA M. HRA		5	401	WES	IBARD	AVE	E. #	1409	, BE	THES	SDA, M	D.20
20a. METHOD OF DISPOSITION 1 Burial 22 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from Stata	20b. PLACE CHAM	AND DATEOFE Metory or other IBERS	PISPOSITIO PIACE) CREI	N (Name of	V	2/6			- City or To	own, State	
21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	O LILLI	DIII		E AND ADDRE		7/					
12/21/Cha	mbern	Al NO						SIL	/ER	SPRI	ING, M	
The state of the s	110000		0091		W. CI			CO.	INC		20910	٠.
23. PART I. Enter the disesses, or cor	mplications that co	sused the de	eth. Do not					CO.	INC		20910	mata
IMMEDIATE CAUSE (Final disease or condition	et only one ceuse	on each line	eth. Do not	enter the	mode of dy	ing, suc		CO.	INC		20910 Approxi	
IMMEDIATE CAUSE (Final	mplications that cost only one cause Coron DUE TO (OF	on each line	eth. Do not	enter the	mode of dy	ing, suc		CO.	INC		20910 Approxi	mata Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	et only one ceuse	on each line	eth. Do not	enter the	mode of dy	ing, suc		CO.	INC		20910 Approxi	mata Between
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	Coron DUE TO (OF	on each line	Outh, Do not of the second of	enter the	mode of dy	ing, suc		CO.	INC		20910 Approxi	mata Between
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29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 028064 20815 DR. ED
31. DATE FILED (MONTH)
FEB 0 BODURIAN, M.D. EDWARD N. 5530 WISCONSIN AVE., CHEVY CHASE MD. 1994

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. The hospital or attending physician.

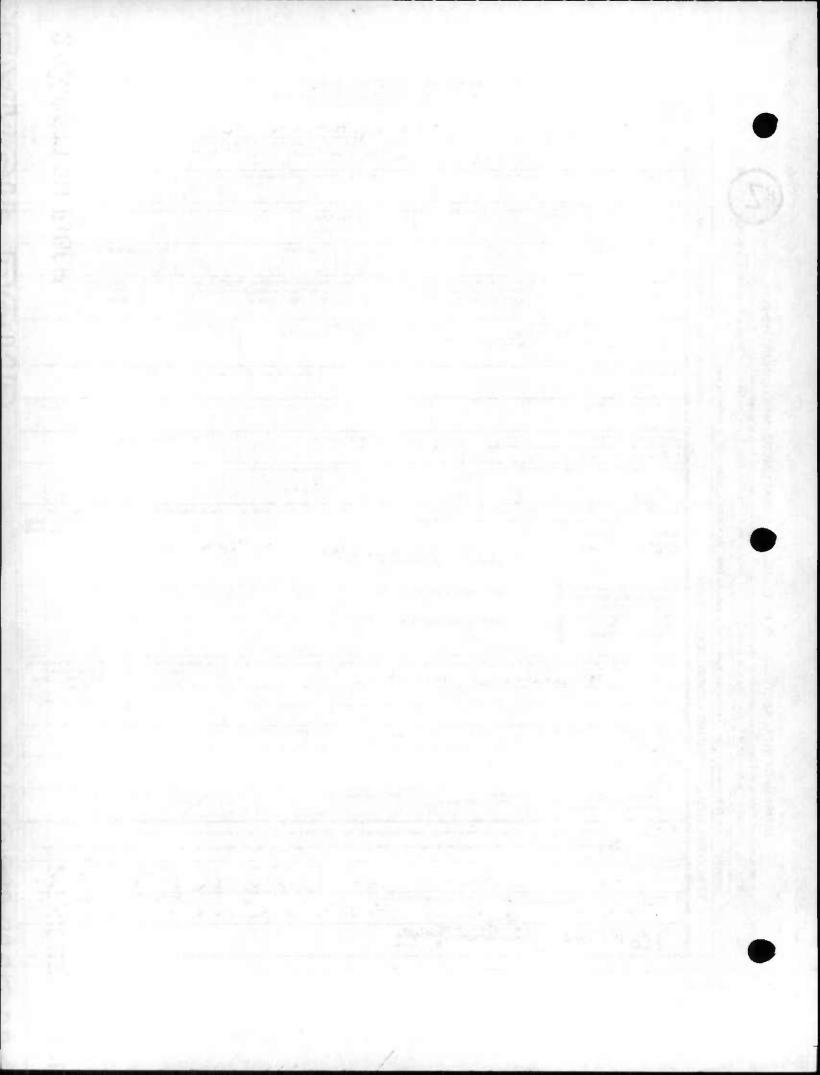
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

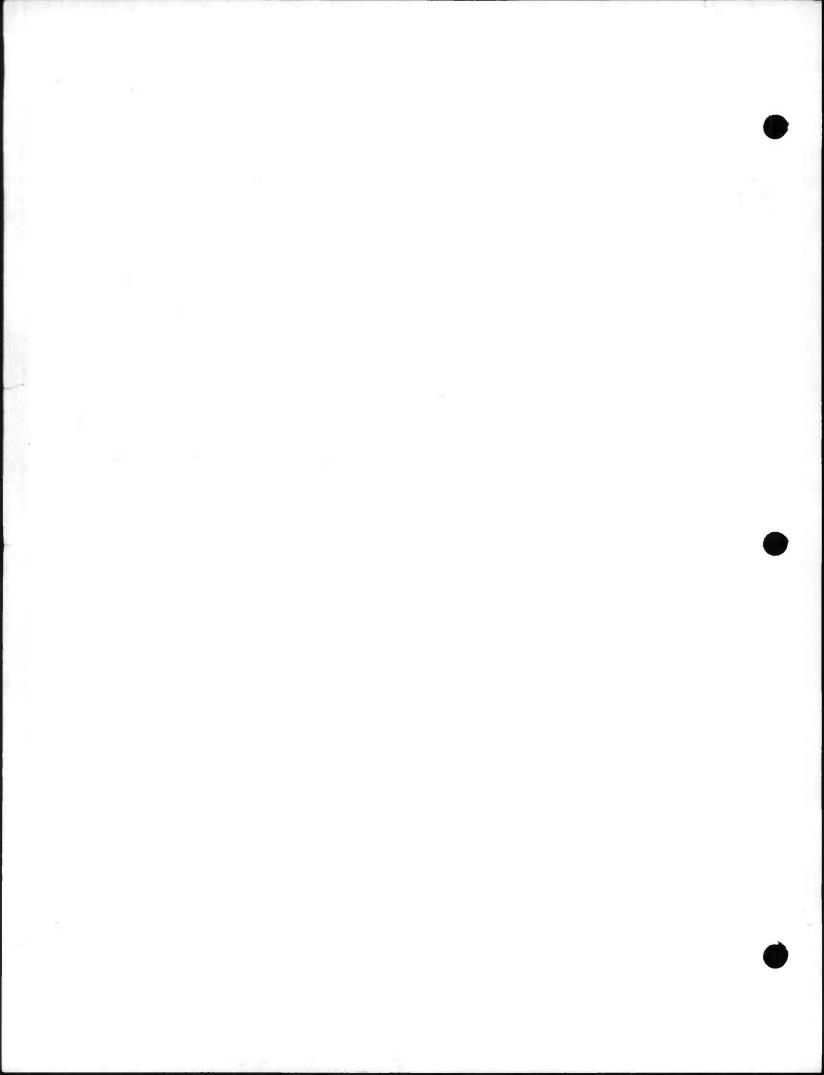
	1. DECEDENT'S NAME (FIRST, MIDDIR, CIRST) 2		imphries	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	5 3	94	3. TIME OF DEATH Z S M PLACE (State or Foreign
	577-306976	14 M 2 D F		MONTHS DAYS	HOURS MIN.	NOV.	30, 192	6 country	auton, VA
R	98. FACILITY NAME (If not institution, give str 7804 Garland Ave		1350		or Location of D ma Park	EATH		ntgome	
5	RESIDENCE OF DECEDENT								
DIRECTOR		gomery		koma Pa					10d. INSIDE CITY LIMITS? 1 YES Z NO
FUNERAL	7804 Garland Av	enue		10	20912				States
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 AVER IF YES, GIVE WAR OR 1944-1953	S 2 NO	If yes, a	CENDENT OF HISPA Decity Cuban, Maxico S 2 XNO Special	an, Puerto Ric	(Specify Yea or No- can, etc.)	14. RACE Black, Specifi	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 1 2	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT use Restau	rork done during m a retired.)	ON ost of working		anagemen		
w I	17. FATHER'S NAME (First, Middle, Lest) George Dewey					AME (First, Mic Gilber	ddle, Meiden Surnem	10)	No. F
TO B	19a. INFORMANT'S NAME (Type/Print) Kathie T. Gregor	у	19b. MAILING 7804	ADDRESS (Street Garland	Avenue,	Route Number Takon	na Park,	MD 20	912
	26a. METHOD OF DISPOSITION 11 Buriel 2 Cremation 3 Remo 4 Donation 6 Other (Specify)	val from State	COL PLACE AND DATE OF COMPLETE PARTITIES TO IT	FDISPOSITION (Note of Disposition (Nation	eme of 2/9/9 al Cem.	4 OATE	Arling		
	21. SIGNATURE OF FUNERAL SERVICE UCI	ut- 2/1	beland	Hine 1180	ND ADDRESS OF FA S-Rinald O New Ha	i Fune mpshir	eral Hom	e ilver	Spring MD
Z	23. PART I. Enter the diseases, or coshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	let only one cause or	each line.	certer	7				Approximate Interval Between Onset and Daeth
CEHIIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		S A CONSEQUENCE OF						
- 11	PART II. Other algnificant conditions	contribution to death	h hut and seculation t	a Aba anatadala		Dist. In	24a. WAS AN AUTOP		
: MEDICAL		stes.	ne (Che		ig cause given in		PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL			24.6	LACE OF DEATH (C	heat only one)			
2	EXAMINER?	HOSPITAL:	ulpetient 3 DOA	OTHER:	ne 5 Casidenca				
BY PHYSICIAN	27. MANNER OF DEATH 1 Tratural 5 Pending 2 Accident Investigation	28s. DATE OF INJUR (Month, Day, Yes	Y 26b. TIME	E OF 28c. IN	JURY AT ORK? YES 2 NO		RIBE HOW INJURY	OCCURED	4200-153
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	JRY — At home, farm, s pecify)	treet, factory, offi	ca		TION (Street and Nur Town, State)	mber or Rural R	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my kn							and manner as stated.
O BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Turbes	2 h	5	29c. LICENSE NU	SST	29d.	DATE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	OEATH (ITEM 27) (Type,	Print)	< w.s	co	~SIN	2tte	se ung.
	31. DATE FILED (MONTHY-DOY, 1904)	JULY DELLA SE	GNATURE	14 - 11					

DHMH-16 Rev 1/89



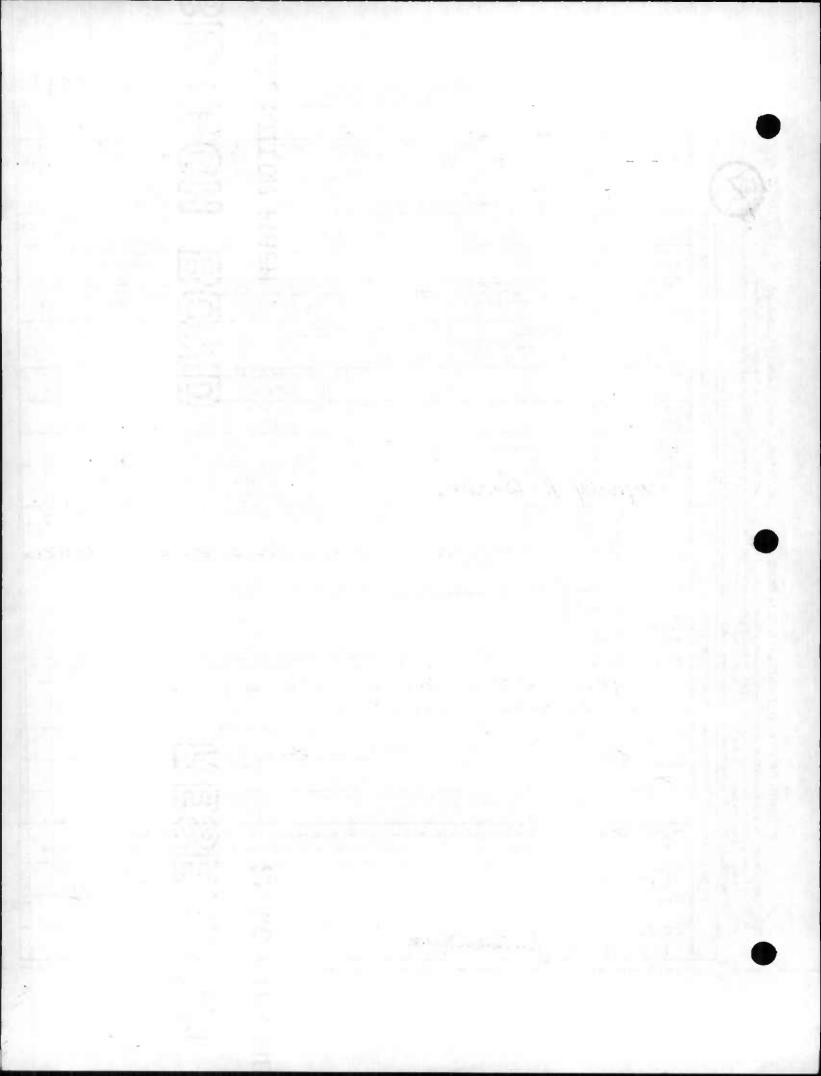
8760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	it event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF M	ARYLAND C	DEPAR	TMENT OF	F HE	ALTH AND	MENT	L HYGIE REG. N	-	1	05610
1	1. DECEDENT'S NAME (First, Middle, La. John Herling	JOHN	HERL					2. DAT MON	E OF DEATH	DAY	YEAR C	E. GOD
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YEA		IF UNDER 24 HRS.	7, DAT	OF BIRTH			LACE (State or Foreign
	121-03-3488	1 X M 2 🗆 F	88	YRS.			HOURS MIN.	Apr	il 14,	1905	New	
DIRECTOR	9a. FACILITY NAME (If not institution, given the second se				Whea		LOCATION OF D	EATH			c. county of beath Montgomery	
REC	10a. STATE 10b. COU	NTY		10c. CIT	Y, TOWN OR LO	CATIO	N				1	IOd. INSIDE CITY
	Maryland Mon	ntgomery		Ве	thesda	444	IP CODE					YES 2 XNO
FUNERAL	6504 East Halbe	rt Road					0817					tates
S	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AI	RMED		DECEN	IDENT OF HISPAI				14. RACE -	- American Indian
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WA		NO			fy Cuban, Mexica NO Specif		Ricen, etc.)		Specify:	
	15. DECEDENT'S E		16a, Di	ECEDENT'S	USUAL OCCUP	PATION		16	b. KIND OF B	USINESS/INC	USTRY	White
COMPLETED	(Specify only highest gn Elementary/Secondary (0-12)	College (1-4 or 5+)	III.	Silve kind of a. Do NOT u	work done during se retired.)	g most o	of working					
MP		4	Jou	ırnal	ist				Self-e	mploy	ed	
	17. FATHER'S NAME (First, Middle, Last)		Uonline	_			IO. MOTHER'S NA	ME (First,	Middle, Melde	in Surname)	1/	
BE	MOTTIS 19a. INFORMANT'S NAME (Type/Print)		Herling		ADDRESS (Stre	_	Mollie Number or Rural	Ploude Nu	nhar City or E	man Study 7in	Kon	rad
2	Alice D. Herlin	ng (Wife			as #10		Trained or Field	710010 1101	Loui, only or k	wn, orang zap	0000)	
	20a. METHOD OF DISPOSITION 1 □ Burlel 2X Cremation 3 □ Re 4 □ Donation 6 □ Other (Specify)	emoval from State	cemetery, cn	emetory or o	of Disposition ther place) Cremat	.,		DA 2-		ocation –		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	T GGDG	I Dai i	22. NAM	E AND	ADDRESS OF FA	CILITY			DULTIN	y, MU
	2 off R	PhI	MOOR	927			uneral .st Ave.				MD	20910
	23. PART I. Enter the diseases, o shock, or heart fellur	or complications that	caused the de	eath. Do	not enter the	mode	of dying, suc	h aa ca	rdiac or rea	piratory em	eat,	Approximata
	IMMEDIATE CAUSE (Final disease or condition	DI	o on each min	.	2	1.	di .	Λ				Interval Between Onset and Death
	resulting in death)	a. DUE TO (OR AS A CONSE	QUENCE O	y hu	1	Hera	le				Sudde
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CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	QUENCE O	F):	1	1)			1044
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F	resulting in death) LAST	. A8	mod	~	Pu	2	um	27				115
	PART II. Other significant conditi	one contributing to c	leath but not	resulting	In the underly	vina c	euse alvan in	Part I	240 950 4	N AUTOPSY	T 445 W	VERE AUTOPSY FINDINGS
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	Typha	aña				3.1						F DEATH?
ä		0							brai dona			
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	. PLAC	E OF DEATH (Ch	eck only o				
1YS	1 TYES 2 X NO	1 Inpatient 2 I		26b. TIM	4 Nursing I	Home	5 Residence	_	er (Specify)		W 40 CO	
	1 Netural 5 Pending	(Month, Day		IN	URY	WORK		200. DE	SCHIBE HOW	INJUNY OCC	JUHED	
TED BY	2 Micident Investigatio 3 Suicide 6 Could not 2 4 Homicide determined	28e. PLACE QF building, e	INJURY — At ho ic. (Specify)	ome, farm,	street, factory, o	office		261. LO City	CATION (Street or Town, State	t end Number e)	or Rural Roo	ite Number,
COMPLETED	290. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of m	v knowledge, de	ath occurr	ed at the time, o	date en	d place, and due	to the co	wee(s) and m	anner se stat	ed.	-
OM		INER: On the basis of exa										and manner as stated.
BE C	296. SINATURE AND TITLE OF CERTIF	TER		_		2	9c. LICENSE NUI	MBER		29d. DATI	E SIGNED (A	Aonth, Day, Year)
TO B	while	My					1)-3.	23	32.	Fe	eb. 4	, 1994
-	30. NAME AND ADDRESS OF PERSON OF SUITESH KUMAI GU		OF DEATH (ITE			org	ia Ave	#2-2	0, Si			MD 20902
	FEB 0 7 1994	Fuha Davi	S SIGNACURE	Less								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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The	ate h	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	lem
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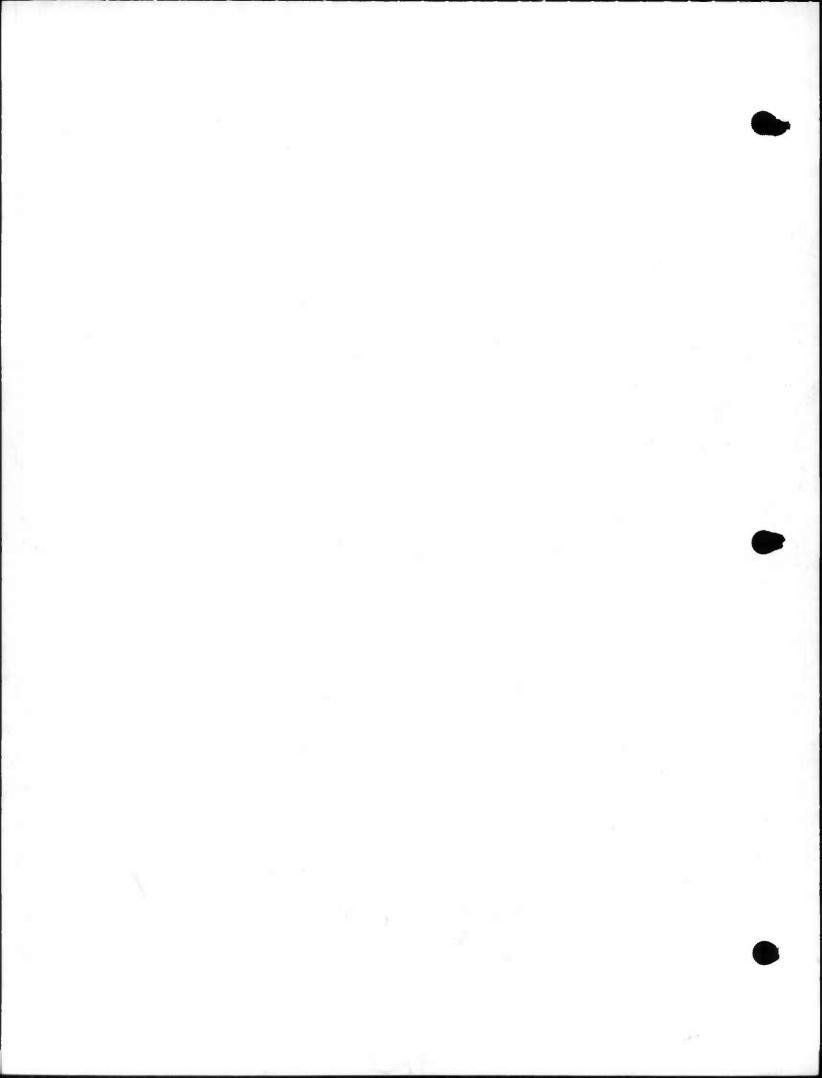
1. DECEDENT'S NAME	E (First, Middle, Last)		3,	He	71521	V	Ė	2. DATE OF MONTH FEB.	B DAY	199		3. TIME OF DEATH 11:20 AM
4. SOCIAL SECURITY 579-07-37	782	5. SEX 1 M 2 X F	6. AGE (In yrs. I		IF UNDER 1 YEAR MONTHS DAYS	HOURS	MIN.	7. DATE OF APRIL	BIRTH ev. Year) 13,1	916	8. BIRTH	SHINGTON, D.
5601 Mc	DOUGAL :				96. CITY, TOWN	OR LOCATI		EATH		sc. coun		RICK
10a. STATE MARYLAND	10b. COUN	DERICK			REDERIC	111277						10d. INSIDE CITY LIMITS? 1 YES 2 A NO
10e. STREET AND NU 5601 McDO		REET			1	of. ZIP COD	£ 2170	01				WHAT COUNTRY? STATES
11. MARITAL STATUS 1 Never Married 3 Widowed 4	the state of the s		NT EVER IN U.S. A I YES 2 (1) MAR OR DATES		If yes, i		nn, Mexica	NIC ORIGIN? (S in, Puerto Rica y:		or No—	14. RACI Black Speci	E — American Indian, k, White, atc. //y: WHTTE
Elementary/Second 12	5. DECEDENT'S EDI- city only highest gred idery (0-12)	College (1-4 or 5	+)	DECEDENT'S (Give kind of with. Do NOT use		FION nost of works	ing	16b, KII	NO OF BUSIN		USTRY	
JOHN G	First, Middle, Lest) BALDUS						ENO!	RA	ne, Maiden Su MOSER			
FAY H.	PEAY		1	196. MAILING 795C	ADDRESS (Street WEMBLE						,	21701
20a, METHOD OF DIS 1 1 Burlal 2 Cn 4 Donation 5 C		noval from State			F DISPOSITION (OATE		ATION - C		
21. SIGNATURE OF FU	UNERAL SERVICE L	complications the	rher	death. Do no	MURI 2152	EL H	BAI TONS	RBER F	UNERAL ROAD	LAY	ME TONS	20882 SVILLE, MD.
21. SIGNATURE OF FU	the diseases, pr., or heart failure (E. (Final ion))	complications the List only one ca	rher	death. Do none.	22. NAME MURI 2152 ot enter the m	AND ADORE EL H.	TONS	RBER F	UNERAL ROAD	L HO	ME TONS	20882 VILLE, MD.
23. PART I. Enter shock. IMMEDIATE CAUS disease or condition resulting in death Sequentially list of if any, leading to cause. Enter UND CAUSE (Disease of that initiated even that initiated even	the diseases, pr., or heert failure. E (Final ion) conditions, immediate EERLYING or injury its) LAST	complications the List only one can be determined by the can be determi	at caused the cuse on each life (OR AS A CONS	death. Do none.	22. NAME MURI 2152 ot enter the m	AND ADORE	BAI	RBER F SVILLE th as cardiac	UNERAL ROAD CO PROPERTY OF THE	L HOLLAY	ME TONS	20882 VILLE, MD. Approximate interval Between
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DIVISION OF VITAL RECORDS, P.O. BOX 68/60 BALTIMORE, MARYLAND 21215-0020
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND I	MENTAL HYGIEN REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last,				2. DATE OF DEATH MONTH DA	3. TIME OF DEATH
	MINNIE	HOLY	nes		2 4	94 136 A"
	4. SOCIAL SECURITY NUMBER 578-28-5408			UNDER 1 YEAR IF UNDER 24 HRS, ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/3/06	a. BIRTHPLACE (State or Foreign County Hornet Co.) Dunn, NC
	9a. FACILITY NAME (If not institution, give	,		CITY, TOWN OR LOCATION OF DE	ATH	9c. COUNTY OF DEATH
DIRECTOR	FT. WASHINGTON	MEDICAL CENTE	ZR	FT WASHINGTON	1	PG
EG	10a. STATE 10b. COUN	тү	10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY
띰	Md. PG			FT WASHINGTON		1 X YES 2 NO
AL.	10e. STREET AND NUMBER		•	101, ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	12804 LOST LAKE	CIRCLE		20744		USA
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica	n, Puerto Rican, atc.)	or No— 14. RACE — American Indian, Black, White, aic.
B≺	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 Tes 2 X NO Specif	<i>f</i> :	Specify: Black
8	15. DECEDENT'S ED (Specify only highest grad	UCATION for complete of	16a. DECEDENT'S USU	AL OCCUPATION	16b, KIND OF BUS	SINESS/INDUSTRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re			
₩ W	12 Yrs	None	Interior	Designer		
	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden	
BE	Doc A. Raynor 19s. INFORMANT'S NAME (Type/Print)		405 MAII ING 400	Mary PRESS (Street and Number or Rural	Hunter Co	
은	Marian A. Youn	σ		eve Drive, For		, ,
	20a. METHOD OF DISPOSITION	201	PLACE AND DATE OF D	SPOSITION (Name of		CATION — City or Town, State
1 3	1 [XBurial 2 Cremation 3 Red 4 Donation 5 Other (Specify)		netery, crematory or other. Shington N	ational	2/11/94 Su	uitland, Md.
5	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE .		22. NAME AND ADDRESS OF FA	Form T. Rhi	ines Co., Inc.
	Jugara	mille		3	030 12th S	St NE, DC 20017
	23. PART VEnter the diseases, or	complications that cause	d the death. Do not	enter the mode of dying, suc	h aa cardlec or respi	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cause on e	ONDA A CONSEQUENCE OF):	OMA		interval Between Onset and Death
1 1		DUE TO (OR A	A CONSEQUENCE OF):			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. OUE TO (OR AS	A CONSEQUENCE OF):			
S	cause. Enter UNDERLYING CAUSE (Disease or injury	C				
F	that initiated eventa reaulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):			
병		d				
AL A	PART II. Other aignificant condition	ona contributing to death i	out not reaulting in t	ne underlying cause given in	Part i. 24s. WAS AN PERFOR	
MEDIC	100	200	Fo 1		1 YES 2	4 COMBLETION OF CAUSE
	75000,	HIMM	Toul	a non	_	1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			AA DI ACE OF DEATH (O)		
SICI	EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Ch		
H	27. MANNER OF DEATH	28a. OATE OF INJURY	28b. TIME O		28d. OESCRIBE HOW I	NJURY OCCURED
	1 Matural 5 Pending	(Month, Day, Year)	INJURY	WORK? M 1 YES 2 NO		
D BY	3 Suicide 8 Could not be	28a. PLACE OF INJUR	f — At home, farm, stree	t, factory, offica	281. LOCATION (Street a City or Town, State)	and Number or Rural Route Number,
COMPLETED	4 Homicide determined		,,		Only or Town, Grand,	
교	anal			the time, data and place, and due		
S S	2 MEOICAL EXAMIN	NER: On the basis of examination	on and/or investigation, to	my opinion, death occursd at the	Hme, data and place, an	nd due to the cause(s) and manner as stated.
BE (296. SIGNATORE AND TITLE OF CERTIFI	ER		SULICENSE NU	MBER 121	29d. DATE SIGNEO (Stonth, Day, Year)
10	30. NAME AND ADDRESS OF RERSON W	/HO COMPLEXED CAUSE OF D	FATH (ITEM 27) (Time Del	1179	101	4 1/79
	Frank M 124	ANM.D. (0)	N oxan	HILL RA#	60 Oxa	VHI MJ 20745
	31. DATE FILEO (Manth, Day, Year)	11-1	STURE PRODUCE	.,,,,		



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	No.	Sec	Dep	23
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	NAI	rlife	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	-
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	1 - FOR STATE REGISTRAR		STATE OF I	WARYLAND	/ DEPAR	TMEN	T OF I	HEALTH	AND	MENT	AL HYGIEN		94	05613
	1. DECEDENT'S NAME (First	, Middle, Last)				107111		DEA		2. DAT	E OF DEATH	,.		3. TIME OF DEATH
1 7	JAMES		E		HO1	T					BRURA	RY E	YEAR.	
1	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER	R 1 YEAR	IF UNDE	R 24 HRS.	7. DAT	E OF BIRTN		6. BIRTI	NPLACE (State or Foreign
	214-05-9	990	130 M 2 🗆 F	8	2 YRS.	MONTHS	DAY8	HOURS	MIN.	(Moi	g. 13,	1011	Count	(יני
	9a. FACILITY NAME (If not in	nstitution, give :	street and number)		~	9h CITY	/ TOWN	OR LOCATI	ION OF D		571		NTY OF D	laryland
Œ			- 537141		CUMBERLAND, N							1000		GANY
18	Memor RESIDENCE OF DEC	LAL MC	Spital				OMB	in it has	, שאוו	טויו		-	\L,L,E	GANI
DIRECTOR	10a. STATE	10b. COUNT			10c. C/1	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
5	Maryland		Allegany			Mt/	Sar	mee					1	LIMITS?
7	10e. STREET AND NUMBER							f. ZIP COD	E			10a, CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	General d	aliver	· v					21	545					. A.
2	11. MARITAL STATUS	V-2. V-02	12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13	WAS DEC			NIC OBIG	IN? (Specify Ye	o or No		E — American Indian,
	1 Never Married 2	Merried	FORCES? 1	YES 2 X		- 1	If yes, sp	ecify Cubi	in, Mexica	in, Puerto	Rican, etc.)	a or 140—	Blac	k, White, atc.
B	3 Widowed 4 Divo	beore	IF YES, GIVE Y	MAN ON DATES			1 YES	2 X NO	Specify	y:			Spec	wite
E	15. DEC	EDENT'S EDU	CATION	16a, D	ECEDENT'S	USUAL O	CCUPATI	ON		16	b. KIND OF BU	SINESS/INI	DUSTRY	MITTER
F	Elementary/Secondary (0	y highest grade	College (1-4 or 5	()	Give kind of e. Do NOT u	work done se retired.)	during me	ost of worki	ng					
7	9		0	"	Sur	ervi	sor				Kelle	v Tir	m. Co	
COMPLET	17. FATNER'S NAME (First, M	fiddle, Last)						18. MOT	NER'S NA	ME (First	Middle, Maider			
EC	James		A.	Ho	t.t.				HE2				ders	on
00	19a. INFORMANT'S NAME (Type/Print)	(Son)		-	ADDRES	S (Street s	-			mber, City or Tox			OII
2	James	Α.	Hott								Mary			. К
	20a. METHOD OF DISPOSIT			20b.PLACE				-	Dav			CATION —		
	130 Buriel 2 Crematic		ioval from State	cemetery, cr	ematory or o	ther place)	mat:	100 OF	2/10	1	. I House			tories of the same
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Commetter 2 Cremetter 2 10/93 Mt. Savage, Maryland													
	1	ku;	R. We	vet	-						Durst			
	23. PART I, Enter the d	iseases, pr	complications the	t caused tha d	aath, Do									
	23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):													
	resulting in death)	→	e. Card	10 gem	C S	Koc	IL_							Hours
			0 7 7	OH AS A CONSE	OUENCE O			0	V	0	4			1:
CERTIFICATION	Sequentially list conditi		a. hunch	OR AS A CONSE	ELLU		000	dia	al s	nja	relim			Hours
FA	If any, leading to imme- cause. Enter UNDERLY		502 10	(OH AS A CONSE	OUENCE O	r): /				Ą				
윤	CAUSE (Diseese or inju	iry 🗲	c. DUE TO	(OR AS A CONSE	OUENCE O	Ð.								
Ē	resulting in death) LAS	T		(.ooeoe o									j
빙			d											
4	PART II. Other significa	nt condition	contributing to	death but not	reaulting	in tha un	derlyin	g cause (given in	Part I.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS
2	Drabeles	tel	letes								PERFO			AMAILABLE PRIOR TO COMPLETION DF CAUSE
MEDIC														OF DEATN? 1 YES 2 NO
														I L TES 2 L NO
1	25. WAS CASE REFERRED TO	O MEDICAL					26. PI	ACE OF D	EATN (Ch	ack only r	nnel			
SICIAN:	EXAMINER?		HOSPITAL:	EBIOudnesland	2 🗆 DOA	OTHER	R:							
PHY	27. MANNER OF DEATH		26a. DATE OF		28b. TIM		28c, INJ		esidenca		er (Specify) SCRIBE NOW	N HIRV OC	CHRED	
		Pending	(Month, D	ey, Ybar)		URY	WC	RK? YES 2	٦ ٨٠ ا	200.00	JUNDE NOW	INJUNI OC	CONED	
à	2 Accident 3 Suicide	Investigation	28a PLACE O	F INJURY — A1 h	ome less	etrant lant			1 100	001.10	0471011 (0			
입		Could not be determined	building,	etc. (Specify)	onite, vertin,		ory, orne	•		Ch	CATION (Street or Town, State)	and Number	or Hurai F	toute Number,
14	20a CERTIFIER					-								
COMPLET			CIAN: To the best of											
ő	2 MEDI	CAL EXAMINE	R: On the basis of a	xamination and/or	Investigation	on, in my o	pinion, d	leath occur	red at the	time, dat	e and place, er	nd due to th	ne cause(s) end menner as stated.
w	29b. SIGNATURE AND TITLE	OF CERTIFIE		1					ENSE NUN			29d. DAT	E SIGNED	(Month, Day, Year)
8			white	Swa				D	3321	82		> 3	2/7/	194
	30 NAME AND ADDRESS OF											1	1	

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

GUPTA

DR.

31. DATE FILED (Month Day) Your

MEMORIAL HOSP ME

CUMBERLAND MD

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_		ACGIG I NAN				OL	MIIII I	CAIL	- 01	DEA	111	_	REG. NO.			
	- 3	1. DECEDENT'S NAME (First, ADAL)			TTA	AISLI	n					MONT			YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMB		5. SEX	V	(In yrs. lest i		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH			1PLACE (State or Foreign
10	П	190 44 7998	8	1 🗆 M 2 💢 F	78	8	YRS.	MONTHS	DAYS	HOURS	MIN.	JUN.	E 230°1	915	MAR	YLAND
-	-	9a. FACILITY NAME (If not in: MEMORIAL HO								OR LOCATION		EATH		111. 4 - 11	NTY OF D	
PAC	Nº.	RESIDENCE OF DEC							UPID:	SKLAN	עו			P	LLEG	ANY
(4Z)	腫	10a. STATE	10b. COUNTY					, TOWN C		11.10.10						10d. INSIDE CITY LIMITS?
1	2	MARYLAND 104. STREET AND NUMBER	ALI	LEGANY			CU	MBEF		H. ZIP CODE						1 YES 2 NO
nsit pe	ERA	BALTIMORE &	LIBER	RTY STREE	ΞT				"	215				10g. GT		WHAT COUNTRY?
020 physician. burlal-transit	FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER II	N U.S. ARMI	ED			CENDENT C			N? (Specify Yes	or No-		E — American Indian, k, White, atc.
	ВУ	1 Never Married 2 3 Widowed 4 Divor		IF YES, GIVE V	MAR OR D	ATES				8 2 NO			ricen, etc.)		Speci	
1215-0 r attending use as the	ETED		ÉDENT'S EDU			16a. DECI	EDENT'S I	USUAL O	CCUPATI	ION ost of workin	W7	166	. KIND OF BUS	INESS/INI	DUSTRY	
tal or differ u	E	Elementary/Secondary (0-	-	College (1-4 or 5	+)	life. D	USE	e retired.)		OSI OF WORK	· V		HOUSE 1	VECD	ГD	
AND 2 the hospital detached fo	COMPL	17. FATHER'S NAME (First, Mi	iddle, Last)			110	USE	KEEL	LK	18. MOTI	IER'S NA		Middle, Maiden		LK	
YLA I by the d be det	111	WILLIAM	LEE DI	EERING									SHLEY	ourname,		
MARYLAND retained by the hospits should be detached notified at once.	5	19a. INFORMANT'S NAME (7)		r D									ber, City or Town			1 AVD 01705
RE, Nay be rapage 5	1 4	CHARLES H.			206	D. PLACE AN					ive	WILL			MARY City or To	LAND 21795
OF P P P P P P P P P P P P P P P P P P P		20a METHOD OF DISPOSITI 1 Burlel 2 Cremetlo 4 Donation 5 Other		oval from State	Cen	DAVIS	eto CEM	ETE	RY F	EB 12	2 19	94				MARYLAND
BALTIN Surs after death. Page of in by the funeral dir or removal. medical examiner		21. SIGNATURE OF FUNERAL	L SERVICE LI	ENSEE	,			22 ME	NAME A	TT-Al	SS OF FA	FUN	ERAL H	OME		
BAL after deat by the fun noval.		▶ Wale	Z.III	enill				40)4 D	ECAT	JR S	TREE'	T CUMB	ERLA		ARYLAND
in by		23. PART I. Enter the di shock, or he	seesea, or coart fellure.	complications the List only one cau	et ceused use on e	d the deel each line.	th. Do n	ot enter	the mo	ode of dyl	ing, suci	h as cen	diec or raepi	ratory ar	reat,	Approximate interval Between
Figure 1		IMMEDIATE CAUSE (Fin disease or condition	el	P	acs.	sill	P	Ac	A	e Pr	10v	NOV	nam	Gm	lol	Onset and Death
68760, accuted within and completely burial, cremal		resulting in death)		a	-	A CONSEQU						,	1	01-	,	of Clark
68 ecute ecute buria atlc	NO.	Sequentially list condition	ons,	b. 10	550-	A CONSEQU	0	and	le	Ny	Ma	ndi	al ?	Ste	yeh	(10gy
BOX 68: cate be execute thysician and of prior to buris or traumatic	ATI	If any, leading to immed cause, Enter UNDERLYII	NG		94 (mW	M Service OF	1	19	Aer	1	2	Cem	e		/
S Sept Sept S	CERTIFICATION	CAUSE (Disease or Injur that initiated events resulting in death) LAST		DUE TO	(OR AS A	A CONSEQU	ENCE OF):	1 -	1	1		000			
0 5 5 5	CER	- Treating in death, Exc		d	th O	llk	Hh	198	13		1					
A put the mid Man	A.	PART II. Other algorifices	nt condition	a contributing to	deeth b	out not rea	sulting Ir	n the un	deriyin	g ceuse (iven in	Part I.	24a. WAS AN PERFOR		246	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
O 8 9 8 6		-											1 TYES 2	NO		OF DEATH?
The per lead	2															1 YES 2 NO
VITAL AN: The law inficate has state Dep	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:						LACE OF O	EATH (Ch	eck only or	ne)			
0 55	IYSI	1 TYES 2 NO		1 Kinpatient 2					ing Hon	ne 5 🗆 Re	sidence					
		1 Netural 5 🗆 !	Pending	28s. DATE OF (Month, D			28b. TIME INJU	URY M	W	JURY AT ORK? YES 2	NO	28d. DES	SCRIBE HOW II	NJURY OC	CURED	
ATTENDING ATTENDING STATE Geath	D BY	3 Sulcide 6	nvestigation Could not be	28e. PLACE O	F INJURY	f — At home	e, farm, si	treet, fact					ATION (Street a or Town, State)	nd Numbe	r or Rural F	Route Number,
4	ETE		determined									City	G TOWN, State)			
7 40 -	교			CIAN: To the best of												
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	00	290. SIGNATURE AND TITLE			xeminatio	on and/or im	restigation	n, in my o	pinion, o				and place, an		1	a) and manner as stated.
TO THE HOSPIT TO THE FUNERA be filed within 7	BE	The motion of the first) Camiria	- 0	12						233	-		29d. DAT	FIGNEO	(Nanth. Day, Year)
FFAS	2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DE	ATH (ITEM	27) (Туре,	Print)		I V					1	1
= 5		DR. QAMAR U.	ZAMA	N/JOHNSO	N HE	IGHT	MED	ICAL.	BLI	DG./S	UTTE	102	/CIIMRE	RI.AN	D_MD	21502
		FEB 11	1994	32. REGISTRA	M'S SIGN	IATURE -	بالمال									
	اللا					- 1										DHMH-18 Rev 1/89

020	physician.	burial-transit permit.
AND 21215-0	he hospital or attending	detached for use as the
10RE, MARYLAND 21215-0020	e 6 may be retained by the hospital or attending physician	rector, page 5 should be detached for use as the burial-transit permit,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospit TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked or item 23 shows any injury or other traumatic event the medical evamines must be notified at once
2 2 3	2

31. DATE FILED (Month, Day, Year)

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPA CERTII	RTMENT OF H	EALTH AND I	MENTAL HYGIEN REG. NO.	e 94	05615		
:	1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH	Α.	HARLE	Y		2. DATE OF DEATH DATE OF DAT				
	4. SOCIAL SECURITY NUMBER 216-30-4183	5. SEX 6. A	GE (In yrs. lest birthday, 62 YRS.		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	A BIR	THPLACE (State or Foreign		
TOR	9a. FACILITY NAME (If not institution, give sti Prince George's		spital		DR LOCATION OF DE		9c. COUNTY OF			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Print	ce George'	1	TY, TOWN OR LOCAL		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	14949 Leeland	Road		10	20772		States			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	2 ∑NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 □ YES 2 ☑ NO Specify:						
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. OECEOENT' (Give kind of life. Do NOT) Homemal	S USUAL OCCUPATION work done during mouse retired.)	ON st of working	186. KIND OF BUS	BINESS/INDUSTRY	rican Indian		
BE CON	17. FATHER'S NAME (First, Middle, Last) Maurice James Windsor 18. MOTHER'S NAME (First, Middle, Meiden Surname) Helen P. Butler									
2	98. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 14949 Leeland Road, Upper Marlboro, Maryla.									
20a. METHOD OF DISPOSITION 1X Burial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Carry Feb 1, 1994 Clinton, Maryla) Resulting Company of All Parks (Specify)										
	21. SIGNATURE OF BUNERAL HEAVICE LICE	SINSEE	le	22. NAME A	ID ADDRESS OF FA	CILITY				
TION	23. PART L'Enter the diseasea, or complicationa thet caused tha death. Do not anter the mode of dying, auch as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (or AS A CONSEQUENCE OF): DUE TO (or AS A CONSEQUENCE OF): DUE TO (or AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR /	S A CONSEQUENCE							
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I, PERFORMED? 1 YES 2 NO 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO									
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER: 4 Nursing Hore		6 Other (Specify)				
B	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accidant Investigation 3 Suicide 8 Could not be	28a. OATE OF INJU (Month, Day, Yes 28a. PLACE OF INJI building, atc. (URY — At home, farm,	M 1 D	RK? /ES 2 NO	284. OESCRIBE HOW II		Il Route Number,		
COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my k	nowledge, death occur					e(a) and menner as stated,		
8E (29b. SIGNATURE AND TITLE OF CENTIFIER	uni To	D 45							

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3001 HOSPITAL DRIVE CHEVERLY MARYLAND 20785.
32. REGISTRAR'S SIGNATURE
Gulia Davidson-Rendelle DHMH-16 Rev 1/89

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3	1 2
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flow rate death. Page 6 may be retained by the hospital or attending physician. IN THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to fill within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

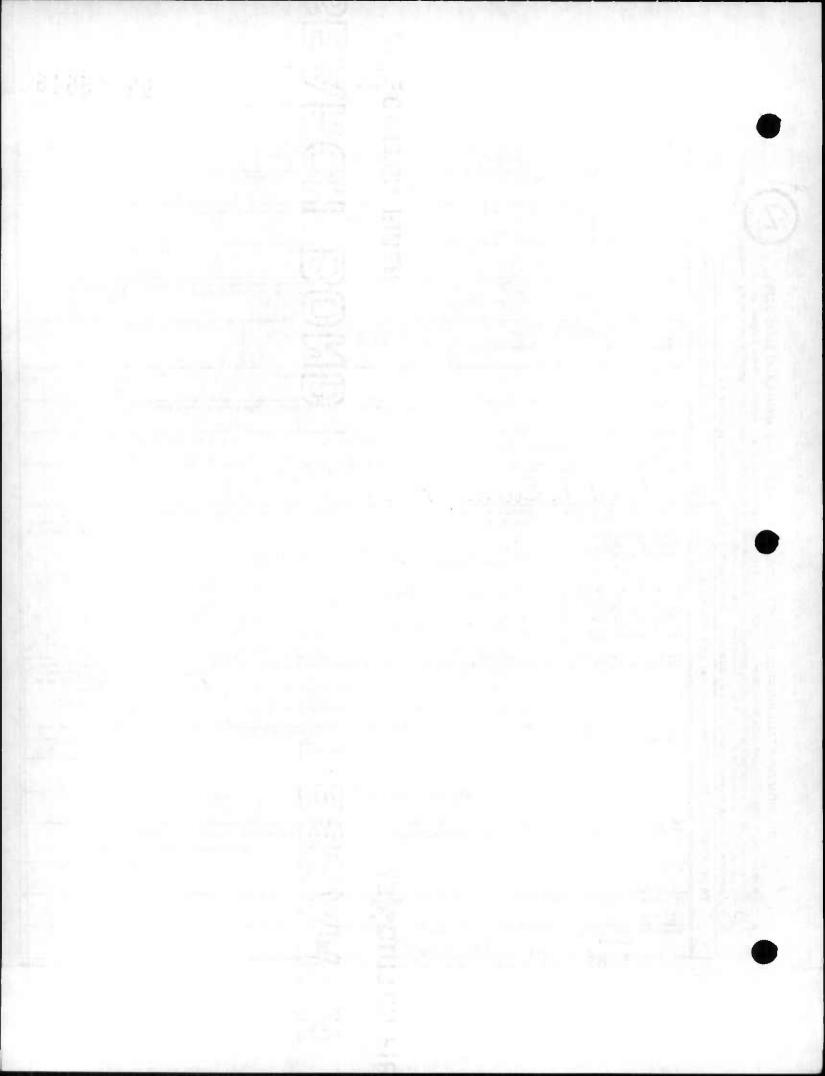
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

05616 1 - FOR STATE REGISTRAR 94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, La	et)					02/11			OF DEATH			3. TIME	OF DEATH
FRANCIS	Н				HALL		JAI		DAY YEAR 10:11			11 A	
4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 6. AGE (In yrs. lest birthday)			UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH (Month, Day, Year)			6. BIRTHPLACE (State or Foreign Country)		
577 38 1747	1-XXM 2 F	79 YRS. MONTHS DAYS HOURS MIN. June 1 1								1.			
9a. FACILITY NAME (If not institution, gi	9a. FACILITY NAME (If not institution, give atreet and number)							EATH		9c. COUN	TY OF D	EATH	
NORTH ARUNDE	GLI	EN I	BURN	IE			ANN	E Al	RUNI	DEL			
RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY		10c, CIT	Y. TOWN C	OR LOCA	TION						10d JNS	IDE CITY
Maryland Anno	Arundel		C1	en B	113010	io						LIM	1757 S 2 √ 1 0
10e. STREET AND NUMBER	1 61	en b		1. ZIP CODE				10g. CITI	ZEN OF W				
510 Hamlen Road				210	61			IIn	ited	C+o	too		
11. MARITAL STATUS	RMED			CENDENT OF	F HISPAI		N? (Specify Yes		14. RACE	- Ameri	can Indian		
1 Never Married 2 Married	YES 2 X	No			ecify Cubar 2 NO			Rican, etc.)		Speci	, Whita, a	itc.	
2√√ Widowed 4 □ Divorced			110		T.	Ar	-		No			Whi	te
15. DECEDENT'S E (Specify only highest gr		16a, Di	ECEDENT'S	USUAL O	CCUPATION TO	ON ost of working	a	161	. KIND OF BU	SINESS/IND	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+}											
8 Grounds Maintance EngineerGovernment 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maidle, Maidle, Surneme)													
17. FATHER'S NAME (First, Middle, Last)													
Francis 19a, INFORMANT'S NAME (Type/Print)			. (0.		esse		Dalton						
		19							ber, City or Tow				
Linda Lee Golds	traw	20b, PLACE					GIE	en Bu	rnie N	Id. 2		un Chata	
iXXBurial 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify) _	emetory or o	ther place)			1 /	1							
21. SIGNATURE OF FUNERAL SERVICE	PIUC	coln Cemetery 1/24/94 Brentwood Maryland											
Polot C	£10	L)						cal Ho				
23. PART I. Enter the diseases,	. Cour	21	res		6000	O Ann	apo:	lis I	Rd. Box	wie M	d. 2	0715	
Sequentially list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
PART II. Other algnificent conditions	resulting	in the underlying cause given in Part				Part I.	Part I. 24e. WAS AN AUTOPSY PERFORMED?			AMILABL	TOPSY FINDINGS E PRIOR TO TION OF CAUSE		
								HEDSO ON					
25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF DE	ATH (Ch	eck only o	ne)				
EXAMINER? 1 ▼ YES 2 □ NO	HOSPITAL:	XER/Outpetient 3	DOA	OTHE		ne 5 🗆 Ras	sidence	6 Oth	er (Specify)				
27. MANNER OF DEATH	28a. DATE OF		28b. TIM	E OF	28c. IN.	JURY AT			SCRIBE HOW	NJURY OCC	URED		
1 Netural 5 Pending 2 Accident Investigation	JAN	19, 1994	4 9:	45A	1 🗆		Kno	SEL	FINF	LICT	ED (SUNS	HOTND JANE
3 Suicide 6 Could not	28e. PLACE (etc. (Specify)	ome, farm,		tory, offic	in .		281. LOC	ATION (Street or Town, State)	and Number	or Rural B	nute Num	her
4 Homicide datermined		A.	г но	ME				510	or Town, State	LEN	RD.	GLE	EN BUR
one) —	YSICIAN: To the best o											and mer	nner as stated.
295. BIGHATURE AND TITLE OF CERTI	nem /					29c. LICE	NSE NU	MBER		29d, DATI	SIGNEO	(Month. D	lay, Year)
Maynte me				C 107 L	C.M				AN		1994		
30, NAME AND ADDRESS OF PERSON	WHO COMPLETED CAU	SE OF OEATH (ITE	M 27) (Type	, Print)		0.0	. 11	- 110			714	20,	1007
HARADALA	D. 160250	U 1	11 P	enn	St	reet	. B	alt	imore	. Ma	rvla	bae	21201
31, DATE FILEO (Month, Day, Year)		AR'S SIGNATURE								,	1		
MULTI O 4 4	00/ 4	lia Davidso	n-Ran	dall									
	334 /					-							DHMH-16 Rev 1

DHMH-16 Rev 1/89



1	STATE REGISTRA

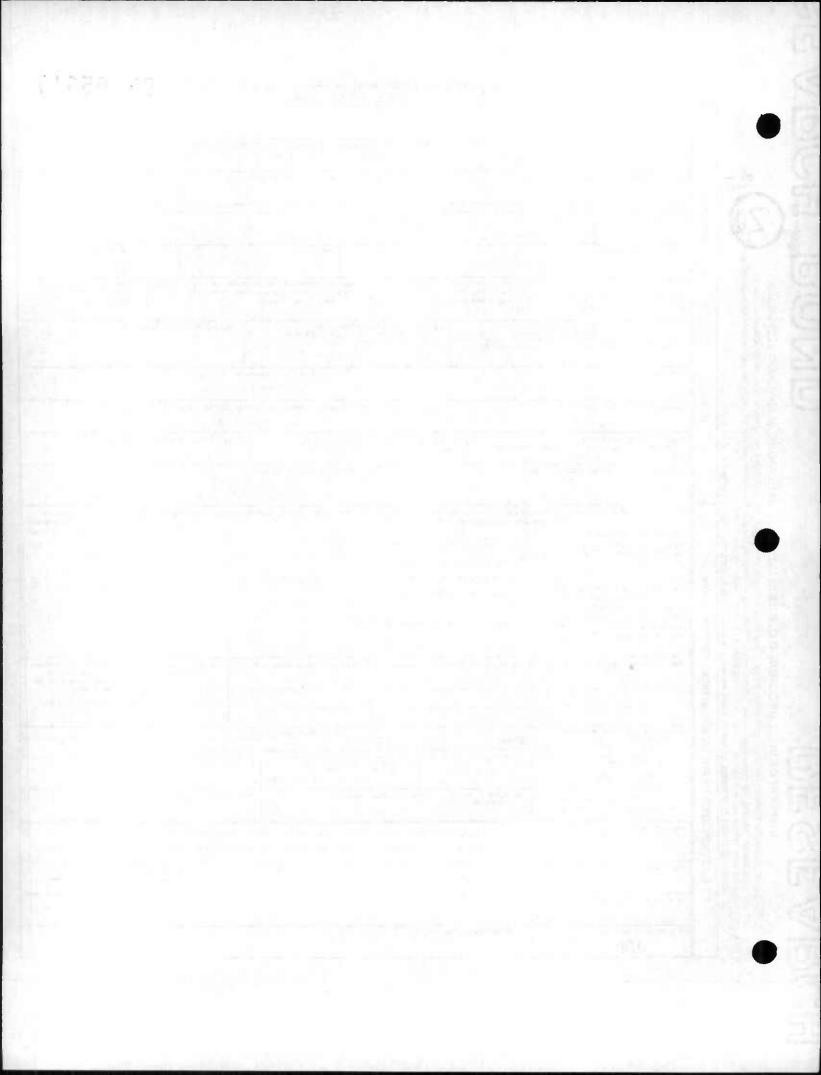
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	4	()5	6	
100	- 6	6	7 4	-	

REGISTRAR	100	CERTI	FICATE	OF	DEATH		REG. NO.		-4	00011		
1. DECEDENT'S NAME (First, Middle, Last						2. DATE O	DA		YEAR	3. TIME OF DEATH		
	ncis Hayd	JANUA	RY 25	, 199	4	2:00 A						
4. SOCIAL SECURITY NUMBER 578-36-4118	1 ☑ M 2 □ F	6. AGE (In yrs. last birthda 90 YRS	MONTHS DAYS HOURS MIN. (Mon				(Month, Day, Year) Coun			PLACE (State or Foreign) yland		
98. FACILITY NAME (If not institution, give 6723 Raydale Rd					or Location of D	EATH		9c. COUNT Princ	-	eorge		
10a. STATE 10b. COUN	e George		attsv		15.4					10d. INSIDE CITY LIMITS?		
10a. STREET AND NUMBER			actsv		. ZIP CODE			10g. CITIZE	EN OF W	1 X YES 2 NO		
6723 Raydale Ro				2	20783			U.S	S.A.			
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 5 IF YES, GIVE WC 1919-192			If yes, sp		an, Puarto Ric	n, Puerto Rican, etc.) Bie					
15. DECEDENT'S ED (Specify only highest gree	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				ON ist of working	16b. F	UND OF BUS	BINESS/INDU	STRY			
Elementary/Secondary (0-12)	1 1 1 1 1 1 1	ruse retired) nistra	tion	Feder	cal Go	ver	nment					
17. FATNER'S NAME (First, Middle, Last)					18. MOTHER'S N.	AME (First, Mi	ddle, Maiden	Surname)				
James D. Hayden					Emma T		ing ila	10				
19a. INFORMANT'S NAME (Type/Print) Christine M. Ha	ydon				nd Number or Rural							
20a. METHOD OF DISPOSITION	yden	20b, PLACE AND DAT			Rd. Hyat	DATE				um Ctata		
1 Burlel 2 Cremation 3 Real	moval from State cametery crematory or other place!								ntwood, Maryland			
21. SECHATURE OF PCHERAL SERVICE L	Viner		22. NAME AND ADDRESS OF FACILITY FORT Lincoln Funeral 3401 Bladensburg Rd. Ased the death. Do not enter the mode of dying, such as cardiac of							D. 20722		
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARDIOPULMONARY ARREST OUE TO (OR AS A CONSEQUENCE OF): D. ATHEROSCLEROTIC HEART DISEASE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO (C	DR AS A CONSEQUENCE	S A CONSEQUENCE OF):									
PART II. Other algnificant condition	nderlyin	g cause given in	In Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			24b.	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		- Comment		ACE OF DEATH (C	heck only one)						
1 YES 2 NO	1 Inpatient 2	ER/Outpatient 3 DOA		sing Hom	e 5 Rasidence							
27. MANNER OF DEATH 1 X Neturel 5 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day	NJURY 28b. 1	TIME OF INJURY M	28c. INJ WO	URY AT PRK? YES 2 NO	28d. DESC	RIBE NOW II	NJURY OCCU	IRED			
3 Suicide 8 Could not be determined	28e. PLACE OF building, et	INJURY — At home, farr tc. (Specify)	m, street, fact	lory, offic		28f, LOCAT City or	ION (Street a Town, State)	and Number o	r Rural A	oute Number,		
(orthon, only		ny knowledge, death occ mination and/or inveatig								and manner as stated.		
296. SIGNATURE AND TITLE OF STATIS	/	P, MD			29c. LICENSE NU D41662			29d. DATE :		(Month, Day, Year)		
Saeed Kronfli M	.D. 7610 (Carroll Ave	e #480) Tal	koma Par	k, MD						
JAN 3 1 199	4 Jz. REGISTRAR	'S SIGNATURE Rand	iall									



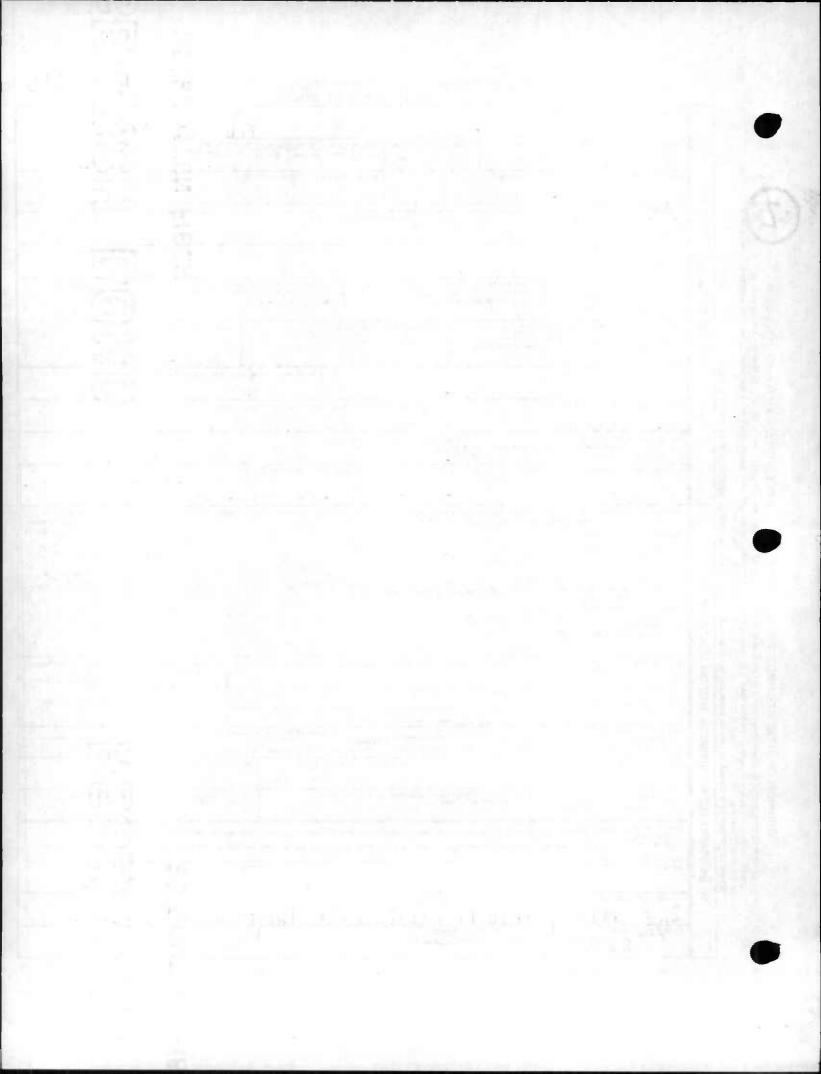
DIVISION OF VITAL RECORDS, P.O. BOX 68760,



	R ATE GISTRAR		STATE OF N	MARYLAND C	DEPAR	RTMENT (OF H	EALTH DEA	AND I	MENTAL HYGIEN REG. NO.	E C	١)	05618	
1. DECED	DENT'S NAME (First, M	ilddle, Last)	Adin E. Hege							2. DATE OF DEATH	19	YEAR O'L	3. TIME OF DEATH OH 25	
212	4. SOCIAL SECURITY NUMBER 212 38 9260 98. FACILITY NAME (If not institution, give a		5. SEX 8. AGE (in yrs. lest to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		YRS.	YRS. MONTHS DAY		IF UNDER 24 HRS. 7. I HOURS MIN. A		7. DATE OF BIRTH (Month, Day, Year) Aug 22, 1907		BIRTHPLACE (State or Foreign Country) /ash . Co . MD		
	Washingto	n Co. Ho				96. CITY, TO		rstow		EATH	Washi			
Mary	Maryland Washington				11722	AGERSTO		ION		e é		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
1341	8 Maugansvi							ZIP COD 2174	0		U S		THAT COUNTRY?	
1 No.	ITAL STATUS over Married 2 XX Mildowed 4 Divorce	arried	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES			If y	res, spe		ın, Mexica	NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	or No-	Black	RACE — American Indian, Black, White, etc. Specify: White	
Elema WOO 17. FATHE	(Specify only highest grade completed)								ng	16b. KIND OF BUS	20010101002			
	17. FATHER'S NAME (First, Middle, Last) Henry K. He					61		18. MOT		Farming ME (First, Middle, Melden nie Eby Hege		empl	oyea	
2	Sharon Rich	9b. MAILING				r or Rural	Route Number, City or Town		Code)					
20a. MET 1 💢 Bur	THOD OF DISPOSITION rial 2 Cremation nation 6 Other (S)	N 3 🗆 Ramovi	al from State		ANDDATE	of DISPOSITION THE PROPERTY OF DISPOSITION TO THE PROPERTY OF	ON (Ner	me of	, mad		CATION C			
21. SIGN	TATURE OF FUNERAL S	JERVICE LICEN	SEE	FD-0133		22. NA	ME AN	ID ADDRE		CILITY	-Miller	-May	Funeral Home,	
IMMED	shock, or head shock, or head shock are cause (Final e or condition and in death)	rt fallure. Lie	et only one cau	duc on each lin	Am	ant	e mod	de of dy	ing, euc	h ee cerdiec or reepi	ratory erre	et,	Approximate interval Batweer Onset end Death	
If eny, cause, CAUSE that init	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST													
PARTI	aut har derekal	reaulting	in the unde	rlying	j cauee	given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
O EXA	CASE REFERRED TO SMINER? YES 2 NO	1	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	Au-			6 Other (Specify)				
2 0		nding restigation	28s. DATE OF (Month, D	Day, Year)		ME OF 28	8c. INJU WOI 1 - Y	URY AT RK? (ES 2 [28d. DE\$CRIBE HOW INJURY OCCURED				
4 🗆	Homicide del	ville puveicu	building,	OF INJURY — At h						26f. LOCATION (Street a City or Town, State)		90	oute Number,	
one)	_	AL EXAMINER:						eath occu		to the cause(s) and mer time, data and place, an MBER	d due to the	cause(a)) and menner as stated. (Month, Day, Year)	
	E ANO AOORESS OF P	Edwar	4) The	de for	9	m-		00	175	557	12	1071	144	

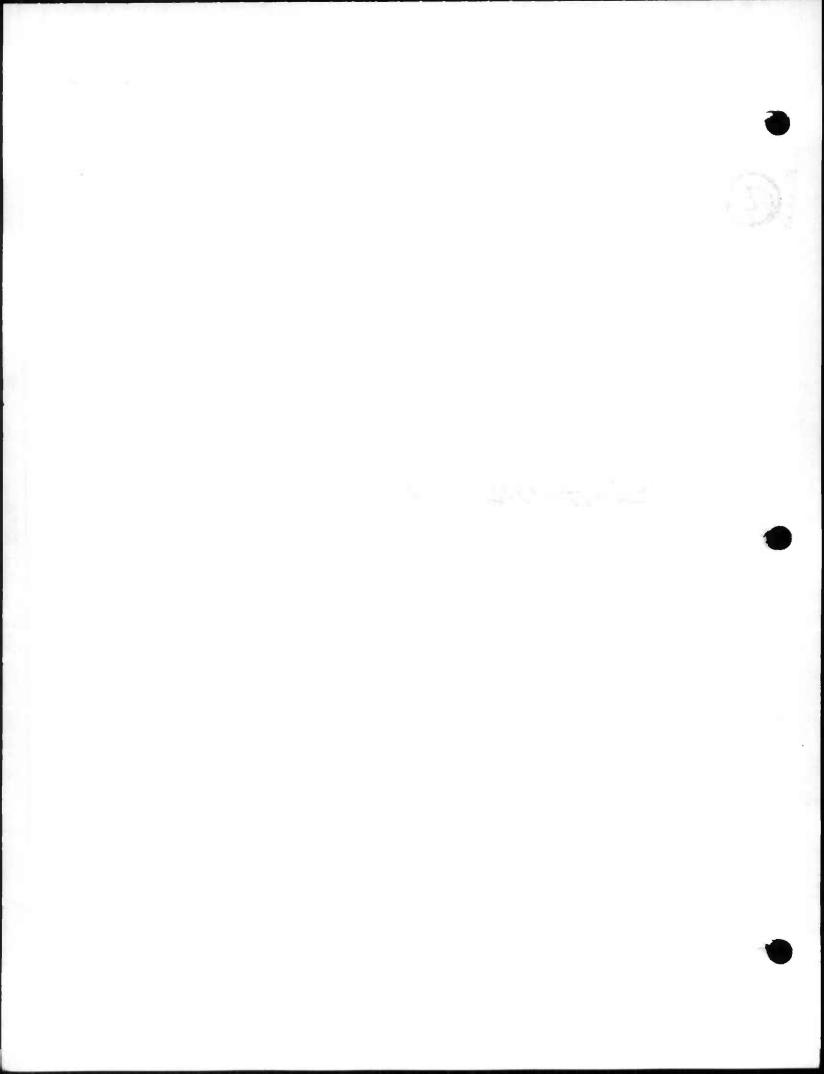
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

D1. E. MODAY 190 M. Delmar 19



BALLIMORE, MARILANE	nin 24 mours after death. Page 6 may be retained by the hosp	lely filled in by the funeral director, page 5 should be detached mation or removal	t, the medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 meurs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to filed within 72 hours after death with the State Deat, of Health and Mental Hunderle infor to burial, crimination, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF	MARYLAND / Ce	DEPAR	TMEN	T OF H E OF	DEAT	AND I	MENTAL	HYGIEN REG. NO	_	94	0561	9
	1. DECEDENT'S NAME (First, Middle, Last)				IOAI		DEA		2. DATE C	F DEATH		1 3	TIME OF DEATH	
	George	Edward	HOOPENGA	RDNE	R, S	R.			February 19, 1994					M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las			R 1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Viser) October 9,1918 Maryland					,
	214-09-7041	1 📆 M 2 🗌 F	7	5 YRS.	MONTHS	DAYS	HOURS	MIN.	Octob	er 9,	1918	Country) Maryl	Land	
~	So. FACILITY NAME (If not institution, give			96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA							TY OF DEAT	Н		
DIRECTOR	248 Avon Road			H	ager	stow	n			Was	shingt	on		
EC	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	ION						d, INSIDE CITY	_
G	Maryland Wa			Hage	rsto	wn						LIMITS?		
AL	10e. STREET AND NUMBER					101.	ZIP CODI	E			10g. CITIZ		T COUNTRY?	_
FUNERAL	248 Avon Road						217	40			USA			
E E	11. MARITAL STATUS 1 Never Married 2 Commercial	The state of the s					ENDENT O	F HISPAN	IC ORIGIN?	(Specify Yes	or No-	14. RACE —	American Indian,	_
ВУ	3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES	If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 ☐ YES 2 🛣 NO Specify:								Black, White, etc. Spec/ly: white		
	15. DECEDENT'S EDU	ICATION		CEDENT'S	USUAL O	CCUPATIO	M		1 405	(N)D OF DIV				
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(Gh	ve kind of Do NOT u	work done se retired.)	during mos	st of working	g	100.1	UND OF BU	SINESS/INDU	JSTRY		
AP.	0-8	0	''	1	abor	er				rail	road			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	AE (First, Mi	ddle, Maiden	Sumame)			
BE		. Hoopen	9							erine		ner		
0	19a. INFORMANT'S NAME (Type/Print)										n, State, Zip	Code)		
	Mrs. Mabel L. Ho	opengara						gers	town,	Mary	land 21740			
	1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A	ND DATE	OF DISPOS	SITION (Nar	ne of		DATE			ity or Town,		1
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Kest	IIav				S OF EAC	Z-ZZ	194 H	agers	eral	Marylan	ıd
10	· Scart		nnee	0									, MD 217	11.0
	22 DADY I Enter the discount												, III 21/	40
	23. PART I. Entar the diseases, or shock, or haart feliure.	List only one cau	R caused tha dea use on each line.	ath. Do r	ot enter	tha mod	le of dyi	ng, such	as cardia	c or reapl	ratory arra	st,	Approximats interval Between	an
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) s. Metastata Prostate Carcingm S/2 my											nth		
	resulting in death)	B. DUE TO	OR AS A CONSEQ	UENCE O	/ 10	5 720	cc_	Ca	20-02	M	<u></u>		8,15 W	2
z														
5	Sequentially ilat conditiona, if any, leading to immediate	DUE TO	(OR AS A CONSEO	UENCE O	F):									
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or Injury	с												
Ē	thet initiated eventa resulting in death) LAST	00E 10	(OR AS A CONSEC	UENCE OF	7):							ľ		
		d												
CAL	PART II. Other algnificant condition	a contributing to	death but not re	sulting	n the un	dariying	ceuse g	ivan In F	Part i. 2	4s. WAS AN			RE AUTOPSY FINDING	GS
9									_	YES 2		COL	MPLETION OF CAUSE DEATH?	
MED									_				YES 2 NO	-1
AN	25. WAS CASE REFERRED TO MEDICAL													
PHYSICIAN:	EXAMINER?	HOSPITAL:	Table Carlos		OTHER		CE OF DE	ATH (Chec	ck only one)					
HYS	1 YES 2 KNO 27. MANNER OF DEATH	1 Inpatient 2 28e. DATE OF	ER/Outpetient 3 (DOA 28b. TIM			1		Other (_
	Netural 5 Pending	(Month, D		INJ	URY	28c, INJU WOR	IK?		28d. DEŞCI	RIBE HOW IN	JURY OCCL	PRED		
BY	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE O	F INJURY — At hom	ne, ferm, s	treet, fact				28J. LOCAT	ON (Street a	nd Number o	r Rural Route	Alumber	ᅴ
E	4 Homicide determined	building,	etc. (Specify)						City or	Town, State)		r torer ricolo	Warnibal.	
COMPLET	290 CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, dear	th occurre	d at the ti	me, date s	nd place.	and thus to	o the cause	(e) and man	Day on etelor	4		\dashv
296 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as one) 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due									due to the	ceuse(s) enc	i manner ea stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE						nth. Day, Year)	\dashv
TO B	MEMINE	760					07	381	5		12	/211	94	
F	30. NAME AND ADDRESS OF PERSON WHY	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)	, 1		,				/	- /	-
	19914-1) Lei	TERSH	urg f	iKe	3	HA	SER	sto	WA) m	19	217	42	
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	200			1							ヿ
	FEB 2 2 1994 Julistenism Russe													



BALTIMORE, MARYLAND 21215-0020

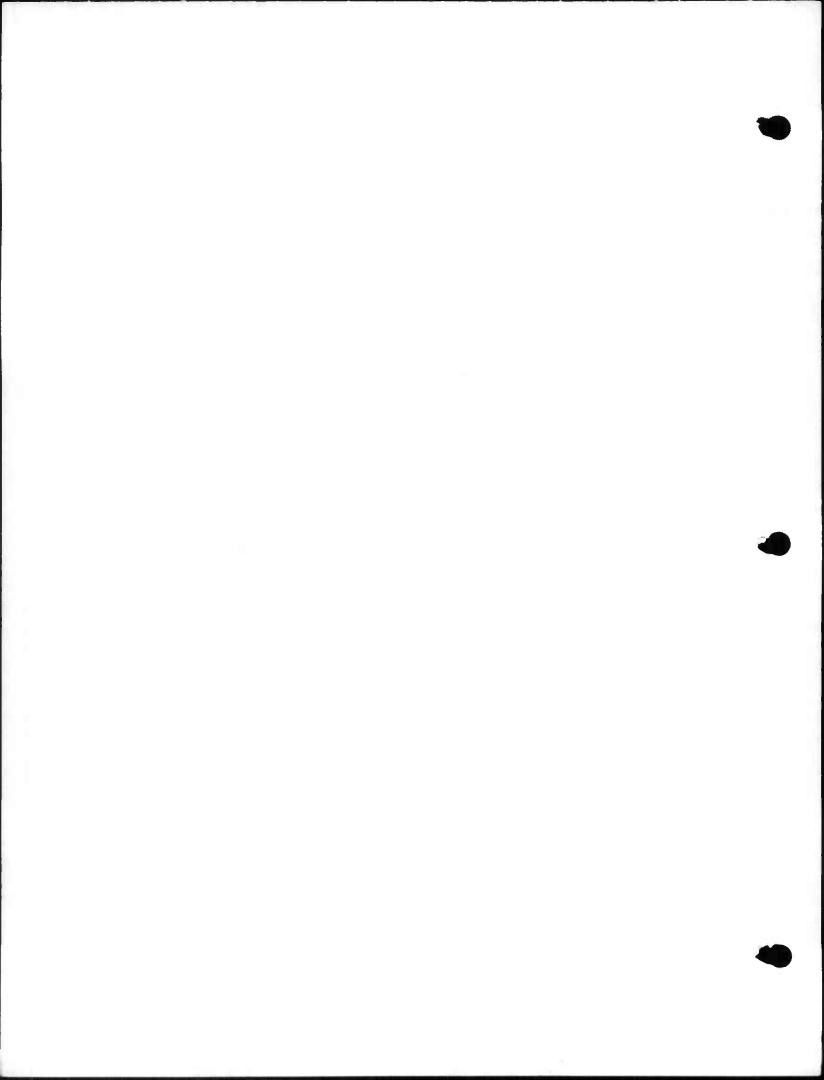
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Frours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	nedioThAn		- CI	SRIFF	CAIL	JE DEA	111	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Anthony	Nathaniel	Harr	ri e				2. DATE OF DEATH	ňo :	YEAR	3. TIME OF DEATH	
								Feb. 16, 1	994		10:00 A. M	
		5. SEX 6. / 1 🐼 M 2 🗆 F	AGE (In yrs. Ias 30	of birthday)	MONTHS DA	AR IF UNDER	24 HRS. MIN.				PLACE (State or Foreign	
	215-82-6627 9e. FACILITY NAME (If not institution, give stre	4	30	TMS.							-	
œ						WN OR LOCATIO		HTA		shing		
DIRECTOR	450 N. Prospect St	TEEL			паде	rstown			was	DITTIE	31011	
<u> </u>	10e. STATE 10b. COUNTY			10c. CITY	, TOWN OR L	OCATION	-				10d. INSIDE CITY	
E I	Maryland Wash	nington		Ha	agerst	own					LIMITS?	
	10e, STREET AND NUMBER					E	10g. CITIZEN OF WI			4.5		
FUNERAL	450 N. Prospect St	450 N. Prospect Street					40			USA		
5		12. WAS DECEDENT EV	ER IN U.S. AB	MED	13. WAS	DECENDENT C	F HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian,	
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR				YES 2 NO			Puerto Rican, etc.) Black Speci			
	15. DECEDENT'S EDUCA	TION	160 DE	CERENTIE				I say man a say			* Black	
	(Specify only highest grade or	ompleted)	(G	live kind of w	USUAL OCCU ork done durin retired.)	PATION g most of workin	g	16b. KIND OF BUS	INESS/IND	DUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	1111-		nt Ana	lvst		Dept. o	f U.	S. I	Navv	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				1110		HER'S NA	ME (First, Middle, Maiden)		J. 1		
C	Robert Harr	is							urne	tt		
) BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (St		Δ.	Number, City or Town				
2	Jacqueline M.	Harris									land 21740	
!	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremsilion 3 Remov	ml from Ct-t-	20b. PLACE	AND DATEO	F DISPOSITIO	N (Name of		DATE 20c. LOC	CATION —	City or To	wn, State	
	4 Dpnation 5 Other (Specify)	77 17 17 17 17 17 17 17 17 17 17 17 17 1	Rese Hill Cemetery 2/19 Hagerstown, M								Maryland	
	21 MONATURE OF FUNERAL SERVICE LICE	7)	1		22. NAN	E AND ADDRES	SS OF FAC	SILITY 305	N T)o t or	ac Street	
	selled O !.	Mum	ch			ald N.					Maryland	
7	23. PART i. Entar the diseases, or co	mplications that ca	aused the death. Do not enter the mode of dving, such as cardiac or read							rest.	Approximata	
	ahock, or haart feliure. Li iMMEDIATE CAUSE (Finel	ist only one cause t	on aech line).			,				interval Between Onset and Death	
	disease or condition	Cordin	andin-resouratory arrest								minutes	
	resulting in death) a.	DUE TO (OR	AS A CONSE	respiratory arrest							MINUUS	
z	W. mars comes and a second of the	Acaum	ed I	d Immunodeficiency fyndrome							Iyear	
은	Sequantially list conditiona, if any, leading to immediate	DUE TO (OR	AS A CONSE	A CONSEQUENCE OF):							1	
2	CAUSE (Disease or injury			s Disease						3 42613		
E I	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEC	Vena Cara Thrombosis								
CERTIFICATION	d.	Inferior	ver	12 (-ay2	Inn	200,	515			6 months	
	PART ii. Other aignificant conditions	contributing to dee	th but not r	esulting in	the under	iying cause o	jiven in i	Part i. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS	
EDICAL		lowtreto				- ITEMA		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	Kaposis So	crema-							XNO		OF DEATH?	
2	Anemia of	Chronic	Diseo	× -				-			1 TYES 2 TIMO	
X I	25. WAS CASE REFERRED TO MEDICAL		J. 4.0		2	6. PLACE OF D	EATH (Che	ck only one)				
Sic		HOSPITAL:	Outpatient 3		OTHER:			6 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	26e. DATE OF INJU	JRY	26b. TIME	OF 280	INJURY AT WORK?		28d. DESCRIBE HOW IN	JURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation	(month, day, re	ra: y	INJU		YES 2	NO					
ED B	3 Suicide 6 Could not be	26e. PLACE OF IN. building, atc.	JURY — At ho	me, farm, at	treet, factory,	office		26f. LOCATION (Street of City or Town, State)	nd Number	or Rural R	oute Number,	
	4 Homicide determined		(-2)/					City or lown, Stelle)				
21	290. CERTIFIER (Check only	AN: To the best of my i	nowledge, de	wledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated.								
COMPLET				n end/or investigation, in my opinion, death occured at the lime, date end place, end due							end menner es stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	1	// 4							DATE SIGNED ₂ (Month, Day, Year)		
H	-	May	ley or	M.D. D41979 > 2/18/94						19/94		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	F DEATH (ITE	M 224 (Type,		-	, ,			-1	217/17	
	JUAN 4.	TAYLER	MI	3.	11110	NEDI	CAL	CAMPUS 20	. 1	MGA	estown, ND	
	31. DATE FILED Month Day, Your EB 1 8 1994	32. REGISTRAR'S	SIGNATURE	2			-					
11.1	FEB 1 8 1994	Julia De	ndem-K	andall	-						- 1	

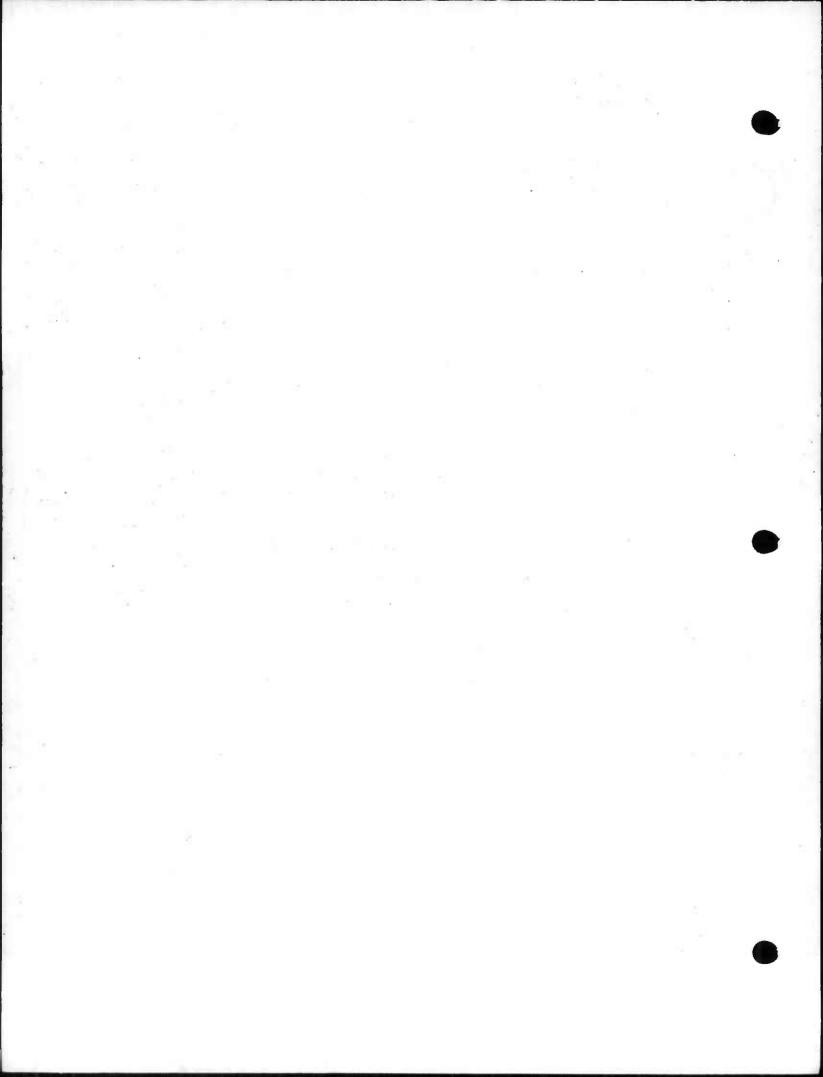


1 - FOR STATE REGISTRAR

		1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF DEATH MONTH	DAY 1	YEAR	3. TIME OF DEATH
		LLOYI	7744	YLAND		HUGH	_			01	30 9	94	12:20PM M
		4. SOCIAL SECURITY NUMBER	BER	5. SEX	27.2	rs. lest birthday	MONTHS	DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	LACE (State or Foreign
-		716-10-269		1 <u>√</u> M 2 □ F	86	YRS.				08/17/19			ldaysburg,
	DIRECTOR	90. FACILITY NAME (If not in Prince Geo	rge's		Center	r		r, town neve	rly	DEATH	9c. COUNT Prin		George's
	2	RESIDENCE OF DEC	10b. COUNTY	,		10c. C	ITY, TOWN	OR LOCA	ATION				10d. INSIDE CITY
2	뜸	Md.	Prin	ce Georg	re's				Park				LIMITS?
permit.		10e. STREET AND NUMBER	11111	cc ocore	, , ,				Of. ZIP CODE		I 10g. CITIZE		AT COUNTRY?
5	ER/	720/ D-	1-1:00	D.									
020 physician. burial-transit	FUNERAL	7304 Ra	aciitt	12. WAS DECEDEN	NT EVER IN U.	S. ARMED	13	WAS DE	20740 CENDENT OF HISPA	NIC ORIGIN? (Specify Ye		USA 4. RACE -	- American Indian,
	BY	1 Never Merried 2 3 Divo		FORCES? IF YES, GIVE Y	WAR OR OATE	R [] NO S			pecify Cuben, Mexic S 2 NO Speci	an, Puerto Rican, etc.) ify:		Black, Specify	White
r attending	0	15. DEC	EDENT'S EDUC	CATION		e. DECEDENT			ION lost of working	16b. KIND OF BL	SINESS/INDU	STRY	WILLIE
	COMPLET	Elementary/Secondary (College (1-4 or 5	+)	Ille. Do NOT	use retired.))	lost of working				
AND 21 the hospital or detached for u	MP	12		12	Aı	nesthe	siol	ogis	t	Medica	1 Doct	or	
the horders	8	17. FATHER'S NAME (First, M							18. MOTHER'S N.	AME (First, Middle, Maider	1 Sumeme)	1.00	
A YL	BE		ua Hug	hes						eth Geesey			
MARYLAND retained by the hospit 5 should be detached notified at once.	10	194. INFORMANT'S NAME (Route Number, City or Tox			
	-	M. Lowena		S		730	4 Rac	dcli	ffe Dr.	College Pa	rk, Md	. 20)740
e 6 m ector.		20e. METHOD OF DISPOSIT 12 Burlel 2 Cremetic 4 Donation 5 Other	on 3 🗆 Remo	oval from State	20b.PL cameter Geo	ACE AND DATE ry, cremetory or Drge W	other place	sition(A	n Cemete	ry 2/3/94	Adelp		,
Page ral direc		21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	1	1	22	NAME A	ND ADDRESS OF E				
ALTIN death. Pag tuneral dis tuneral dis tuneral dis tuneral dis tuneral dis		N La	-11		1	20-1							e Le, Md. 207
		23. PART I. Enter the d	Isesses, or c	omplications the	at caused th	e death. Do	not ente	r the m	ode of dving, su	ch es cerdiec or ress	iratory srre	ATTI	Approximate
2		snock, or h	eert fellure. I	List only one car	use on each	Ilne.			, , , , , , , , , , , , , , , , , , , ,		matery street	140	Interval Between Onset and Death
hy filled ation, o		IMMEDIATE CAUSE (Fir		MASSIVE	CASTRO	TNITES	ΤΤΝΔΙ	L HE	MORRAGE				Oliset and Death
od with completely fill if, cremation, event, the		resulting in death)	,		OR AS A CO			- 111-	TONIVAL				
	z			JAUNDICE	= AND I	IVFR	FATI	URF					
× 8 5 9 5	CATION	Sequentially list condit if any, leading to imme	diate	DUE TO	OR AS A CO	NSEQUENCE	OF):						
		cause. Enter UNDERLY CAUSE (Disease or Inju	ING	MARKED H				LY					
O. B ertifical ing phy rgiene p	ERTIFI	thet initiated evente resulting in death) LAS		DUE TO	(OR AS A CO	NSEQUENCE	OF):						
a Hade	EH	resulting in death) CAS	' L.	1,									
. 55 3	2	PART II. Other significa	nt condition	s contributing to	deligth but	Rat resulting	In the u	nderlylr	ng cause liven Ir	Part I. 24a. WAS AF	NAUTOPSY	24b. 1	WERE AUTOPSY FINDINGS
T # 0 # >	EDICAL	M	11 10 1	loor	Q /710	110	1 0	- 1	de krussi	PERFO	RMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	입		10011	1				X	Jewocin	1 YES	2 NO		OF DEATH?
2 2 2 2	Σ.			4				-	_			,	YES 2 NO
AL has has a 22	PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL					28. P	PLACE OF DEATH (C	heck only one)			
	Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpatie	nt 3 🗆 DOA	OTHE 4 D No	R:		8 Other (Specify)			
L 2 8 ft .	Ŧ	27. MANNER OF DEATH		28e. DATE OF	FINJURY	28b. Ti	ME OF	28c. IN	JURY AT	28d. OESCRIBE HOW	INJURY OCCU	RED	
NG PHYS Mer this suth with	ву р		Pending Investigation	(Month, L	Day, Year)		NJURY		ORK? YES 2 NO				
0 8 4 9 %		2 Sudalda -	Could not be	28e. PLACE (OF INJURY —, etc. (Specify)	At home, farm	, street, fe	ctory, offi	ce	281. LOCATION (Street		Rural Ro-	ute Number,
	ETED	4 Homicide	determined	balloling	, etc. (Opecity)					City or Town, Stete	,		
P CO BEN DE		29e. CERTIFIER (Check only	FIFYING PHYSIC	CIAN: To the best o	f my knowledg	e, death occu	rred at the	time, det	e end place, end du	e to the cause(s) end ma	orner se stated		
開発だ事	COMPL	anal .								e time, date and place, e			end menner ee stated.
		290. SIGNATURE AND TITLE					_		29c. LICENSE NU				
독 동 등 등 등 등	BE	4	tien	1. 7	Cit				D20072	much	DATE S	Jours !	Month, Day, Year)
2 P 8	2	30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CALL	ISE OF DEATH	(ITEM 27) /7or	ne. Print)		D20072		1,9	17	46
100	1)	Dr. S. Punj		-				#H40	3. Cheve	rly, Maryl	and 2	0785	5-1189
20		31. DATE FILED (Month, Day,		_	AR'S SIGNATU	RE .		,	J, OHEVE	- LJ, Haryr		3702	. 1107
	1 1	×1 (1.		10	. 1		1.00.						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-16 Rev 1/89



		t. DECEDENT'S NAME (First, Middle, Last)	Harr	ism.		2. DATE OF DEATH DA	Y YEAR	3. TIME OF DEATH
_		4. SOCIAL SECURITY NUMBER 5		s. last birthday) IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYB HOURS MIN.	JULY 19,	\sim	PLACE (State or Foreign M ASS.
Θ	TOR	94. FACILITY NAME (If not institution, give stree SUBURBAN HOSPIT	t and number)		OWN OR LOCATION OF DEA	TN	9c. COUNTY OF D	
6	DIRECTOR	10e. STATE 10b. COUNTY	OMERY	10c. CITY, TOWN OR L				10d. INSIDE CITY LIMITS? t YES 2 NO
n. ansit permit	FUNERAL	10250 WESTLAKE D	R. #611		101. ZIP CODE 20817		10g. CITIZEN OF W	STATES
21215-0020 al or attending physician. for use as the burial-transf	B	t) Marital Status t) Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	MRMED 13. WAS It you t	DECENDENT OF NISPANI De, specify Croen, Mexican, YES 2 1 NO Specify:	C ORIGIN? (Specify Yes Puerto Rican, etc.)		American Indian, k, White, etc.
	COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col Elementary/Secondary (0-12)	TION 18e mpleted) College (1-4 or 5+)	DECEDENT'S USUAL OCCU (Give kind of work done during life. Do NOT use retired.)	IPATION ng most of working	16b. KIND OF BUS	BINESS/INDUSTRY	
RYLAND 2 ed by the hospital uid be detached for	BE CON	17. FATHER'S NAME (First, Middle, Last) EDGAR MURRY	CROWELL			E (First, Middle, Maiden CE ATHEA		М
MA retain 5 sho	10 B	BETTY STYLES		196. MAILING ADDRESS (SI 540 Cedary				MD 20659
FORE e 6 may rector, pa		20a METNOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Remove 4 Donetion 5 Dother (Specify)	I trom State cemeters	CEANODATE OF DISPOSITION COMMENTS OF OTHER DISPOSITION OF OTHER DISPOSITION		B. 8, 199	CATION — City or To	TWOOD, M
W - 8 = 8		21. SIGNATURE OF FUNERAL DESWICE LICEN	Dudle	, E.	M. DUDLEY 00 RHODE	FUNERAL		PAINTER
within nours within in the cremation, or rei		23. PART I. Enter the diseases, or conshock, or heart fellure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death)	I only one ceuse on each	mith. Do not enter the	ymph	ss cardiac or respi	ratory arrest,	Approximate interval Betwee Onset and Dea
O. BOX 68 certificate be executing physician and rigiene prior to bur other traumatiti	CERTIFICATION	Sequentially list conditions, if any, isoding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	OUE TO (OR AS A COR		res glod	In One	vie .	lemo
RDS, P. The death of the attend of Mental Hy Injury, or		PART II. Other significent conditions of	contributing to death but n	ot resulting in the under	rlying ceuse given in P			. WERE AUTOPSY FINDING
RECORD w requires that the been signed by th pt. of Health and M 3 shows any Inj	MEDICAL	hemsly her	anemi	à.		PERFOR 1 TYES 2	43000	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2 E 8 5 7	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	OTHER:	28. PLACE OF DEATH (Chec	ck only one)		
OF VIT, PHYSICIAN: Th this certificate with the State feed, or iten	HAS	1 YES 2 DIF 1 27. MANNER OF DEATN	25e. DATE OF INJURY (Month, Day, Year)	t 3 DOA 4 Nursing	Nome 5 Residence 6 c. INJURY AT WORK?	Other (Specify) 28d. DESCRIBE HOW IF	NJURY OCCURED	
ONIG POING P	ED BY	1 Astronal 5 Pending Investigation 3 Suicide 5 Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)	M t	YES 2 NO	281. LOCATION (Street e City or Town, State)	and Number or Rural F	Route Number,
N N N N N N N N N N N N N N N N N N N	COMPLET		N: To the best of my knowledge					and manner as state-4
是 是 是	BE CO	29b, SIGNATURE AND TITLE OF CERTIFIER	Cooke		29c. LICENSE NUME		29d. OATE SIGNED	
P P 8 %	0 1	CO CO VOO	0-01	1011)	100 46	.02	- 4	177

30. NAME AND ADDRESS OF PURSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FEB 0 7 1994

00/40

32. REASTRAR'S SIGNATURE Pandale

CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 3. TIME OF DEATN YEAR 3:40Am 8. BIRTHPLACE (State or Foreign MASS. 9c. COUNTY OF DEATH MONTGOMERY 10d. INSIDE CITY t YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? UNITED STATES 14. RACE — American Indian, Black, White, etc. Specify: WHITE ISINESS/INDUSTRY N GRAHAM vn, State, Zip Code) CSVILLE, MD 20659 CATION — City or Town, State 94 BRENTWOOD, MD L HOME VE. MT. RAINIER, ND iratory arrest. Approximate interval Between **Onset and Death** 2 mo 6 mo -ie NAUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN? 1 YES 2 NO INJURY OCCURED end Number or Rural Route Number,

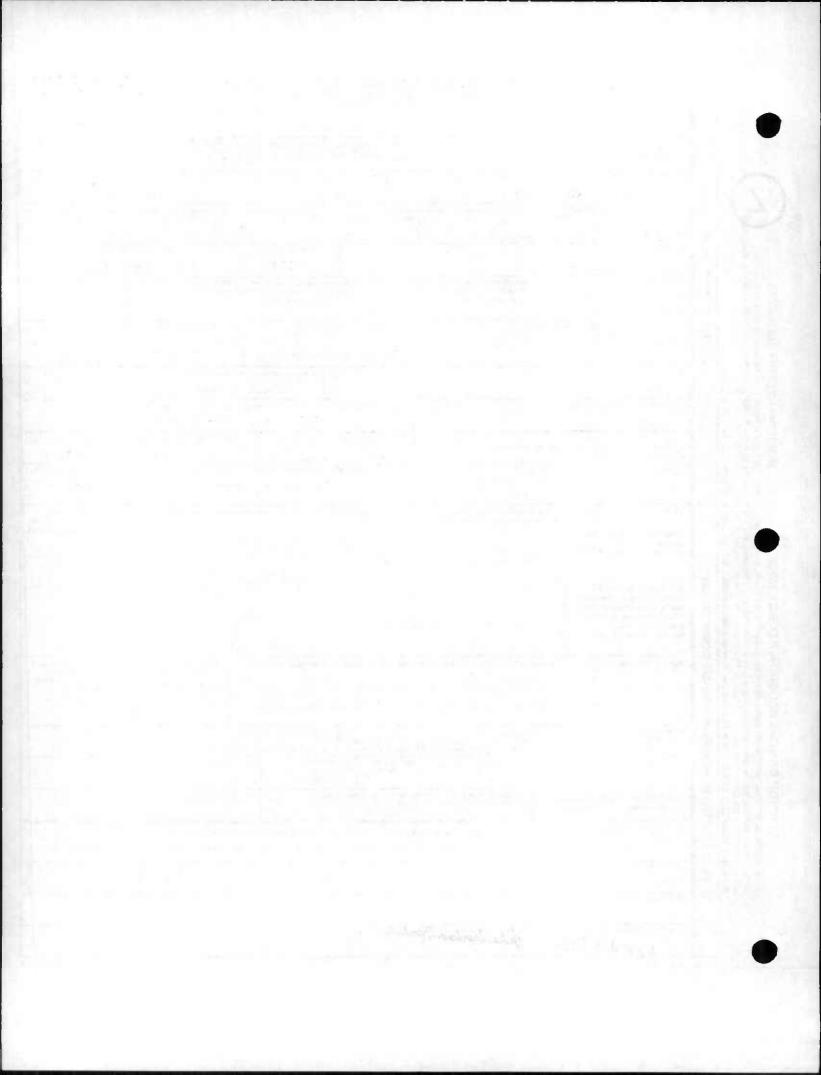
DHMH-16 Rev 1/89

Ken

Omn.

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Suno	d in	med
	filler bon,	the
right	lettely	H,
w par	al. C.	8
лээх	and bur	natic
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Cate	physical property	er t
certif	ding	10
eath	atten ntal 1	7, 0
the d	Me	Infin
that	ed by	amy
uires	sign	28
regi	Deen of	Sho
e law	has	1 23
4	State	Iten
SICIA	the	0
PHYS	this	rked
BNII	After	E
TEND	OR: /	8 8
RAT	RECT urs a	E 5
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should the filled within 72 hours after death with the State Deat, of Health and Mental Hydrene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified a
SPIT	NER.	M
E HC	E FU	HTA
HE	H B	MPG
_	-freedy	-

1 - STATE Thelmo	i crucus naturi	CERTIFIC	MENT OF HEALTH AND CATE OF DEATH	REG. N	0	05623
1. DECEDENT'S NAME (First, Middle,		Hand	0	2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATN 5:15 A
4. SOCIAL SECURITY NUMBER 578-38-1665	1 🗆 M 2 💢 F	88 YRS.	F UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) Sept 4,	1905 V	BIRTHPLACE (State or Foreign Country) Virginia
9a. FACILITY NAME (If not institution, 1003 Decesari		•	Lothian	DEATN		Y OF DEATH
RESIDENCE OF DECEDEN		10c, CITY, 1	TOWN OR LOCATION		1 Anne	Arundel 10d, INSIDE CITY
	ne Arundel		hian 101. ZIP CODE		Tue organ	LIMITS? 1 YES 2 NO N OF WHAT COUNTRY?
82 B Edward L	ane		20711			ed States
10e. STREET AND NUMBER 82 B Edward I. 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT' (Specify only highest Elementary/Secondary (0-12) 9th 17. FATHER'S NAME (First, Middle, Le	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF NISE If yes, specify Cuban, Max 1 YES 2 NO Spe	can, Puerto Rican, etc.)	fes or No 14	RACE — American Indian, Black, Whits, etc. Specify: White
15. DECEDENT 'S (Specify only highest	t grade completed)	18e. DECEDENT'S US (Give kind of won life. Do NOT use r	BUAL OCCUPATION is done during most of working relined.)	16b. KIND OF E	USINESS/INDUS	TRY
Elementary/Secondary (0-12) 9th	College (1-4 or 5+)	100000000000000000000000000000000000000	ical Superviso	or US	Naval R	esearch Lab
17. FATHER'S NAME (First, Middle, La				ettye Hugh		
Hilbert Stev		19b, MAJLING A	ODRESS (Street and Number or Run	al Route Number, City or T	own, State, Zip Co	
Thelma Burri		3107 N		on, Virgin		
TV Buriel 2 Cremation 3 C	Removal from State		pisposition (Name of Feb	3,1994 200.1	Suitla	nd, Maryland
21. SIGNATURE OF FUNERAL			22. NAME AND ADDRESS OF Old Alexander	FACILITYLEE Fun	neral H	ome, Inc 6633
IMMEDIATE CAUSE (Finel	llure. List only one cause on e	each line.	enter the mode of dying, s		piratory arree	Interval Betwe
immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS.	each line.	navy amo	0		Interval Betwee
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if erry, leeding to immediate	a. Cardic Due to (or As a Due to (or As a Due to (or As a c.	A CONSEQUENCE OF):	rang arre	0		Interval Betwee Onset end Dea
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	rany arro	n Part I. 24a. WAS	AN AUTOPSY ORMED?	Interval Betwee Onset end Dea
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent con	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	navy and	in Part I. 24a. WAS J. PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDING AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent con Mark Value (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	the underlying ceuse given 26. PLACE OF DEATH (DYTHER:	in Part I. 24a. WAS PERF 1 YES	AN AUTOPSY ORMED? 2 NO	Interval Betwee Onset end Deat AR 20 43 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificent con PART II. Other eignificent	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in	the underlying ceuse given 28. PLACE OF DEATH (The principal of the pri	in Part I. 24a. WAS / PERF 1 YES	AN AUTOPSY ORMED? 2 NO	Interval Betwee Onset and Deat AR 20 43 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent con PART II. Other eignificent	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in Consequence of the consequ	the underlying ceuse given 26. PLACE OF DEATH OTHER: Nursing Nome 5 Residence OFF 28c. INJURY AT WORK? M 1 YES 2 NO	in Part I. 24a. WAS PERF 1 YES	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent con PART II. Other eignificent con EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation of Cause investigation of	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in patient 3 DOA 4 28b. Time c injury Y — A1 home, ferm, stresolly)	the underlying ceuse given 26. PLACE OF DEATH (THER: Nursing Nome 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO Net, factory, office at the time, date and place, and design the control of the co	In Part I. 24a. WAS J. PERF 1 YES Check only one) 6 Other (Specify) 28d. DESCRIBE NOV 281. LOCATION (Strencity or Town, Status	AN AUTOPSY ORMED? 2 NO Y INJURY OCCUP IN and Number or te)	Interval Betwee Onset end Deat AR 20 43 24b, WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent con PART II. Other eignificent con EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation of Cause investigation of	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in patient 3 DOA 4 28b. Time c injury Y — A1 home, ferm, stresolly)	the underlying ceuse given 26. PLACE OF DEATH (THER: Nursing Nome 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO Net, factory, office at the time, date and place, and design the control of the co	In Part 1. 24a. WAS / PERF 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE NOV. 28f. LOCATION (Streechly or Yown, State of the cause(e) and in the time, date and place,	AN AUTOPSY ORMED? 2 No W INJURY OCCUP tend Number or ten) tend Number or ten)	Interval Between Onset and Deat AR 20 43 24b, WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if ery, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificent con PART II. Other eignificent	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in Experient 3 DOA 4 28b. TIME C INJUR Y — A1 home, farm, stresolly) Wedge, death occurred on and/or investigation,	the underlying ceuse given 26. PLACE OF DEATH (THER: Nursing Nome 5 Residence PT 28c. INJURY AT WORK? M 1 YES 2 NO Not, factory, office at the time, date and place, and d In my opinion, death occurred at at 29c. LICENSE N	In Part 1. 24a. WAS / PERF 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE NOV. 28f. LOCATION (Streechly or Yown, State of the cause(e) and in the time, date and place,	AN AUTOPSY ORMED? 2 No W INJURY OCCUP tend Number or ten) tend Number or ten)	Interval Betwee Onset and Deat



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mouns after death, Page 6 may be retained by the hos	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive. The within 72 hours after death with the State Deat, of Health and Mental Horiere nefor to burial commandon, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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OR A	DIREC	tem
PITAL	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fit to filled within 72 hours after death with the State Dent, of Health and Mental Hyplene prior to burial, cremation, or removal	E
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	1 - FOR STATE REGISTRAR	STATE OF I					IEALTH AND DEATH	MENTA	L HYGIEN	-	94	05624
	1. DECEDENT'S NAME (First, Middle, Last) ETHEL	1-10	LLAR					MON	E OF DEATH	NY.	YEAR	TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDE	1 YEAR	IF UNDER 24 HRS.		OF BIRTH	72-0		1020 AM
	577-32-7565 9a. FACILITY NAME (If not institution, give s:			YRS.	MONTHS	DAYS	HOURS MIN.	(Mon	th, Day, Year)		Vi:	ACE (State or Foreign rginia
DIRECTOR	Shady GAOVE W		Home		-		PR LOCATION OF I	DEATH L)		ntgome	
E E	10a. STATE 10b. COUNTY	,		10c CIT	Y. TOWN	ORLOCAT	ION					
		ontgomer	у	100.01		ckvi						LIMITS?
FUNERAL	9701 Medical Ro	ad				101.	ZIP CODE	850				States
5	11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC	ENDENT OF HISPA	ANIC ORIGI	N? (Specify Yea			American Indian,
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2 X	NO			ecify Cuban, Maxic 2 A NO Spec		Ricen, etc.)		Black, V Specify:	White White
밀	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G	CEDENT'S	work done	during mos	ON st of working	16	b. KIND OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 -	·) ///	Do NOT u	cher				EA	ucati	ion	
ŏ	17. FATHER'S NAME (First, Middle, Last)	4		Tea	CHEL		18. MOTHER'S N	AME (First			LOH	
ш	Albert Samuel Ho	llar							Hinton			
00	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Number or Rura				Code)	
임	Norman Miller						th Terr					33990
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State	20b. PLACE	AND DATE	OF DISPOS	ition/Na	me of the Br	DAT	7E 20c. LO	CATION — C	On hum	, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	ric. I	rease			D ADDRESS OF F		E11 116	11115	Olibut	g, VA.
	Steven E.	lood	leel	0			lsey Fun S. Main			Jarri	conbu	ra VA
	23. PART I. Enter the disessea, or cahock, or heart failure. I	omplications tha	coused the de	ath. Do	not enter	the mod	de of dying, su	ch aa car	diac or respin	ratory arre	est,	Approximats
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List only one cau	Λ		16		ARRIT	シナト	MA			Interval Between Onset and Death
	Troubling in debtily	DUE TO	OR AS A CONSE									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):									
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	·										
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	DUENCE O	F):							
5	resulting in death) EAST	l,										
ايا	PART II. Other algorificant conditions	s contributing to	deeth but not r	esuiting	in the un	derlying	cause given in	Part I.	24a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	STROKE,	ATT	RIAL	FI	BR	111	ATTON		PERFOR	4	- 00	AILABLE PRIOR TO IMPLETION OF CAUSE
WEG										E III		DEATH?
ż												
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (C	heck only o	ne)			
YSI	1 TYES 2- NO	1 - Inpatient 2 -		□ DOA	4X Nun		5 - Residence	8 🗆 Othe	er (Specify)		_	
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, De		28b, TIM INJ	E OF URY	28c. INJU WOR	RK?	26d. DE	SCRIBE HOW IN	JURY OCC	URED	
BY	2 Accident Investigation	28e. PLACE O	F INJURY — At ho	me term i	m		ES 2 NO	451.10	ATION (O)			
8	3 Suicide 8 Could not be determined	building,	etc. (Specify)		Albert, tact	ory, ornea	U/A	City	or Town, State)	nd Number (or Hurel Houl	Number,
COMPLETED	29a. CERTIFIER CERTIFYING PHYSIC	TAN: To the heat of	mu knowleden d	alb according								
MC	(Check only one) 2 MEDICAL EXAMINER											od manner en eteted
	20h SIGNATURE AND THE PAR CENTIFIED						29c, LICENSE NU		Princel disc			
BE	4 Chal	llan	NA				A4 Z		10			2 ~ 94
임	30. NAME AND ADDRESS OF PERSON WHO			4.07 (7	5.10		-42		10	-	-	

PIRE

30. NAME AND ADDRÉSS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

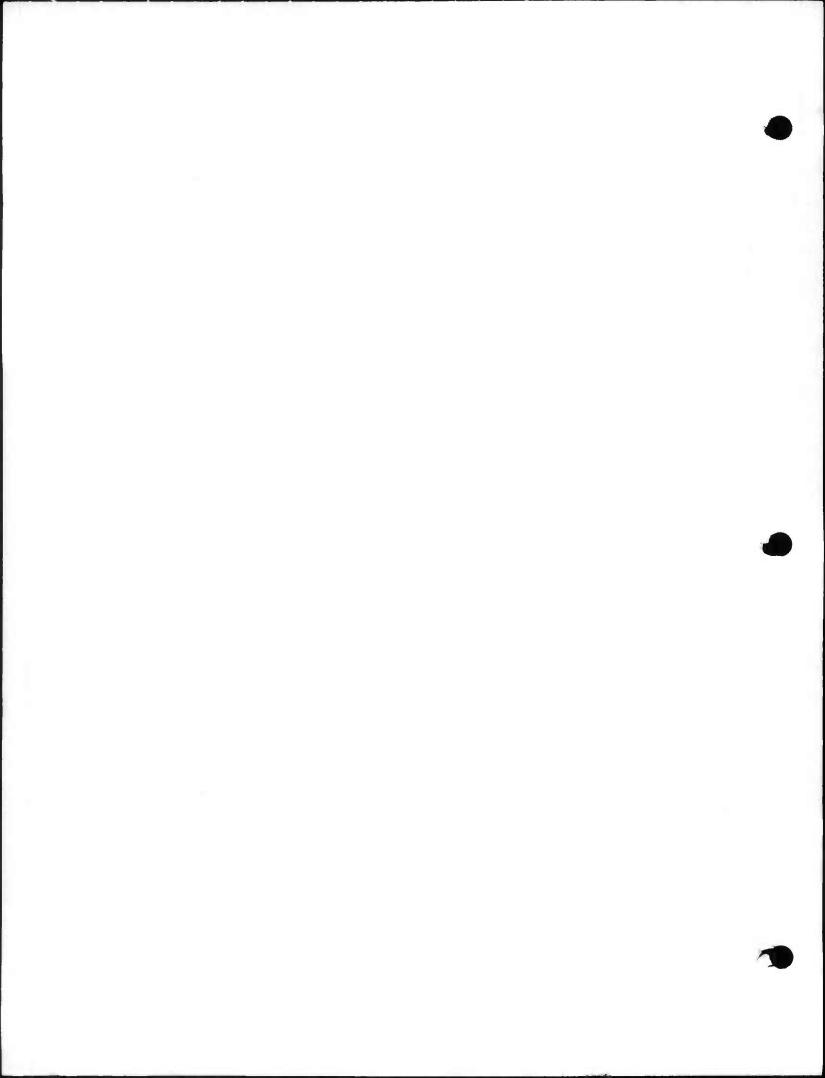
GUL CHATCAWI, IIII 9 ROCKUILLE

31. DATE FILED (Month, Day, Vear)

FEB 0 8 1994

Jan Davidson—Mandall

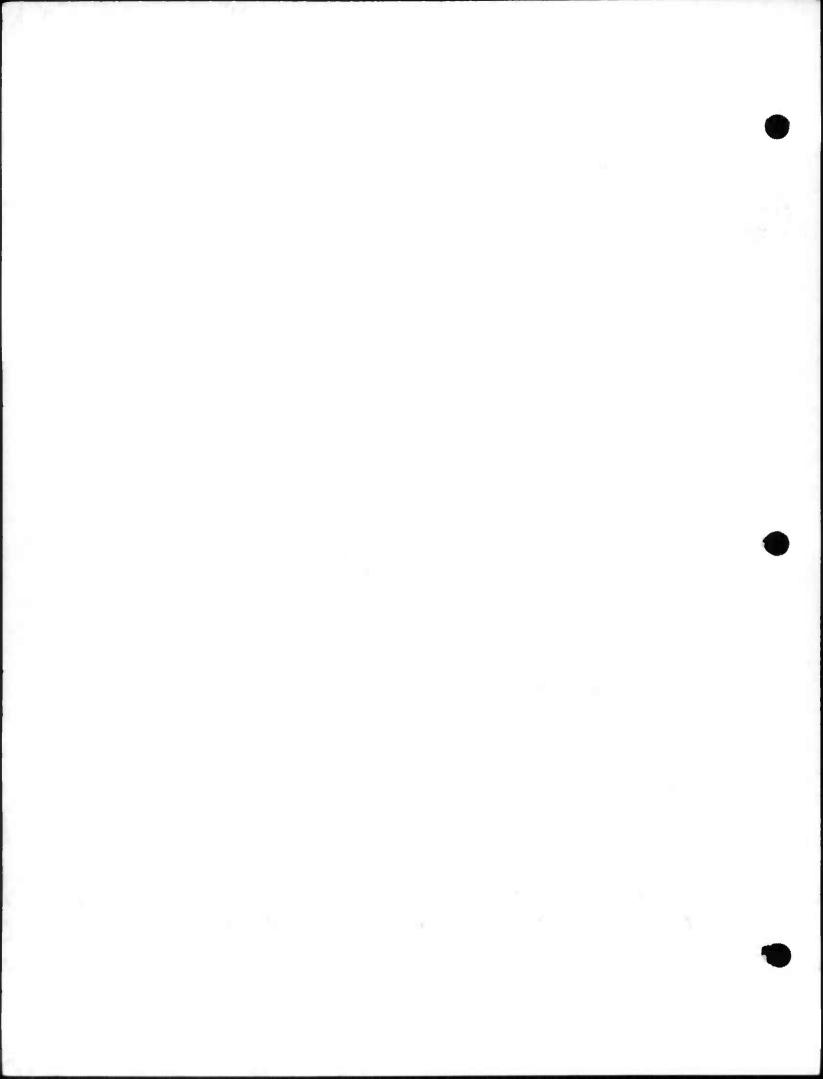
ROCHUILLE, MD20857



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_	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	020
4	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Fours after death. Page 6 may be retained by the hospital or attending physicia	Dhysicia
1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-formation or removal	burial-ti
)	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ence	

	REGISTRAR		CERTIF	ICATE O	F DEATH	R	EG. NO.				
- 8	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATH			3. TIME OF DEATH	-
	Thomas	T ar	niell.	3		MONTH	0/	-9	YEAR 94	1480	
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF E		-		HPLACE (State or Foreig	
	578-38-6231	1 🔀 M 2 🗆 F	79 YRS.	MONTHS DAY		(Month, De 07 17	y, Ybar)	4	Count	nsylvania	
_	9e. FACILITY NAME (If not institution, give :			9b. CITY, TOW	N OR LOCATION OF D	EATH		9c. COL	UNTY OF D		
DIRECTOR	Holy Cross Hospi	tal		Silve	r Spring			Мо	ntgo	mery	
Ä	10e. STATE 10b. COUNT	Y	10c, Cl	TY, TOWN OR LO	CATION					10d, INSIDE CITY	_
	Maryland Balti	more	Ba1	timore						LIMITS?	•
FUNERAL	100. STREET AND NUMBER 3129 East Avenue				10f. ZIP CODE 21234	-			S.A.	WHAT COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED	13 WMS 0	ECENDENT OF HISPA	NIC OBIGINA (S.	anath. Was		_	E - Amaricen Indien,	_
BY FI	1 📉 Never Merried 2 🔲 Merried 3 🗌 Widowed 4 📗 Divorced	FORCES? 1 YE	S 2 X NO	If yes,	specify Cuben, Mexico ES 2 X NO Specifi	en, Puerto Ricar	, etc.)	or No-	Black	ck, White, atc.	
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT'S	S USUAL OCCUPA work done during	TION	16b. KIN	D OF BUS	SINESS/IN	OUSTRY	W112 CC	_
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT L	use retired.)	most or working			4 w			
Ž	17. FATHER'S NAME (First, Middle, Last)		Labore	r					press	S	
	Dominic Ianniell	0			18. MOTHER'S NA Esther	ME (First, Middle : Olive		Sumame)			
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	3 ADDRESS (Street	t end Number or Rural			n State 7	in Code)		
욘	Justine I. Wilson	n			enue, Bal					1234	
	20e. METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 Rem	oval from State	10b. PLACE AND DATE	OF DISPOSITION	Name of	OATE	20c. LO	CATION -	City or To	own, State	
	4 Donation 5 Other (Specify)		emetery, crematory or Cort Linc			3/94	Bre	ntwo	od, l	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIN	F. BOOD	1	Fran	AND ADDRESS OF FA	's Sons					0.1
	23. PART I. Enter the diseases, or	complications that caus	ed the death. Do	not anter than	Daltinor	e Ave.	or mani	atts	VILLE	e, MD 2078	
	anock, or naart failure.	List only one cause on	aach Ilna.		out or aying, suc	II as cardiac	or reap	ratory ar	reat,	intarvai Betw	reen
- 1	iMMEDIATE CAUSE (Final disease or condition	ale	11140	The I	selver					Onset and Da	aath
ı	resulting in death)	DUE TO (OF A	CONSEQUENCE	2 7	anur			1	ny	wedial	
z	restrones incommen	Sho	ch	,0					21	her	
	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE O	F):							
걸	CAUSE (Disease or Injury	a Sept	A CONSEQUENCE O							nes	
ERTIFICATION	that initiated events resulting in death) LAST	OUE TO BER AS	A CONSEQUENCE O	PF):							
ပ၂		d									
8	PART II. Other aignificant condition	a contributing to death	but not resulting	in the underly	ng cause given in	Part i. 24s.	PERFOR	AUTOPSY	24b	. WERE AUTOPSY FINDIN	NGS
╗║	Organia ve	an Ry	every,	nucl	ylan	Cross.	YES 2	Luo	1	COMPLETION OF CAUS OF DEATH?	SE.
¥										1 YES 2 NO	
ÿ											
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF OEATH (Ch	eck only one)			- 1		
Ž	1 TYES 2 THO	1 Inpatient 2 ER/O	utpetient 3 🗆 DOA		ome 5 🗆 Residence	6 Other (Spe	octly)				
₩ H	27. MANNEB OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year			NJURY AT YORK?	26d. DESCRIB	E HOW IN	NJURY OC	CURED		
à I	2 Accident Investigation				YES 2 NO						
COMPLETED	3 Suicide 6 Could not be determined	building, atc. (Sp	RY — At home, term, pecify)	street, factory, of	lice	281. LOCATION City or Tox	l (Street e vn, Stete)	nd Numbe	r or Rural A	Poute Number,	
	29e. CERTIFIER										_
₹ E		CIAN: To the best of my knows: CR: On the basis of examinat									
	296. SIGNESSTRE AND TITLE OF CERTIFIE	1	1 A	on, many opinion			piace, en				D.
#	Midwally	1000 110	cal		10 2 3	3 3 <i>8</i>	-	29d. DAT	E SIGNEO	(Month, Dog, Year)	
4	30. NAME AND ADDRESS OF PERSON WA	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	, Print)	1 10-00	10			42	-///	\dashv
	KICHARD & DELANE 31. DATE FILED. (MONTH, Day, Year)	TAD 1811	gedall	+ Ats	SILIE	2 4	ic		40	20902	
	FFR 0 2 199	1 Sula Da	MATURE UNDSON-AMA	ald a							
	11100		-								



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Z	ed in by the funeral director, page 5 should be detached for use as the burial-transit permit from or removal.	
hours after death. Page 6 may be retained by the hospital or attending physician.	burial-transit	
or attending	r use as the	
the hospital	detached fo	1
retained by	5 should be	- PARTER A
аде 6 тау be	director, page	neading to the Black and house seems had been
after death. P.	y the funeral noval.	and assemble.
HOURS	ed in by the	the own

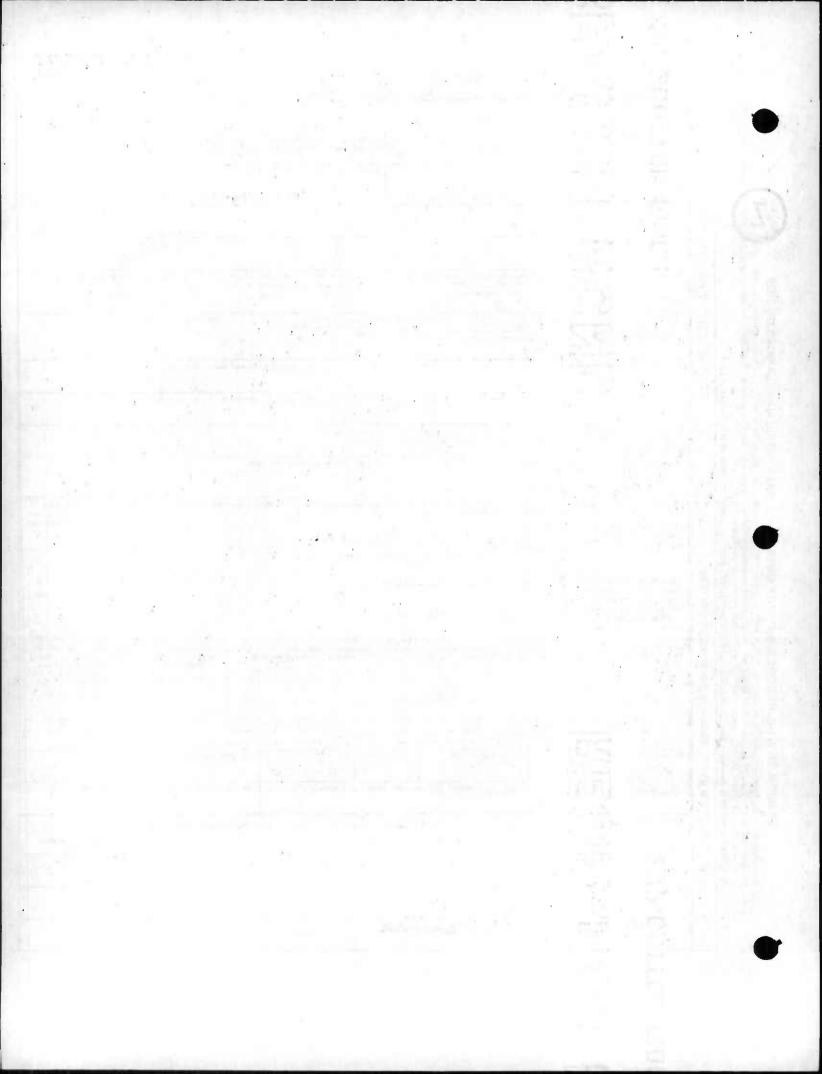
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with frours after death TO THE FUNERAL DIRECTOR. After this certificate has been signed by the aftending physician and completely filled in by the funn be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examples that the state of the contraction of the c

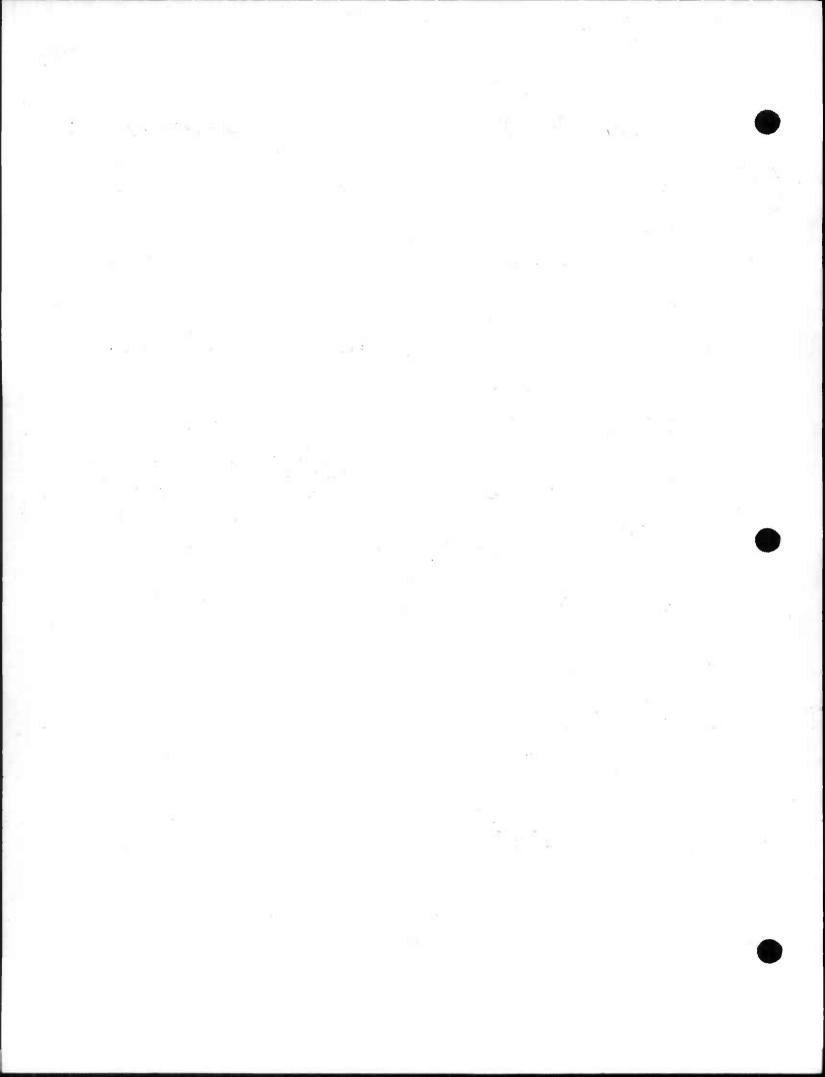
DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CI	EKIIF	ICALE	: OF	DEATH	1	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last, William	Melvin	To	hnsor	,	4			2. DATE OF DEATH DO NONTH DO 13	AY 10	YEAR 94	1:40 a
4. SOCIAL SECURITY NUMBER				IF UNDER	1 YEAR	IF UNDER 24	HRS.	7 DATE OF BIRTH			PLACE (State or Foreign
215-20-0411					YRS. MONTHS DAYS HO			9-13-1926	Country) Maryland		
9a. FACILITY NAME (If not institution, give				PR LOCATION	OF DE	ATH	9c. COUN				
Memorial Hospi	tal at Eas	ston		H	East	on			Ta	1bot	
RESIDENCE OF DECEDENT	I too CIT	Y, TOWN O	D LOCAT	TION .							
Maryland Doro						e					10d. INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMBER					101	ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
406 Leonard Lan	ie					216	13			US	
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 () IF YES, GIVE WAI WW II &	R OR DATES	NO	- 1	f yes, sp	ENDENT OF ecity Cuban, 2XXNO	Mexicar	IC ORIGIN? (Specify Yes, Puerto Rican, atc.)	o or No-	14. RACE Bleck Speci	- American Indian, White, atc.
15. DECEDENT'S ED	UCATION	16a, DE	CEDENT'S	USUAL OC	CUPATIO	ON:		16b. KIND OF BU	SINESS/IND	JSTRY	
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(G life	itve kind of v . Do NOT us	vork done d le retired.)	luring mo	st of working					
7	Contage (1-4 of 5 +)	A	uto S	Sales	man						
17. FATHER'S NAME (First, Middle, Last)		Λ	400 1	-GICO	and II	18. MOTHE	R'S NA	WE (First, Middle, Maiden	Sumamel		
	d Johnson								Junene)		
Samuel Richar	u Johnson	1		400000	-			Newcomb			
, , , , , , , , , , , , , , , , , , , ,								loute Number, City or Tow		/	
June G. Johnson							Jamb	oridge, Md			
20e. METHOD OF DISPOSITION 1 M Buriel 2 □ Cremellon 3 □ Red 4 □ Donation # □ Other (Specify)	moval from State	20b. PLACE of the competery, cree	and dated ematory or or eters	ther place)				2-16 Hur	CATION — C		
21. SIGNATURE CATVUNERAL SERVICES	CENSEE	1	20010	_	-	D ADDRESS	OF FAC	HUTY TO TILL	TOCK, IId.		
· ALLIV		Thomas Funeral Home						14.1	01610		
700 Locust Street Cambridge, Md. 23. PART Menter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest,										21613	
disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other significant condition	d	eeth but not i	reaulting	n the un	derlyin	g ceuse giv	ren in i	Part I. 24s. WAS AN PERFOI		24b.	WERE AUTOPSY FINDIN
								1 🗆 YES 2	M NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					20 80	ACE OF DE	TH 401	nt anti anti			
EXAMINER?	HOSPITAL:			OTHER	t:	ACE OF DEA					
1 YES 2 NO	1 Inpatient 2 I						denca	8 Other (Specify)			
1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	Year)	28b. TIM INJ	E OF URY M		URY AT PRK? YES 2 1	NO	28d. DESCRIBE HOW I	INJURY OCC	URED	
3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF building, at	INJURY — Al ha c. (Specify)	ome, farm, s	treet, facto	ory, affic	St		281. LOCATION (Street City or Town, State)		or Rural R	loute Number,
	SICIAN: To the best of m) and manner as stated
1 1	GNATURE OF CERTIFIER					D39	87	7			(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	+ Jun	FAM.	D.	509	Id1	ewild	Av	e. Easton	Md.	216	01
31. DATE FILETEDINI. OG: 194	32. HEGISTRAN	S SIGNATURE /	andell								



	1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Leat) TACK JOLLES 2. DATE OF DEATH 02 - 05 - 94 830 MM M
	4. SOCIAL SECURITY NUMBER 579-36-4309 5. SEX 1 Months Days Hours MIN. 1 Months Days Hours MIN. 1 Months Days Hours MIN. 1 Months Days Hours MIN. 1 Months Days Hours MIN. 1 Months Days Hours MIN. 1 DATE OF BIRTIN (Month, Day, Year) 1 MONTHS DAYS HOURS MIN. 1 MONTHS DAYS
OR	SUBURBAN HOSPITAL 96. CITY, TOWN OR LOCATION OF DEATH BETHESDA 96. COUNTY OF DEATH MONTGOMERY
5	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY TOWN OR LOCATION 100. STATE 100. COUNTY 100. CITY TOWN OR LOCATION 100.
DIRECTOR	MARYLAND MONTGOMERY ROCKVILLE 108. WISDE CITY (IMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 101. ZIP CODE 102. CITIZEN OF WNAT COUNTRY? UNITED STATES
à	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced WWII 12. WAS DECEDENT SYRE IN U.S. ARMED FORCES? 1 YES NO 1 YES NO 1 YES YES NO 1 YES
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Silve kind of work done during most of working
COMPLETED	Elementary/Secondery (0-12) College (1-4 or 5+) CONTRACTOR CONTRACTOR HEATING & AIR CONDITIONING
	17. FATHER'S NAME (First, Middle, Last) JOSEPH ISAAC JOLLES 18. MOTHER'S NAME (First, Middle, Meiden Surname) ESTHER PERLIN
TO BE	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street end Number or Rural Aoute Number, City or Town, State, Zip Code) 1036 PARK AVE. #4D, NEW YORK, NEW YORK 10028
	20s_METHOD OF DISPOSITION 1 (A Burlet 2
	B NAT I SKAFI, LONG, CEMETERY /// DXON HILL, MD
	DANZANSKY-GOLDBERG MEMORIAL CHAPELS
	Mandell for 2 1170 ROCKVILLE PIKE, ROCKVILLE, MD 20852
	23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of):
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST
- 11	DART II Oh a lasification of the same of t
PHYSICIAN: MEDICAL	PART II. Other eignificent conditions contributing to death but not reculting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ž	
ੂੋ ∣	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
∠S	1 VS 2 NO 1 Trinpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
ВУ РН	27. MANNEB OF DEATN 1 Matural 5 Pending 2 Accident Investigation 28e. DATE OF INJURY 26b. TIME OF INJURY WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO
	3 Suicide 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 2nd DATE SIGNED (Month On: Month
TO BE	296. SIGNATUBE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Morith, Day, Year) 297. LICENSE NUMBER 296. PAGE SIGNED (Morith, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) E. N. Bodurian 1530 Wiscausin Are \$515 Chen, and the
	296. SIGNATUBE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Morith, Day, Year) 297. LICENSE NUMBER 296. DATE SIGNED (Morith, Day, Year) 296. DATE SIGNED (Morith, Day, Year) 297. LICENSE NUMBER 296. DATE SIGNED (Morith, Day, Year) 296. DATE SIGNED (Morith, Day, Year) 297. LICENSE NUMBER 296. DATE SIGNED (Morith, Day, Year) 297. LICENSE NUMBER 297. LICENSE NUMBER 297. DATE SIGNED (Morith, Day, Year) 297. LICENSE NUMBER 297. LICENSE NUMBER 297. DATE SIGNED (Morith, Day, Year) 297. LICENSE NUMBER 297. DATE SIGNED (Morith, Day, Year) 297. LICENSE NUMBER 297. LICENSE NUMBER 297. DATE SIGNED (Morith, Day, Year) 297. LICENSE NUMBER 297. DATE SIGNED (Morith, Day, Year) 297. LICENSE NUMBER 297. DATE SIGNED (Morith, Day, Year) 297. DATE SIGNED (Morith, Day, Year) 297. LICENSE NUMBER 297. DATE SIGNED (Morith, Day, Year)

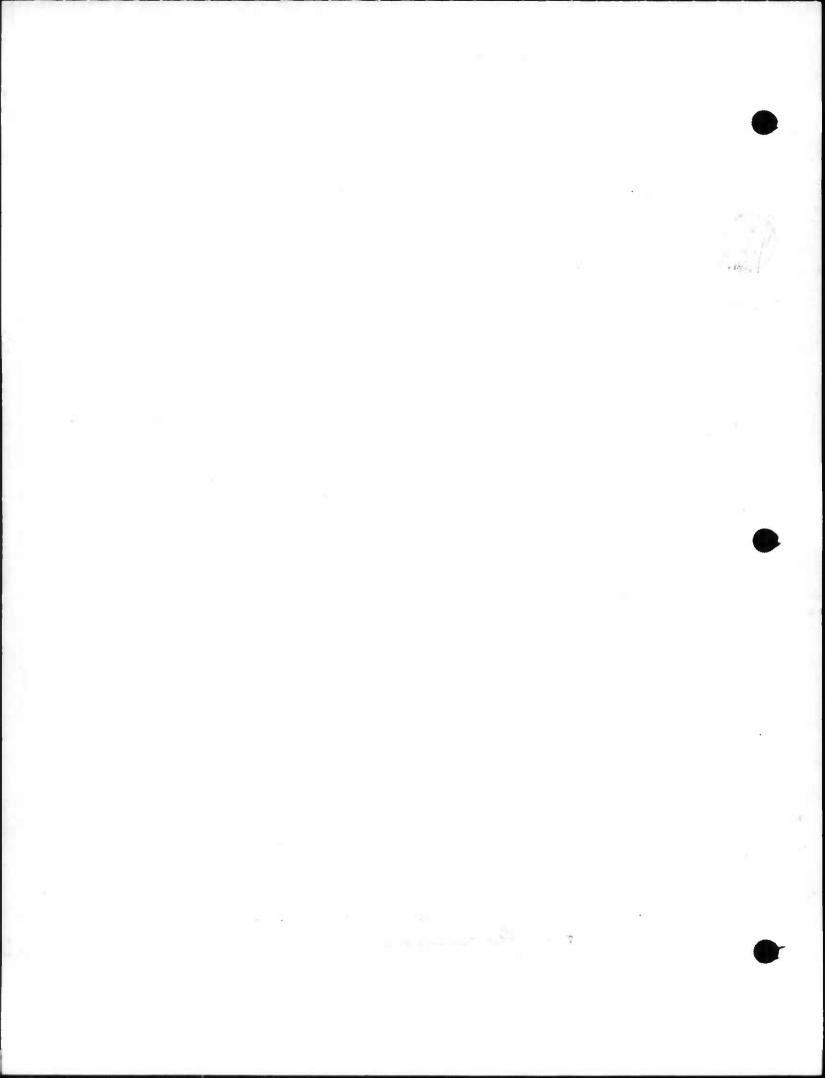


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BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician in by the funeral director, page 5 should be detached for use as the burial-tra	neticol examiner must be notified at once.
1	ely filled	, the m
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician to THE FURNAL UNRESTRAL OR CERTIFICATION for the attending physician and completely filled in by the function, page 5 should be detached for use as the buriafters for missing the contract of the contraction of th	be first writing 22 hours are used with the base been, or result and mental regions to other traumatic event, the medical examiner must be notified at once, IMPORTANT: if item 28 is marked, or item 28 shows any injury, or other traumatic event, the medical examiner must be notified at once,

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR				F DEATH		EG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF OEATH MONTH DAY.										3. TIME OF DEATH
16	ANNA MAY	JOHNSOI	N			"02	7	1	94ª	11:10 Am
	4. SOCIAL SECURITY NUMBER	250	(Month Day Year)						8. BIRTH	IPLACE (State or Foreign
- 9	213-03-3300	1日 M 2 IN F	81 YRS.	MONTHS DAYS	HOURS MIN.	02	22	12	Count	VA
20	9a. FACILITY NAME (If not institution, give stre	eet and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH		9c. COL	INTY OF O	EATH
5	SACRED HEART	HOSPITAL		CUMB	ERLAND				ALLE	GANY
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
H.	MD Alle	gany		Cumber1						LIMITS?
7	10e. STREET AND NUMBER	84117			10f. ZIP CODE			10g. CI1	TIZEN OF V	WHAT COUNTRY?
ER	14711 McMullen H	ighway			21502				US	A
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED		ECENDENT OF HISPAI			or No-	14. RACI	E American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 Y			specify Cuban, Maxica ES 2 X NO Specify		ı, atc.)		Spec	k, White, etc.
										white
	15. DECEDENT'S EOUC. (Specify only highest grade of	ATION ompleted)	18a. DECEDENT'S (Give kind of	work done during	TION most of working	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	iile. Do NOT u				Sewin	0		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Bedinbe	Seamstress 18. MOTHER'S NAM						
ŏ	David Scott Bea	0.0				nmn)	e, maicen c	Surnamej		
BE	19a. INFORMANT'S NAME (Type/Print)	106	19b. MAILING	ADDRESS (Street	t and Number or Rural	,	City or Town	State 7	in Code)	
2	Robert Clark				llen High					D 21502
	200 METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION	Name of	OATE	20c. LOC	CATION -	- City or To	rwn, Stata
	1 ABurial 2 Cremation 3 Removed Donation 5 Other (Specify)	val from Stata	cemetery, crematory or c Loudon Pa	ither place) irk Ceme	etery	2/16	Ba1	timo	ore,	MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /	. //	22. NAME	ANO ADDRESS OF FA					
	* (Dman 7	Dlan	10 / // -	Scar	pelli Fur	neral F	lome			
	Scarpelli Funeral Home Cumberland, Md 21502 23. PART / Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate									
	shock, or heert fellure. LIMMEDIATE CAUSE (Final	let only one ceuee 6	n eech iine.							Interval Batween Onset and Daath
		PNFILL	mana	on 21 A						
	resulting in death) a.	PNEUN DUE TO (OR A	AS A CONSEQUENCE O	F):						Iwan
z	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):									
E I	if any, leeding to immediate									/
2	CAUSE (Disease or injury	Alghein	AS A CONSEQUENCE O	2						Jew yeur
Ë	that initieted events resulting in death) LAST	A NO) OI 300	IS A CONSEQUENCE O	r):						
DICAL CERTIFICATION	d.									
AL	PART II. Other significant conditions					Pert I. 24s	. WAS AN		246	WERE AUTOPSY FINDINGS
)C	Coronay o	artery de	yen m	yo can	el try	ardin 1	YES 2	8	- 1	COMPLETION OF CAUSE OF DEATN?
ME	Altherman disease conservit Hear Faclus 1 - YES 2 - NO									
	- Neubelis N	relledus	9.	.,						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF OEATN (Ch	eck only one)				
YSI	1 TYES 2 NO	1 Inpatient 2 ER/C		4 - Nursing H	ome 5 - Residence	8 Other (Sp	ec/fy)			
표	27. MANNER OF DEATH 1 Natural 5 Pending	28s. OATE OF INJUI (Month, Day, Yes		JURY	NJURY AT WORK?	28d. DEŞCRII	BE HOW IN	URY O	CCURED	
B	2 Accident Investigation	24 - DI 105 OF 111	les de la constant de		YES 2 NO					
8	3 Suicide 8 Could not be 4 Nomicide determined	building, atc. (3	URY — At home, farm, Specify)	street, factory, of	fice	28f. LOCATIO City or To	N (Street a wn, State)	nd Numbe	er or Rural i	Route Number,
COMPLETED	29e. CERTIFIER									
MPL	(Check only									
00		On the beals of axamin	ation and/or investigation	on, in my opinion	, death occured at the	time, data and	place, and	d due to t	the cause(s	s) end menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
2	Hadry				13969	07		2	1111	74
	30. NAME AND ADDRESS OF PERSON WHO				D OTHERS	T AND	MD 0	1 500	1	
1	DR. HARJIT SIDHU, 31. DATE FILEO (Month, Day, Year)	12. participance e	DISHUP WA	LSH KOA	D, CUMBER	LAND,	MD 2	1502		
	FEB 15 1994	frei Der	IGNATURE -	L						
- 14		1.0	-							



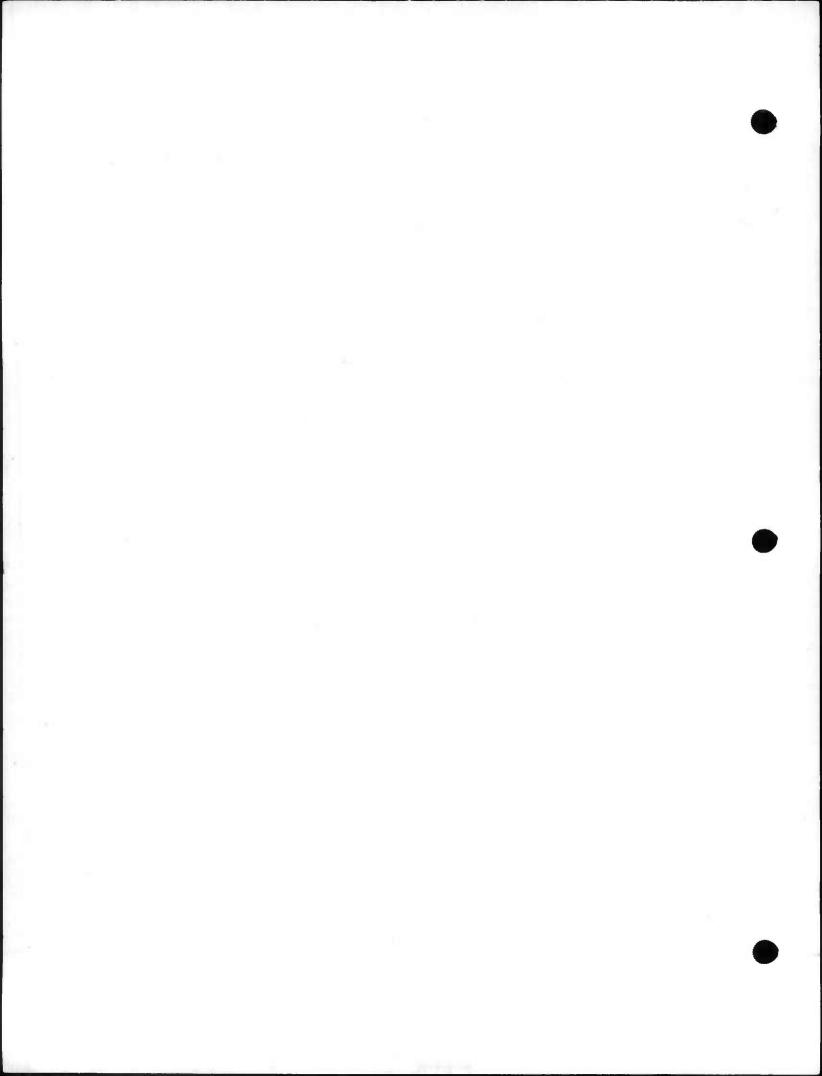
BALTIMORE, MARYLAND 21215-0020

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with pours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit or filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatte even the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

_	nedio I RAN				CENTIF	CALL	UF	DEA		H	EG. NO.	_			
	1. DECEDENT'S NAME (First			1.0	LIANIT					2. DATE OF D	EATH DA	W.	YEAR		OF DEATH
- 1		RLES	Α.		JAHANT AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				01 26 94 6:05 Am						
- 1	4. SOCIAL SECURITY NUME		5. SEX		(lest birthday)	IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE OF BI (Month, Day	(Year)	8. BIRTHPLACE (State or Country)		itate or Foreign	
	577-54-9030 1X M 2 G F 84 YRS.					AL ATT						Ohio			
œ	Prince George's Hospital								ON OF DE	ATH			NTY OF D		
5	RESIDENCE OF DECEDENT				CIR	ever	тÃ				Pr1	nce	Geor	ge s	
DIRECTOR	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INS	SIDE CITY
	Maryland	Prince	e George	S	Нуа	attsv	/ill	e							S 2 NO
¥	10e. STREET AND NUMBER						100	. ZIP COD				10g. CIT	IZEN OF	WHAT COU	INTRY?
ji li	6838 Bartor	n Rd.						2078	4-25	50		U	.S.A	•	
FUNERAL	11. MARITAL STATUS 1 X Never Merried 2	Married	12. WAS DECEDEN	T EVER IN U.S.	ARMED NO					IC ORIGIN? (Sp		or No —	14, RAC	E — Ameri k, White, s	ican Indian, etc.
BY	3 Widowed 4 Dive			MAR OR DATES	TES 1 78			2 XNO					Spec	ite	
	15. DEC	EDENT'S EDU	CATION	16a	. DECEDENT'S	USUAL O	CCUPATIO	ON		16b. KINI	OF BUS	INESS/IN		rce	
E	(Specify onl	y highest grade 3-12)	College (1-4 or 5	+1	(Give kind of the Do NOT us	se retired.)	during mo	st of working	g	17.7					
API	12		4		Auth	or				Sei	lf-Em	blove	d		
COMPLETED	17. FATHER'S NAME (First, M									ME (First, Middle		Surname)			
BE	Augustus P. Ja									rie Hen	_				
2	19a. INFORMANT'S NAME (1									loute Number, Ci	ity or Town	n, State, Zij	Code)		
	Irene M. Pl				130 Ea				3E						
	20a, METHOD OF DISPOSIT 1 N Burial 2 Cremetic 4 Donation 5 QMer	on 3 - Rem	oval from State	cemetery	CEAND DATE	ther niecel				DATE 1				own, State	
	21. SIGNATURE OF FUNERA		SENSEE	Crow	msvil			ND ADDRE			Crow	nsvill	ıe, №	bryla	na
	Vin	C. A	1//	1.						neral	Home	е			
	7 lego	uni	Kena							Rd.,I				0706	
1	23. PART . Enter the d shock, or h	eart fallure.	Complications the	it ceused the use on each	daath, Doi line.	not anter	tha mo	da of dy	ing, such	as cardiac	or reapi	ratory ar	rest,		oproximate terval Between
1	IMMEDIATE CAUSE (Fit disease or condition	nal	10		49 ->	-15	· 0	- 13		1	0	. 1		On	nset and Death
1	resulting in death)	→	*. FU	ure	cou	200	5 6	espi	ras	NIG	4	NI	NSI		
			DUE TO	5 hin K	SECUENCE O	F): (a		/							
CERTIFICATION	Sequentially list condit	SEQUENCE O	F): ,		_	-	.)				-				
SAT	cause. Enter UNDERLY	ING	. Se	1086.	8,	616	pos	2 0	1,1	lelee o	low	9			
Ĕ	CAUSE (Disesse or injuthst initiated eventa		DUE TO	(OR AS A CON	SEQUENCE O	F): /	1	-/1				1			
	resulting in death) LAS	T L	d. 12	10 41,6	2 W	ev.	2_ (XIX	BUN						
	PART II. Other algorifica	int condition										AUTOPSY	241	WERE AU	JTOPSY FINDINGS
EDICAL	Meltoble	CUA.	Decu	02500	el.	ule				ı	PERFOR	MED?		AVAILABL	LE PRIOR TO TION OF CAUSE
	101111		weeh							10	YES 2	4-NO		DF DEAT	H?
Σ		^	Denier			-				-				1 YE	S 2 NO
NA I	25. WAS CASE REFERRED J	® MEDICAL) = ruan	7(1/0			26. PI	LACE OF D	EATH (Che	ick only one)					
PHYSICIAN: M	EXAMINER?		HOSFITAL:	ER/Outpatien	t 3 🗆 DOA	OTHER	R:			6 Other (Spe	ec/fiv)				
美	27. MANNER OF DEATH	20.00	28a. DATE OF	INJURY	28b. TIN		28c. INJ	URY AT	I	28d. DESCRIB		VJURY OC	CURED		
BY F		Pending Investigation	(MONN), I) ay, 10 a /	-	M		YES 2] NO						
	3 Sulcide 8	Could not be	28e. PLACE (building	F INJURY — A etc. (Specify)	t home, ferm,	street, fact	ory, offic			281. LOCATION City or Tox		nd Numbe	r or Rurel	Route Num	iber,
COMPLETED	4 Homicide	determined													
7		TIFYING PHYSI	ICIAN: To the best o	my knowledge	, death occurr	ed at the t	lme, date	end place	, end dua	to the cause(e)	and man	ner ea sta	ted.		
S S	one) 2 MED	ICAL EXAMINE	R: On the basis of e	xamination end	l/or investigation	on, In my o	opinion, d	leath occur	red at the	time, data and	place, and	d due to t	he cause(a) and mar	nner ee stated.
BEC	29b. SIGNATURE AND TITLE	OF CERTIFIE	R/11/2	1	his			29c. LICI	ENSE NUM			29d. DA1	E SIGNED	(Month, F	Pay, Year)
10 B		1	Jan 1)-	in	· Vinix			2	3	1860)	•	102	0/4	84
-	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAL	SE OF DEATH	(ITEM 27) (Type	, Print)									
	31. DATE FILED (Month, Day,	1994	32. REGISTR	Davidson	- Pandal	2									
	4.111.0	001	1		.1.		-								

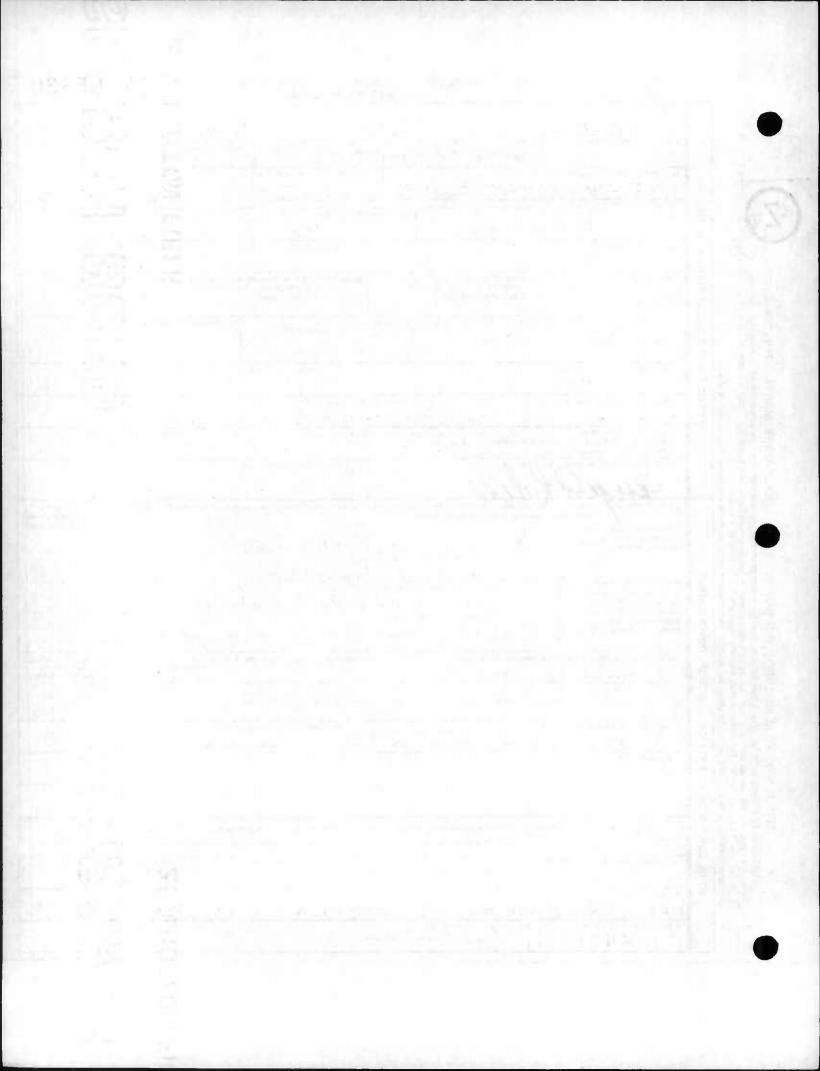


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BALTIMORE, MARYLAND 21215-0020	Done & certain he retained by the hounited or otherstice alsolation
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BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physicis y the funeral director, page 5 should be detached for use as the burial-thoval.	TO BE COMPLETED BY FUI	11. MARIT 1 Nev 3 Nid Wid Eleme 17. FATHE Ch. 19a. INFO ROBE 20a. MET. 1 Nig 4 Don 21. SIGNA
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zernours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-th be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	immedical disease resulting sequential and sequenti

1 - STATE REGISTRAR		STATE OF M		D / DEPART			MENTAL HYGIEI REG. NO	NE O.	94	05630
1. DECEDENT'S NAME (F	RY	Y		TACK	SON		Jonusy.	DAY 26, /	YEAR 994	3. TIME OF DEATH
577-18-32		5. SEX 1 M 2 XF	90		ONTHS DAYS	HOURS MIN.	Month, Day, Year) May 20,	1903	S. BIRTH Country Mary	PLACE (State or Foreign y) yland
9a. FACILITY NAME (# no	t institution, give	street and number)	HOSP		-	OR LOCATION OF D		9c. COI	UNTY OF D	
RESIDENCE OF D	ECEDENT 10b. COUNT		1105					IFAN	7C/C	
Maryland	Prin	ce George	's		emple	Hills	The said	10d. INSIDE CIT LIMITS? 1 YES 2		
3305 Car		enue				20748				VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 0	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	NO	It yes,	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: White			
	ecedent's editionly highest grad			Give kind of world the Do NOT use Homemal	rk done during retired.)	FION most of working	16b. KIND OF BI	USINESS/IN	DUSTRY	
17. FATHER'S NAME (First Charles (AME (First, Middle, Maide	n Surname)		
19a. INFORMANT'S NAMI	(Type/Print)			The state of the s		t and Number or Rural	Route Number, City or To			
Robert Jac							dorf, Md.			
1 \(\) Buriel 2 \(\) Creme 4 \(\) Donation 5 \(\) Ot	itton 3 🗆 Ran	novat from State		Barnaba			1/29/93	Temp	le Hi	ills, Md.
21. SIGNATURE OF FUNE	RAL SERVICE LI	CENSEE	,		Geo	and address of FA		al Ho	me	
iMMEDIATE CAUSE (disease or condition resulting in death)	Finsi	a. DUE TO	caused the	e death. Do not line. Ally NSEOUENCE OF:	Em fau	bolis Lucia	th as cardiac or res	piratory s	rrest,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF CAUSE										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO OF DEATH? YES 2 NO OF DEATH? YES 2 NO OF DEATH? YES 2 NO OF DEATH? OF DEATH? YES 2 NO OF DEATH? YES 2 NO OF DEATH?							MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
1 TYES 2 NO 27. MANNER OF DEATH		1 Inpetient 2 28a. DATE OF	INJURY	28b. TIME	OF 28c.	ome 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW	INJURY O	CCURED	
1 Natural 5	Pending Investigation	(Month, Da	ly. Year)	JULINI		YORK? YES 2 NO			1.16	
a D autota	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Rural Route Number, building, stc. (Specify) City or Town, State)							loute Number,		
anal .							to the cause(s) and m) and manner ee stated.
29b. SIGNATURE AND THE	f.	Due	ais	L. M.	0	29c. LICENSE NU D14135	MBER	29d. DA	TE SIGNED	(Month, Day, Year) 6.9 4.
HAMID 31. DATE FILED (Month), D	R. Qu	URAISHI	, M	0, 6	196€	XON HI	ickn 0	XON	Hice	Mg 2076)
I JAN		1 1.0:	Marida	on-Randal	2					

DHMH-16 Rev 1/89



1	-	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Las		CERTIFIC						
T. DEGEDENT'S NAME (FIRST, MIDDIS, LAS	B. TAN	211-500]		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH			
CHALLOTTE	V .			JANUANY 2:				
4. SOCIAL SECURITY NUMBER 220-44-9976	5. SEX 6. A		IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	Morth, Day, Year) Nov. 25,189	a. BIRTHPLACE (State or Foreign Country) 4 Pennsylvania			
Sa. FACILITY NAME (If not institution, give			b. CITY, TOWN OR LOCATION OF		COUNTY OF DEATH			
RESIDENCE OF DECEDENT	MARYLAND to	TOSPINAL	CHNTON		PRINCE BECLE			
10a. STATE 10b. COUN		10d. INSIDE CITY LIMITS?						
Maryland Prince George's			emple Hills	100	1 TYES 2 X NO			
4007 - 21st A			20748		U.S.A.			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EV. FORCES? 1 1	res 2 XNO	13. WAS DECENDENT OF HISP If yee, specify Cuben, Maxi 1 YES 2 NO Spe		o- 14. RACE - American Indian, Black, Whita, atc. Specify: White			
15. DECEDENT'S EC (Specify only highest gra		16a. DECEDENT'S US	SUAL OCCUPATION k done during most of working	16b. KIND OF BUSINES	SS/INOUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	Statist	retired.)	Federal G	oversment			
17. FATHER'S NAME (First, Middle, Last)	Deacise		NAME (First, Middle, Maiden Surma					
Joseph Baskeyi	field		Ma	ary Williams				
19a. INFORMANT'S NAME (Type/Print)			DORESS (Street and Number or Run					
Betty M. Jamieso	on		21st Ave., Te					
20s. METHOD OF DISPOSITION 1 Dental 2 Cremation 3 Re 4 Donation 5 Other (Specify)	3 Removal from State cametary or other place							
22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home								
* Lessan	18aVIA	// .			Home Hill, Md.20745			
disease or condition resulting in death)	DUE TO (OR	AS A CONSEQUENCE OF):	URINAR'	TRACT T	NFECTION 3 DAYS			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	DUE TO (OR HIST	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	EROTIC CA	TRACT TO RDIO VASCUI VE HEART FAILUR	NFECTION 3 DAYS			
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. PRT DUE TO (OR c. HIST DUE TO (OR d lons contributing to dear	AS A CONSEQUENCE OF): TO RY OF AS A CONSEQUENCE OF):	EROTIC CA CONGESTI	RDIO VASCUI VE HEART FAILUA	NFECTION 3 DAYS CAR MAN YEA SEASE MANY YEA OPSY 24b. WERE AUTOPSY FINDING AMALBELE PRIOR TO AMALBELE PRIOR TO CONTROL OF THE PRIOR TO CONTR			
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Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are conditionally leading to the condition of the	DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): The but not resulting in the but not resulting in	THER: Nursing Home 6 Rasidencory WORK? No No No No No No No No	In Part I. 24a. WAS AN AUTT PERFORMED 1 YES 2 1.	OPSY 24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Secident Secience Secident Secident Secident Secident Secident Secident Secident Secident Secident Secident Secience Security Security Secience Security	DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF): TO RY OF AS A CONSEQUENCE OF): The but not resulting in (C R R TOUTpatient 3 DOA 4 TOUTPATIENT DOA 4 TOUTPATIENT DOA 1 TOUTPATIENT DOA	the underlying cause given DISEAS 26. PLACE OF DEATH / DTHER: Nursing Home 6 Residence OFF WORK? M 1 YES 2 NO set, factory, office at the time, data and place, and designed to the set of	In Part I. 24a. WAS AN AUTT PERFORMED 1 VES 2 Check only one) 6 Other (Specify) 28d. DESCRIBE HOW INJUR 28f. LOCATION (Street and N City or Town, State)	PECTION 3 DAYS CAR MANY YEA PARKY YEA PARKY YEA AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO OCCURED NUMBER OF Rural Route Number, Be started.			
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions are supported by the conditions of	DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF): TO RY OF AS A CONSEQUENCE OF): The but not resulting in (C R R TOUTpatient 3 DOA 4 TOUTPATIENT DOA 4 TOUTPATIENT DOA 1 TOUTPATIENT DOA	the underlying cause given DISEAS 26. PLACE OF DEATH / DTHER: Nursing Home 6 Residence OFF WORK? M 1 YES 2 NO set, factory, office at the time, data and place, and designed to the set of	Part I. 24a. WAS AN AUTO PERFORMED 1 VES 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PECTION 3 DAYS CAR MATH YEA PARKY YEA PARKY YEA AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO OCCURED NUMBER OF Rural Route Number, Be started.			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the condition of	DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): The but not resulting in the but not resulting in	THER: 28. PLACE OF DEATH (DTHER: Nursing Home 6 Residence OF 28c. INJURY AT WORK? In YES 2 No net, factory, office at the time, data and place, and d in my opinion, death occured at t 29c. LICENSE N	Part I. 24a. WAS AN AUTO PERFORMED 1 VES 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PRY 24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NY OCCURED TO OCCURED			

BALTIMORE, MARYLAND 21215-0020

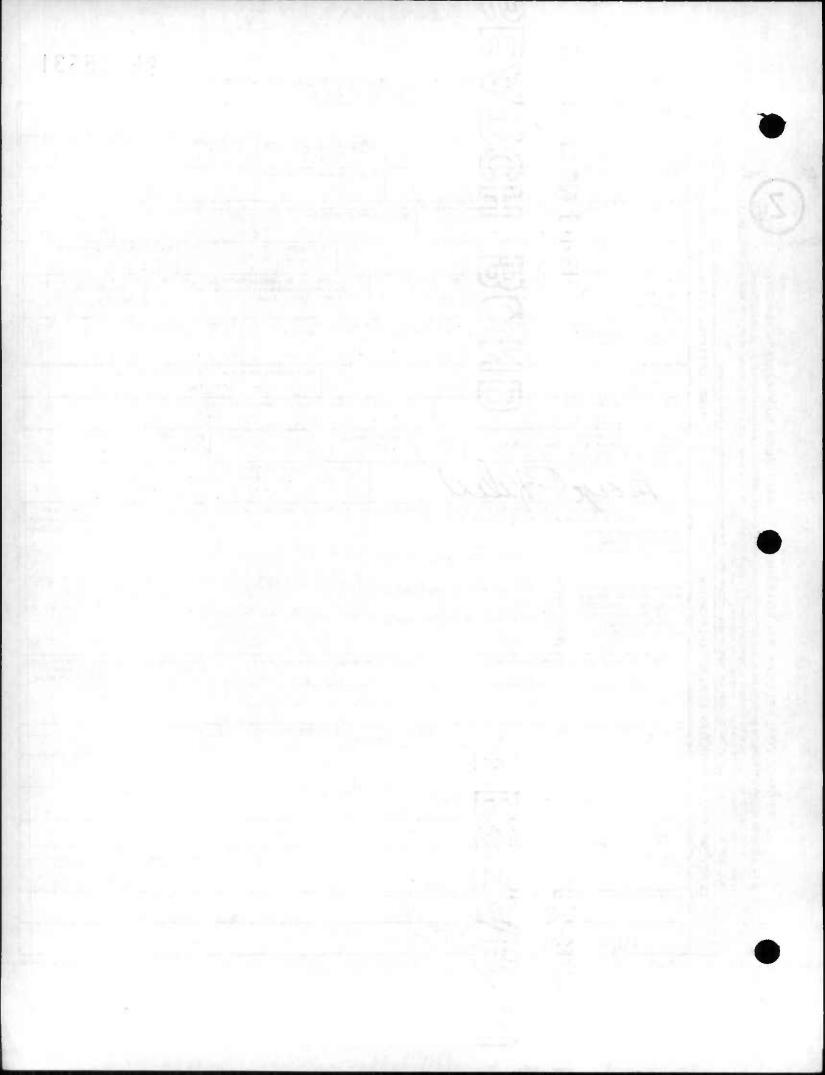
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pels filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 6

DHMH-16 Rev 1/89



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MORE, MARYLAND 21215-0020	age 6 may be retained by the hospital or attending physician.	sirector, page 5 should be detached for use as the burial-transit permit
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TO BE COMPLETED BY FUNERAL DIRECTOR

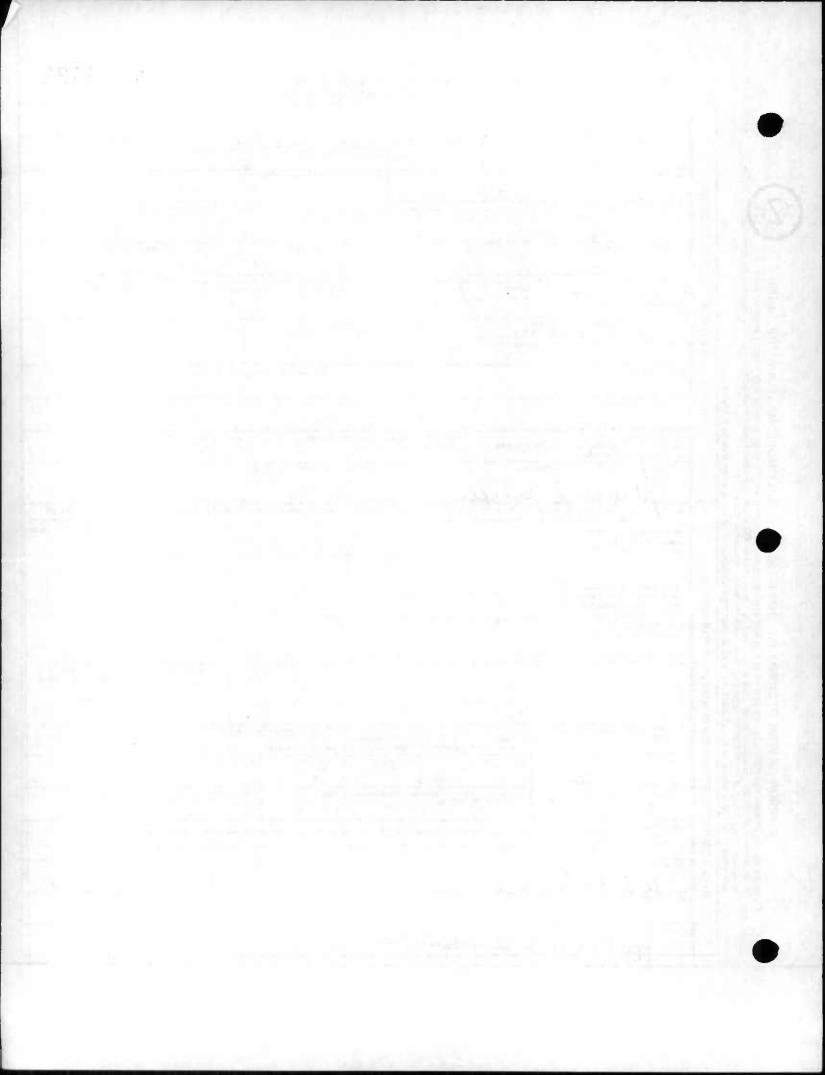
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Frours after death, Page 6 may be retained by the hospit	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death, Page 6 may be retained by the hospit of the PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospit in THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospit of THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. WHOORTANT: If Nem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	94	0563
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1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH		AL HYGIENE 9	4 05632
1. DECEDENT'S NAME (First, Middle, Last)				2. DAT	TE OF DEATH	3. TIME OF DEATN
JAMES J	IOHNSON			MON	JAN 31 1994	6:43 P M
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (704-	E OF BIRTH rith, Day, Year)	8. BIRTNPLACE (State or Foreign Country)
240-86-4453 Se. FACILITY NAME (If not institution, give st	1 ← M 2 ☐ F	42 YRS.	O. CITY, TOWN OR LOCAT	J/	AN 28 1952	FLORIDA DATY OF DEATH
NATIONAL NAVAL M	MEDICAL CENTE	R	ВЕТН	ESDA		MONTGOMERY
10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY
MARYLAND MON 100. STREET AND NUMBER	TGOMERY	R	OCKVILLE 101, ZIP COI	DE	16g, C/T	LIMITS? 1 YES 2 NO FIZEN OF WHAT COUNTRY?
1914 GAINSBORG	DOAD			20051		
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT	20851 OF NISPANIC ORIG	BIN? (Specify Yes or No.—	NITED STATES 14. RACE — American Indian,
1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 TY YES IF YES, GIVE WAR OR DA 1970 —	TES	If yes, specify Cub 1 ☐ YES 2 ☑ NO	an, Mexican, Puerti Specify:	o Rican, etc.)	Specify: BLACK
15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a, DECEDENT'S US	UAL OCCUPATION	. 10	66. KIND OF BUSINESS/IN	DUSTRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	done during most of work tired.)		Montgomer	y Hospice
	2	HOME HE	ALTH AIDE		Society.	
17. FATHER'S NAME (First, Middle, Last)			18. MO	THER'S NAME (First	, Middle, Maiden Sumame)	
HENRY JOHNSON	N. SR.		Ţ	THA MAE	HAYES	
19a. INFORMANT'S NAME (Type/Print)	KI TO THE	19b. MAILING AD	DRESS (Street and Number	er or Rural Route Nu	mber, City or Town, Stete, Zi	ip Code)
SHARON F. WHITESI	DE	1914 G	AINSBORO R	OAD, ROC	CKVILLE MD	20851
20e. METNOD OF DISPOSITION 1-3 Burlel 2 Cremation 3 Remo		PLACE AND DATE OF D		DA	TE 20c. LOCATION -	- City or Town, State
4 Donetign 5 Other (Specify)	F7	,,	POST CEN	ARTERV	FAYETT	TVILLA, N.C.
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	A	22. NAME AND ADDR			
Janus &	a)11/10	in)	3821 14	SE OF V	VILLIAMS	I D.C. 20011
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	JIRED IMMU CONSEQUENCE OF):	NE DEFICIE	ENCY SYNI	DROME	Onset and Daeth
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
	1					
PART II. Other algorificant condition	a contributing to death be	ut not reaulting in t	he underlying cause	given in Part i.	249. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TE WAS CASE DEFENDED TO MEDIA.						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	DEATH (Check only		
1 VES 2 X NO 27. MANNER OF DEATN	1 Inpatient 2 ER/Outp	26b, TIME O	Nursing Home 5 F			20 Maria
Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	PINTER	WORK? M 1 TYES 2		EŞCRIBE NOW INJURY OC	CURED
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree lfy)	et, fectory, office		CCATION (Street end Number ty or Town, State)	r or Rural Route Number,
The state of the s	CIAN: To the best of my knowl R: On the basis of examination					sted. the cause(s) end menner as stated.
296. SIGNATURE AND TUTLE OF CERTIFIER	15		29c. LIG	CENSE NUMBER	29d. DAT	TE SIGNED (North, Dyl. Hear)
Illa hule				-051175-	L (PA)	2/1/94
30. NAME AND ADDRESS OF PERSON WHO		ATH (ITEM 27) (Type, Pri	nt) NAT	IONAL NA	VAL MEDICAL 20889-5600	
31. DATE FILED (Month, Dey, Year)	12 DECISTRAD'S SIGN	ATURE 1.00	221)		20007 3000	
EED () 2 1994	Gulia Davids	av-Naulanar				



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	OIRIL OI	(CERTIF			DEAT		MEIT IN	REG. NO).		
1. DECEDENT'S NAME (First, Middle	n, Last)								OF DEATN			3. TIME OF DEATN
Calvin	Allan		Jo	nes	5			Ja		1 0	94	2251
4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs.	leat birthday)		ER 1 YEAR	IF UNDER		7. DATE	OF BIRTH			IPLACE (State or Foreign
218-13-1062	1 M 2 D F	21	YRS.	MONTHE	DAYS	HOURS	MIN.	9-1	8-72		Was	h D.C.
90. FACILITY NAME (If not institution	n, give atreet and number)		7	9b. Cf	TY, TOWN	OR LOCATIO	N OF DE	ATN		9c. COL	INTY OF D	PEATN
Prince Georg	ges Hospit	al Ce	nter		Chev	erly				Pr:	ince	Georges
RESIDENCE OF DECEDE	NT											
	ince Georges	5	Ca	apit	or Local	eight	S					10d, INSIDE CITY LIMITS? NX YES 2 NO
10e. STREET AND NUMBER		4000			10:	. ZIP CODE				10g. CIT	TIZEN OF	WHAT COUNTRY?
5007 Addison	Road					20743	3			U	SA	
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Wildowed 4 Divorced		T EVER IN U.S. YES 2 [WAR OR DATES		1:	If yes, sp	DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—, specify Cuben, Maxican, Puerto Rican, stc.) YES ZONO Specify:					Blac	E — American Indian, k, White, etc. "Black
	'S EDUCATION	16a.	DECEDENT'S	USUAL	OCCUPATION	ON		168	. KIND OF BU	ISINESS/IN	DUSTRY	
(Specify only higher Elementary/Secondary (0-12)	st grade completed) College (1-4 or 8	+)	(Give kind of life. Do NOT u	work don se retired	e during mo	ast of working	9		Const	ructi	on-M	aintenance
	2		H/AC	Tec	chnic	ian						
17. FATHER'S NAME (First, Middle, L	ast)						ER'S NA	ME (First,	Middle, Maide	Sumame)		
Calvin E. Co	oke					Carr	nille	= R.	Jones	3		
19a. INFORMANT'S NAME (Type/Pri	nt)		19b. MAILING	ADDRE	SS (Street e				ber, City or To		ip Code)	
Camille R. Jo	ones		5007	DDA	son	Road.	Car	oito	l Heio	hts.	MD	20743
20a. METHOD OF DISPOSITION			CEANDDATE				cu	DAT		OCATION -		
1 G Buriel 2 Cremation 3			mony I				tor					
21. SIGNATURE OF FUNERAL SER	tuck	du	C		9507	Silv	er 1	Fox		Clin	ton,	vices MD 20735
23. PART I. Enter the disease shock, or heart for iMMEDIATE CAUSE (Final disease or condition resulting in death)	allure. List only one can	use on sach l	_{Ina.} unshc	ot V								Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CON	SEQUENCE O	F):								
CAUSE (Disesse or Injury that initisted events resulting in death) LAST	d.	(OR AS A CON	SEQUENCE O	F):								
PART II. Other significant co	nditiona contributing to	death but no	ot resulting	In tha	undariyin	g cause g	lven in	Part I.	24s. WAS A PERFO	RMED?	246	D. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MED	ICAL				26. PI	LACE OF DE	EATH (Ch	eck anh a	ne)			
EXAMINER?	HOSPITAL:	XER/Outpatlent	3 🗆 DOA	OTH	ER:	10 6 Re						
27. MANNER OF DEATN	28a. DATE Of		28b. Tife	E OF	28c. IN.	URY AT			SCRIBE HOW	INJURY O	CCUREO	
1 Natural 6 Pendi	Mg Tan		IN.	47M	1 🗆	DRK?	Mo		ubjec			
2 Accident Investi	26a, PLACE (OF INJURY — At					47.0					Route Number.
4 Nomicide 6 Could	not be building	treet	, , , , , , , , , , , , , , , , , , , ,		,,		m,					ate Stree
	B PHYSICIAN: To the best of XAMINER: On the base of	l my knowledge,						to the ca	use(s) and m	nner se sti	nted.	
SIGNATURE AND TITLE OF C	1 12	1	M			29c, LICE	NSE NUI			29d. DA	TE SIGNE	(Month, Day, Wer)
30. NAME AND ADDRESS OF PER		V							nore			

32. REGISTRAR'S SIGNATURE Pandale

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

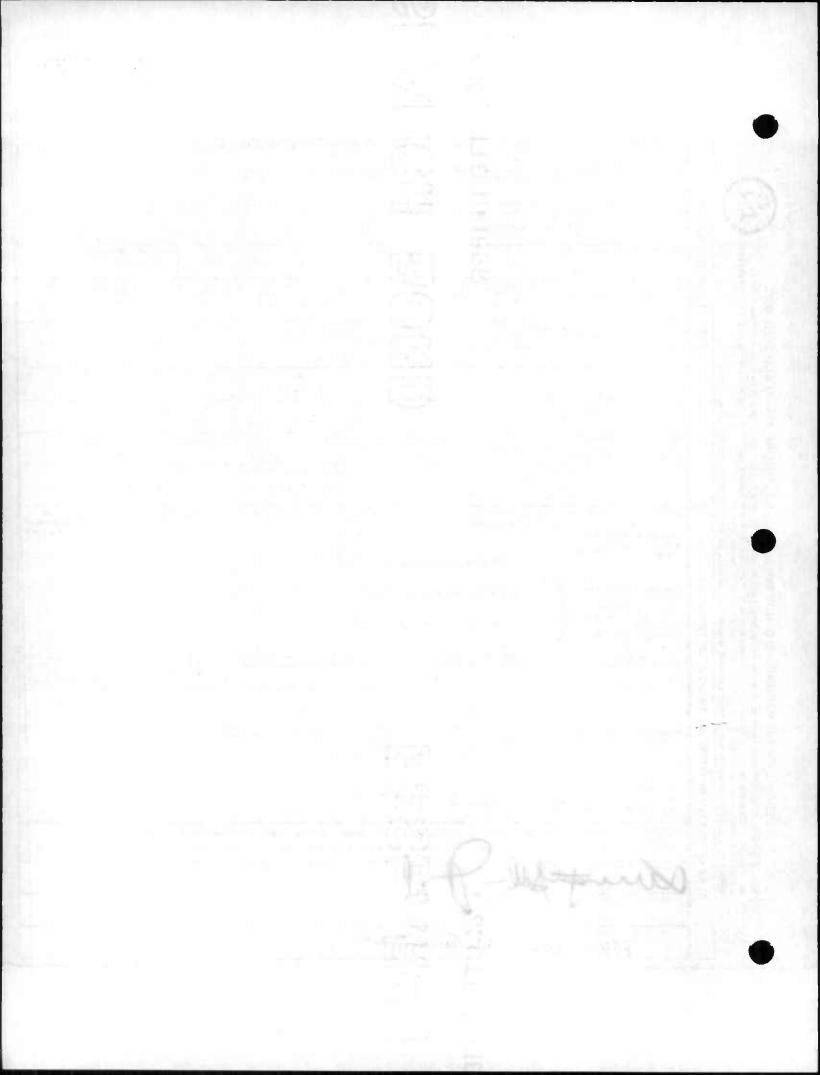
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
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BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	executed
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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31. DATE FILED (Month,

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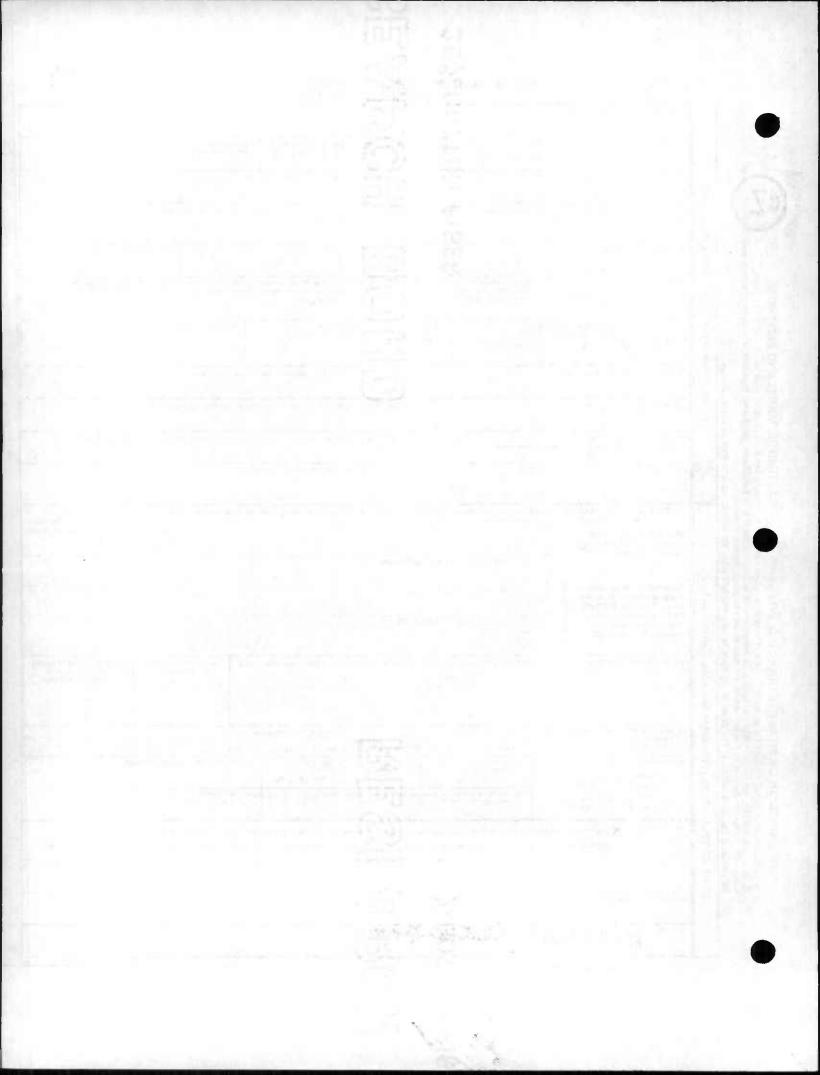
MC

ANDREWS AFR

MD

20331-6600

- STATE REGISTRAR	SINIE OF MANT		EPARTMEN TIFICAT			MENTAL HY	GIENE 3	L	05634
1. DECEDENT'S NAME (First, Middle, Last)			777			2. DATE OF DEA			3. TIME OF DEATN
KATHLEEN ALICE JO	OYNES					FEB	04, 19	994	0800 a
4. SOCIAL SECURITY NUMBER		E (In yrs. last bir		ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	TN		NPLACE (State or Foreign
231-36-5559	1 🗆 M 2 🔀 F	63	YRS. MONTHS	DAYS	HOURS MIN.	6/30/	30	-	ewe, Va.
Se. FACILITY NAME (If not institution, give at	treet and number)		96. CF	FY, TOWN	OR LOCATION OF D	EATN	9c. C	OUNTY OF	
MALCOLM GROW USA	F MEDICAL C	ENTER	AN	DREW:	S AFB, M	D	PR	INCE	GEORGE'S
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		Dc. CITY, TOWN						
D.C.	N/A				gton				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER					. ZIP CODE		Lan		1 YES 2 NO
4410 M. L.	King.Jr.	Ave.	S.W.	10	20032		10g.	U.S.	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER								
1 Never Married 2 Married	FORCES? 1 TYES	S 2 NO	18	If you, up	ENDENT OF NISPA ecity Cuben, Mexic	an, Puerlo Rican, e		Blac	CE — American Indian, ck, White, etc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES		1 TYES	2 NO Speci	lly:		Spe	Black
15. DECEDENT'S EDUC	CATION	16a. DECED	ENT'S USUAL	OCCUPATION	DN	16b. KINO (OF BUSINESS	INDUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give I	wind of work don NOT use retired.	e during mo .}	ast of working				
10th		Hon	nemake	er		Ow	n Hon	ne	
17. FATHER'S NAME (First, Middle, Last)			THE		16. MOTNER'S NA	AME (First, Middle, A	Valden Surnam	0)	
Eddie Bra	anch				Ma	rtha B	rooks		
19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDRE	SS (Street a	and Number or Rural	Route Number, City	or Town, State,	Zip Code)	
Renee L. Joyne	es	Sa	ame as	\$ #	10 abov	re			
20a. METHOD OF DISPOSITION 1 XBurlel 2 Cremation 3 Rame	oval from Stata 20	0b. PLACE AND	DATE OF DISPO	OSITION (Na	2/9 t'1. Ce	/9 OF 2	Oc. LOCATION Balti		
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		Balti					Durci	MOLC	, ria.
			22		ND ADDRESS OF F		s Son	c in	0
Many 1	1. Cratt			49	5.Washi 25 Burr	oughs .	Ave	N E	
23. PART I. Enter the diseases, or cahook, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. METASTATIO	each iine.	CANCE						Approximate Interval Betwee Onset and Daw
Sequentially list conditions,	DUE TO (OR AS	A CONSEQUE	NCE OE):						
if any, leading to immediate cause. Enter UNDERLYING	50C 10 (011 AS	A CONSEGUE	NOE OF J.						
CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUE	NCE OF):	_					
resulting in death) LAST									
PART II. Other aignificant condition	e contributing to death	but not reau	illing in the u	underlyin	g cause given in	P	AS AN AUTOP: ERFORMED? YES 2 7 NO		b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		ACE OF DEATH (C	heck only one)			
1 YES 2 NO	1 N Inpetient 2 ER/Ou			_	e 5 🗆 Residence				
	28a. DATE OF INJURY (Month, Day, Year)		Bb. TIME OF INJURY		PRK?	28d. DESCRIBE	HOW INJURY	OCCURED	
27. MANNER OF DEATH 1 X Natural 5 Pending					YES 2 NO				
1 Natural 5 Pending 2 Accident Investigation	ARA DI ACE OF IN HUE	my As how.				I 28t. LOCATION (
1 Natural 5 Pending	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, pecify)	rarm, street, ta			City or Town,		IDER OF FILITEE	Route Number,
1 Netural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 5 Could not be determined 29a. CERTIFIER (Check only	CIAN: To the best of my kno	owiedge, death	occurred et the	time, data	and place, and due	City or Town,	State)	stated,	
1 Natural 2 Accident 3 Suicide 4 Homicide 298. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my kno	owiedge, death	occurred et the	time, data	and place, and dur	City or Town,	State) nd manner as ace, and dus t	stated, o the cause	(a) and manner as stated.
1 Netural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 5 Could not be determined 29a. CERTIFIER (Check only	CIAN: To the best of my kno	owiedge, death	occurred et the	time, data	and place, and due	City or Town, a to the cause(a) as a time, date and pla	State) nd manner as ace, and dus t	stated, o the cause	



A STREET COLUMN STREET

	1 - STATE REGISTRAR	STATE OF MARYLAND		MENT OF I		MENTAL HYG REG.		94 05635			
	1. DECEDENT'S NAME (First, Middle, Last) NURIEU	Muriel K	Mattie /LE	Kyle		2. DATE OF DEAT MONTH		YEAR 3. TIME OF DEATH			
	220-32-3775	. SEX 6. AGE (In yrs	r. lest birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	Milanth Day M.		8. BIRTHPLACE (State or Foreign Country) Virginia			
TOR	9a. FACILITY NAME (If not institution, give street CITIZEWS NURSIA RESIDENCE OF DECEDENT				OR LOCATION OF	BGE, MD.					
DIRECTOR	10a. STATE 10b. COUNTY Maryland Harfor	rd.		TOWN OR LOCA 1ston	TION			10d. INSIDE CITY LIMITS? 1 YES 2X NO			
FUNERAL	100. STREET AND NUMBER 911 Waters Avenue			10	21047		10g. CITIZ US	ZEN OF WHAT COUNTRY?			
à de	11. MARITAL STATUS 12 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	™ O	If yes, sp		PANIC ORIGIN? (Specifican, Puerto Rican, etc. city;		14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) 7	ION 16a. College (1-4 or 5+)	(Give kind of we	ISUAL OCCUPATION Red during more retired.) Maker	ON ost of working	16b. KIND OI	Home	JSTRY			
examiner must be nouned at once. TO BE COM	17. FATHER'S NAME (First, Middle, Last) Claude Lee Viar				On	NAME (First, Middle, Ma EY ——	Sutp				
TO I	Nelson L. Kyle, Jr		909 W	aters A	venue,	Fallston,	Md. 21	.047			
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	from State cemetery.	cremetany or oth	nited M	ethodis	t Cemeter		Aty or Town, State 4, Fallston, Md.			
	21. SIGNATURE OF FUNERAL BERVICE LICENS	Uverl		Howar 1317	Cokesbu	Comas III ry Road,	Abingdo	al Home, P.A. on, Md. 21009			
CATION	23. PART Lemer the diseases, pr comshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (ON AS A COM	HECKE OF	Bre		S M	Α.	interval Between			
RTIFIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO TON AS A CON	QUENCE OF)	em	ent	4					
MEDICAL	PART II. Other significent conditions of	ontributing to death but no	ot resulting in	the underlyin	g cause given	PEI	S AN AUTOPSY REORMED?	24b. WERE AUTOPSY FINDINGS AMPLIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:		OSPITAL:		OTHER:	LACE OF DEATH	Check only one)					
BY PHYS	27. MANNER OF DEATH 1 Neutral 5 Pending Investigation	26a, DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DESCRIBE H		URED			
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	it home, ferm, st	reet, factory, offic		281. LOCATION (SE City or Town, S		or Rural Route Number,			
D BE COMPLETED	one)	N: To the best of my knowledge On the basis of examination and						ed. e cause(e) and manner as stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Jun	N	P	29c. LICENSE N	190	29d. DATE	SIGNED (Moret), Day Year)			
	JOHN	OMPLETED CAUSE OF DEATH	/ /	Jac	red	e Fra	u.	40			
	FEB 09 '94 July	32. REGISTRAR'S SIGNATUR				V					

DHMH-18 Rev 1/89

6-00 my - S - L 1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CE	ERTIF	ICATE	OF	DEATH		REG. NO),			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	AY .	VEAD	3. TIME OF DEATH	
RHONIE			KING	;			Sil	1474	30,1	994	4:06 N	
4. SOCIAL SECURITY NUMBER 577-14-1310	5. SEX 1 M 2 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH	902	Count	HPLACE (State or Foreign ry) Virginia	
99. FACILITY NAME (II not institution, given Bethesda Rehabil			Cente			Chase		7. 2.1	9c. CO	ntgon	DEATH	
RESIDENCE OF DECEDENT 10e, STATE 10b, COUN				ry, rown o		D.C.					10d. INSIDE CITY UMITS? 1 PS 2 NO	
10c. STREET AND NUMBER 3001 Veazey Terr 11. MARITAL STATUS	ace, N.W. 20008						USA	WHAT COUNTRY?				
3 Widowed 4 Divorced	or Merried 2 Merried FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES					2 NO If yes, specify Cuben, Maxica				Blac	4. RACE — American Indian, Black, White, etc. Specify: White	
15. DECEDENT'S ED (Specify only highest grant Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) F. R. III I more		+) (Gi	CEDENT'S Ive kind of Do NOT u	se retired.)	CUPATIO	N It of working	18b	OWT		IDUSTRY	Miles	
17. FATHER'S NAME (First, Middle, Last) E. B. Ullman						Amelia			Sumame)			
190. INFORMANT'S NAME (Type/Print) Elizabeth W. Hi	rschler					eet Rd.					226	
23. PART I. Enter the diseases, or shock, or heart failure indicates or condition resulting in death) Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Cereb OUE TO OUE TO	use on each line	OUENCE O	y (≥1) in:		Nec's		,	iretory a	rreat,	Approximate Interval Betwee Oneet and Dec S days	
PART II. Other significant condition	d	o death but not r	esuiting	In the un-	derlying	ı cause given in	Part I.	24a. WAS AF PERFO 1 YES	RMED?	248	D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕЯ		ACE OF DEATH (Ch	eck only or	70)				
27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)						6 Othe	SCRIBE HOW	INJURY O	CCURED		
3 Suicide 6 Could not b								ATION (Street or Town, State		er or Rurei	Route Number,	
dated and	SICIAN: To the bast of										s) and manner as stated.	
29b. SIONATURE AND TITLE OF CERTIF	17	Ven	_)	p.D.		29c. LICENSE NU	MBER 56	8	29d. DA	TE SIONED	(Month, Day, Year) by 30, 1994	
30. NAME AND ADDRESS OF PERSON VI	TO COMPLETED CAL		e by	es d'4	1	/ Jug/a	nd	2	081	6		

DIVISION OF VITAL RECORDS, P.O. BOX 68760

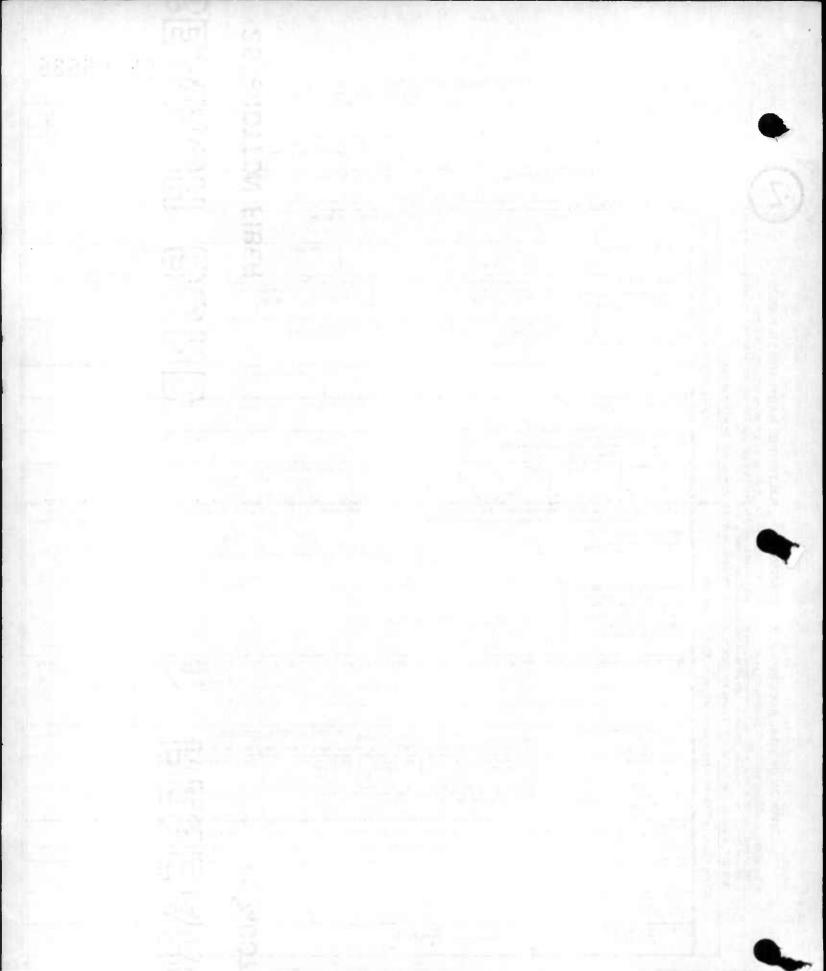
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

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DNMN-16 Rev 1/89



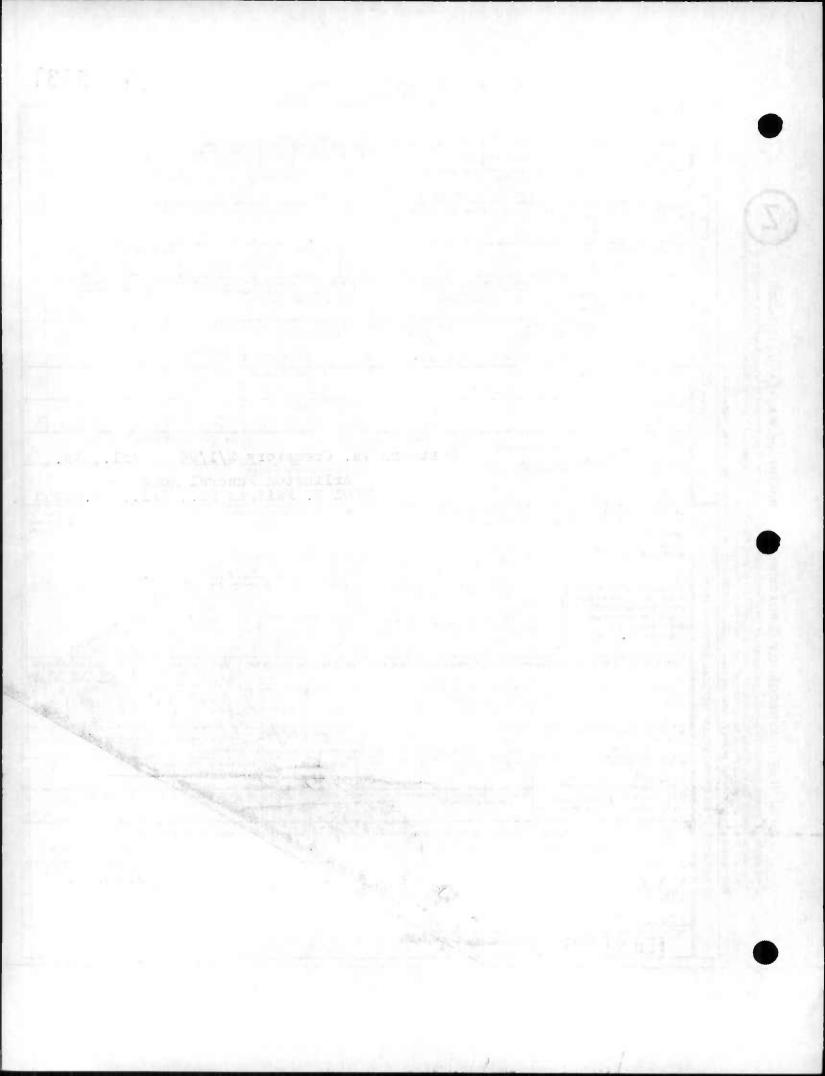
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and least lead to the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTA	L HYGIENI REG. NO.	9	4 0	5631
	1. DECEDENT'S NAME (First, Middle, Last WI	LLIAM JOSEPH	KEATING			MONT	OF DEATH DAY		EAR 3. TH	5:00 P
3	4. SOCIAL SECURITY NUMBER 215-38-9077	1 🔀 M 2 🗆 F	(In yrs. last birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN,	(Mon	OF BIRTH th, Day, Year) EC 6 19	18	Country) MARYLA	(State or Foreign
TOR	98. FACILITY NAME (If not institution, give NATIONAL NAV. RESIDENCE OF DECEDENT		ENTER		OR LOCATION OF D	EATN		MON'	OF DEATH	RY
DIRECTOR	10a, STATE 10b. COUN	TY IRFAX	10c. CITY	TOWN OR LOC	777.5	T. BELVOIR				
FUNERAL	100. STREET AND NUMBER 9002 BELVOIR WO	ODS PARKWAY	110		22060	8.5		109. CITIZEN OF WHAT COUNTRY? UNITED STATES		
B	11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR 1940 19			N7 (Specify Yes Rican, atc.)	- v	RACE — An Black, Whit Specify:	nerican Indian,		
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	UCATION	16a. DECEDENT'S	ork done during n retired.)	ION ost of working		EFENSE	INESS/INDUS		V LA do do La
BE COM	17. FATHER'S NAME (First, Middle, Last) RAYMOND MARCUS KEATING 18. MOTNER'S NAME (First, Middle, Meiden Surreme) THERESA FLUSKEY									
TO B	19a. INFORMANT'S NAME (Type/Print) LILLIAN KEATING				and Number or Rural WOODS P					OOIR, VA
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Red 4 Donation 5 Other (Specify) 21. SIGNATURE DEFINITION	moval from Stata	b.PLACE AND DATEO Refery, cremetory or off NOTTHER	Va.	cremato	ry 2	20c. LOC	CATION — CITY	or Town, St	
	1 Jan Jan	all		Ar 3901	lington N. Fai	Fun rfax	Dr.,	Arl	., Va	.22203
	23. PART I. Enter the diseases, or shock, by heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. PNEUMON	esch line.		-, -, -,					Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		OBSTRUCT A CONSEQUENCE OF		LMONARY	DISEA	SE			
ERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	:						
MEDICAL	PART II. Other significant condition	ons contributing to deeth	but not resulting in	the underlyi	ng ceuse given in	Part I.	24a. WAS AN A PERFORI	MED?	COMP OF DE	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE EATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN:	EXAMINER?	HOSPITAL:	Instinct 3 000	OTHER:	LACE OF DEATH (C					
Ä	27, MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. 19	JURY AT		SCRIBE NOW IN	JURY OCCUP	RED	
BYF	1 Netural 5 Pending 2 Accident Investigation				YES 2 NO					
	a □ a + + + +	3 Suicide 8 Could not be 28e, PLACE OF INJURY — At home, farm, street, fact building, atc. (Specify)						nd Number or	Rural Route N	iumber,
COMPLETED	anni	SICIAN: To the best of my know IER: On the besis of exemination								manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFI	ER			29c. LICENSE NU	MBER		29d. DATE S	IGNED (Monti	n, Day, Year)
TO B	Heren &	Kill 1	no		MD 0508	50-L		1/0	20131,	94
Ė	S.L.KROLL, LT,	MC, USNR		Print)	NATION. BETHES				CENTER	}
	FEB 0 1994	Pag. REGISTRAR'S SIG	handeles							



1	-	STATE REGISTRAR
	_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE TH REG. NO

94	0	5	6	3	8
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YEAR

1994

9c. COUNTY OF DEATH Montgomery

3. TIME OF OEATH

8. BIRTHPLACE (State or Foreign

Korea

10d. INSIDE CITY WV VEC A THE

9:30 PM

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

Aug.

February 6,

14

		HEGISTRAR				CE	HILL	ICALI	E OF	DEA	IH	
		1. DECEDENT'S NAME (First,	, Middle, Last)	k Vim								2. F
		4. SOCIAL SECURITY NUMB		5. SEX				birthday) IF UNDER 1 YEAR			IF UNDER 24 HRS.	
79		220-98-4360		1 🗆 M 2 💢 F	0. AGE ()	78	YRS.	MONTHS	DAYS	HOURS	MIN.	Aı
A CO	Œ	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF D										EATH
(47-)	<u>ت</u>	POTOMAC V	ockville									
4	DIRE							Y, TOWN		TION		
permit		New York 100. STREET AND NUMBER	Onc	ondaga			Ma	nliu	7	. ZIP COO		
isi	IERA	7825 Old (Orchar	d Court					100	131		
21215-0020 all or attending physician. for use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Merried erced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	13. WAS OECENDENT OF HISPANIC of It yes, specify Cuben, Mexicon, P 1 YES 2 NO Specify:				en, Pu			
or attending r use as the	E	15. DECEDENT'S EDUCATION 16a. DECEL (Specify only highest grade completed) (Give I								ON ast of working	na	
	OMPLET	Elementary/Secondary (0	-12)	College (1-4 or 5	College (1-4 or 5+)			se retired.) aker			-	
YLAND by the hospit be detached at once.	CO	17. FATHER'S NAME (First, Middle, Last)								16. MOTHER'S NAME		
T Pe	ш	Sung Shyun Kim Sang C								Cho		
MAR retained 5 should totified	0 B	190. INFORMANT'S NAME (7)	ype/Print)			19b.	MAILING	ADDRES	S (Street e	nd Number	or Rural	Route
E, MAR' y be retained age 5 should be notified	F	Dong K. Kir	m			81	149	E. B	ucks	park	Lar	ne,
MORE, age 6 may be director, page		200. METHOD OF DISPOSITION 20b PLACEAND DATE							coff Disposition (Name of other place) 2/10/9 Memorial Park			
ALTI death. P tuneral tuneral examin		Macha	L SERVICE LI	CENSIEE	Mo		1008	46 RG	name al ober 00 We ock v	D ADDRE E A. est N ille	Pum Pum Iont Ma	iph goi ry.
Bonus after after in by the ration, or removal the medical of the		23. PART is Enter the di shock, pr he IMMEDIATE CAUSE (Fin disease or condition	sart failure.	List only one can	ise on ea	ach line.		not enter	the mo	de of dy	ing, su	ch ea

			ATT ICO I I		
	10g. CI1	IZEN OF WH	AT COUNTRY?		
		Korea			
IC ORIGIN? (Specify Yen, Puerlo Rican, etc.)	s or No—	14. RACE - Black,	- American Indian, White, etc.		
		Specify	Asian		
16b. KIND OF BU	JSINESS/IN	DUSTRY			
Ow	n Hom	ie			
ME (First, Middle, Meide	n Sumeme)				
hoon Park					
loute Number, City or To	wn, State, Zi	p Code)			
e, Potoma	c, Ma	rylan	d 20854		
94 DATE 20c. L	OCATION City or Town, State				
Poor Rock	kvil	kville, Maryland			
hrey Fune	ral 1	Home/I	Rockville,		
omery Averyland 20	illue		Inc.		
			1		
n es cardisc or resp	энетогу ат	reat,	Approximate Interval Between Onset and Death		
			1		
			+		

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST

resulting in death)

RT II. Other significant conditions contributing to death but not resulting in the und	derlying cause given in Part I.
Hypertension	

Anemia

24a.		N AUTOPSY DRMED?	
1 [YES	2 NO NO	

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

Cardiorespiratory Arrest

DUE TO (OR AS A CONSEDUENCE DF):

Subdural Hematoma

DUE TO (DR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEDUENCE OF):

Chronic Renal Failure

EXAMINER? 1 YES 2 X NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA	OSPITAL: Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)					
27. MANNER DF DEATH 1 X Netural 5 Pending	28e. DATE DF INJURY (Month, Day, Year) 28b. Til	ME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURED				
1 X Natural 5 Pending		M 1 YES 2 ND					

2 Accident 28e. PLACE DF INJURY — building, etc. (Specify) 3 Suicide 8 Could not be 4 🗌 Homicide

Diabetes Mellitus

At home, term, stree1, tectory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

e. Centirien	CERTIFYING BUYGGAN, T. M. L. A.
(Chack only	🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, and due to the cause(e) and menner ea stated.
one)	MEDICAL FLAVINES On the besis of examination and/or immediateless in the state death assured at the state of

2 MEDICAL EXAMINED. On the basic of examination	end/or investigation; in my opinion	feath occured at the time, date end p	place, end due to the cause(s) end menner ee stated.
IGNATURE AND STILLE OF CESTIFIER	(1)	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
/ my	-	D13621	February 7, 1994

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	C EU ED (Man)					020.0	COULCY	darener sourg,	Marylanu	208//-1308
Во	Keun	Kim,	M.D.,	8921	Shadv	Grove	Court.	Gaithersburg,	bac free M	20077 1200

0 1994 Julia Davidson-Randall

TO THE HOSPITAL OF TO THE FUNERAL D DE filed within 72 ho

OHMH-18 Rev 1/89

HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely fille within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, ITANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the DIVISION OF VITAL RECORDS, P.O. BOX 68760

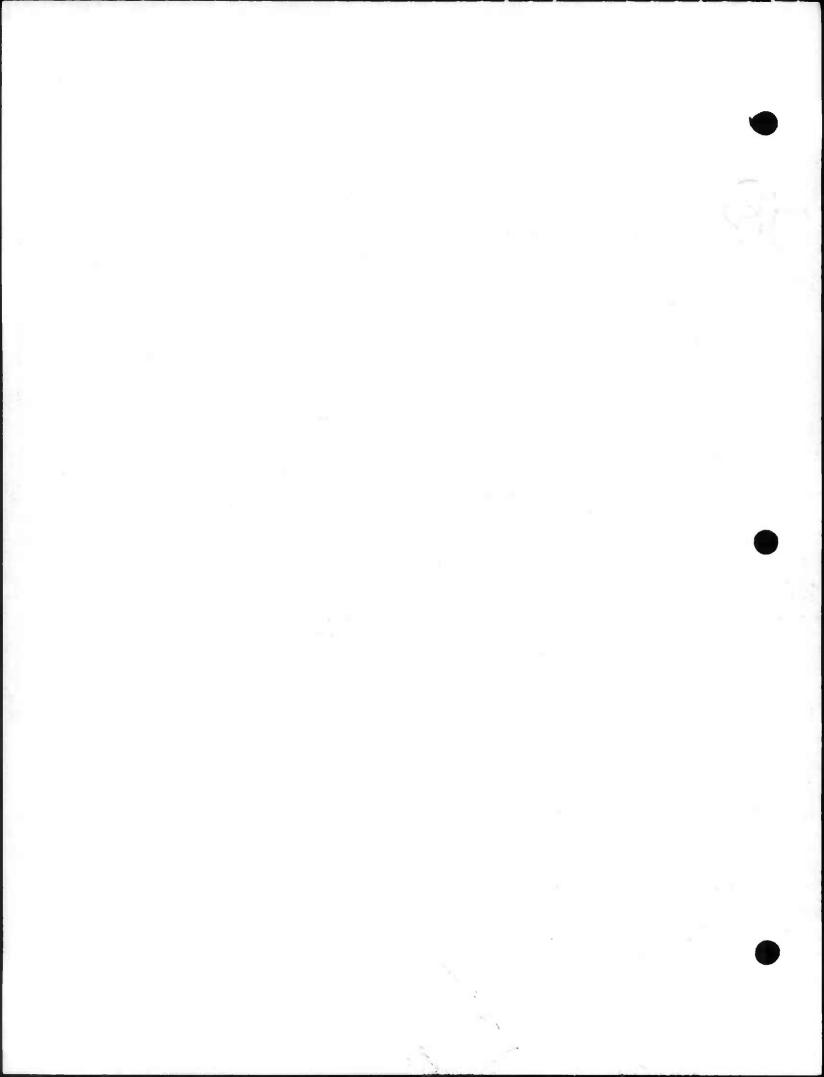
CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE



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		permit.
020	rs after death. Page 6 may be retained by the hospital or attending physician.	n by the funeral director, page 5 should be detached for use as the burial-transit permit. P
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MOR	age 6 m	director,
ALTI	death. P.	funeral
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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INSTITUTE OF ALL LINGUIST FILL STORMS. THE SAW TO THE USE STORMS OF EXCLUSION WITHIN THE SAME VEHICLE OF THE SAME	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho	
Joans .	funeral	
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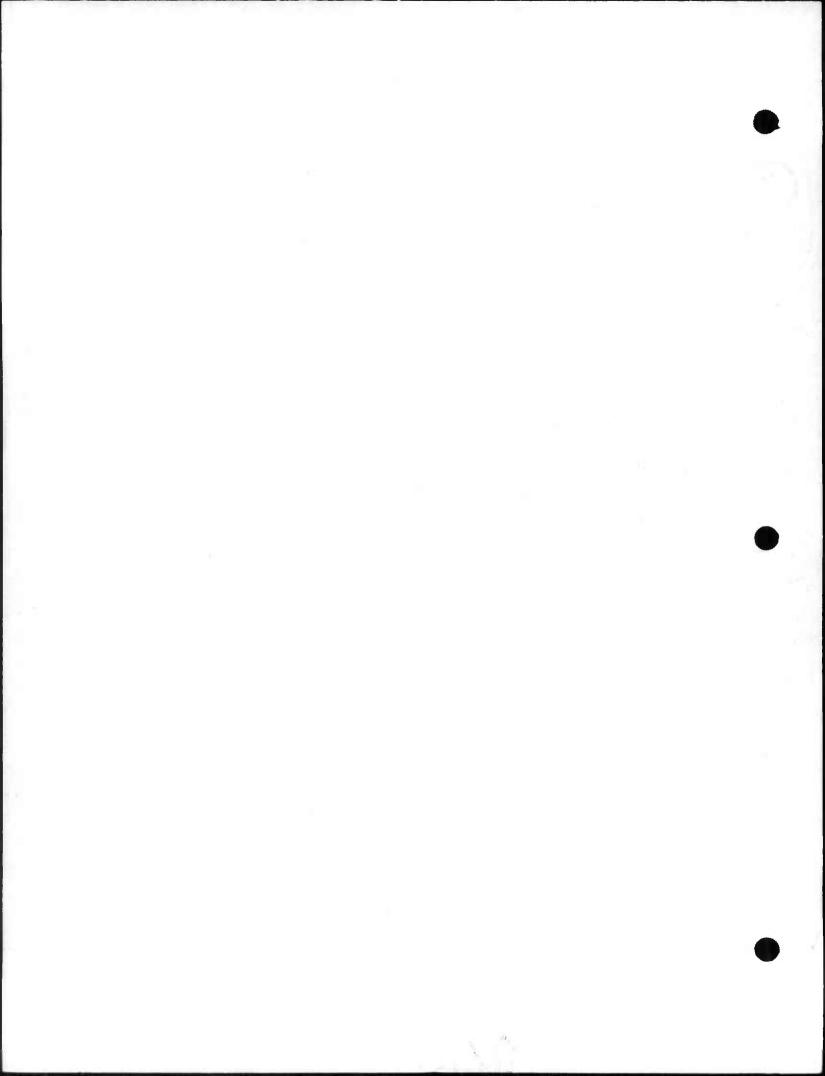
1	1. DECEDENT'S NAME (First, Middle, Last)				OF D	LAIII		REG. NO.			3. TIME OF DEATH
1	Richard T	nomas Kr	euzbu:	ra				Feb	ruary		YEAR	2:00P
	4. SOCIAL SECURITY NUMBER		GE (in yrs. lest		IF UNDER 1 Y	EAR IF	F UNDER 24 HRS.	7. DATE	OF BIRTH	0, 1		PLACE (State or For
	214-03-8139	1 💢 M 2 🗌 F	81	YRS.	MONTHS D	AYB HO	OURS MIN.		h, Day, Year)	010	Country)
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY. TO	OWN OR L	OCATION OF DE		. 8, 1		Oh:	
<u>«</u>	3540 Hamlet Plac											
18	RESIDENCE OF DECEDENT				Che	vy C	Chase	_		Mo	ontgo	mery
DIRECTOR	10s. STATE 10b. COUN	тү		10c. CITY	Y, TOWN OR I	OCATION						10d. INSIDE CITY LIMITS?
	Maryland Mon	tgomery		Che	vy Cha	ase						1 YES 2 X
AL	10e. STREET AND NUMBER					101. ZIP	P CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
1 11	3540 Hamlet Pla	ce				20	0815			Unit	ed St	tates
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARI	AED	13. WAS	DECENO	DENT OF HISPAN	IC ORIGIN	17 (Specify Yes	or No-	14. RACE	- American India: White, etc.
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? TYTY		Ÿ			y Cuban, Mexices NO Specify		HIGON, MC.)	- 1	Specify	
		World War										White
TED	15. DECEDENT'S ED (Specify only highest grad		16a. DEC	EDENT'S	USUAL OCCU vork done duri se retired.)	JPATION ng most of	f working	16b	. KIND OF BUS	SINESS/IND	USTRY	
1 2	Elementery/Secondery (0-12)	College (1-4 or 5+)										
COMPLET	17, FATHER'S NAME (First, Middle, Last)	5	Re	stau:	rateur	- T			rs. K'		TT Ho	ouse
						18.	B. MOTHER'S NAI			Surname)		
H	Harvey Kreuzbu	rg					Blanch					
TO BE	19e. INFORMANT'S NAME (Type/Print)						Number or Rural R					
	Marie H. Kreuzbu						ace, Ch		-		_	
	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 X Cremation 3 ☐ Re	mover moin state	cemetery, cren	retory or ot	iner piace)		0/2/9/94			CATION —	-	
	4 Donation 5 Other (Specify) 21. SIGNATI FUNERAL SERVICE I		Montg	omer	y Crem	nator	rium, I	nc.				aryland
CAGILLIE	21. SIGNATURE PONEMAL SERVICE I	CENSE			Home	ME AND A	thesda-	Chev	obert v Chas	A. P	umphi	ey Fune
	Varie C	· ery.	M	0080								and 208
	23. PART I. Enter the diseases, or	complications that cau	sed tha dea	ith. Do n	ot enter the	e mode (of dying, such	ss care	lisc or respi	ratory arr	est,	Approxima
	iMMEDIATE CAUSE (Final	. List only one cause or	n aach iina.									intarval Be Onset and
	disease or condition	Motors	tat	10	. C	YAA	dr					1000
	reaulting in dasth)	DUE TO (OR A	S A CONSEQ	UENCE OF	T:	200		-				1 / 144.03
- II												12000
Z		h			,							12000
	Sequentially list conditions,	bDUE TO (OR A	S A CONSEO	UENCE OF):							12.434
	if any, leading to immediata cause. Enter UNDERLYING	b DUE TO (OR A	S A CONSEO	UENCE OF	7):							17.000
	if any, landing to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A										
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	С.										
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (OR A	S A CONSEO	UENCE OF	ግ :	riving es	ausa duan in	Part I	24- WAS AN	ALTYODOV	Tan	WEST AUTODOX OF
L CERTIFICATION	if any, landing to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	CDUE TO (OR A	S A CONSEO	UENCE OF	ግ :	rlying ca	ause given in	Part I.	24s. WAS AN PERFOR			AVAILABLE PRIOR 1
DICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (OR A	S A CONSEO	UENCE OF	ግ :	riying ca	ause given in l	Part I.		MED?		AVAILABLE PRIOR 1
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MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	CDUE TO (OR A	S A CONSEO	UENCE OF	n the unde			_	PERFOR	MED?		AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?
MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the con	DUE TO (OR A	h but not ra	UENCE OF	n the unde		ause given in i	_	PERFOR	MED?		AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?
MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the con	DUE TO (OR A d ons contributing to deat HOSPITAL: 1 Inpetient 2 ER/C	h but not ra	UENCE OF	OTHER:	26. PLACE	E OF DEATN (Che	ock only on	PERFOR 1 YES 2	MED?		WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CO OF DEATH? 1 YES 2 N
HYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the con	DUE TO (OR A	h but not ra	DOA 26b. TIMM	OTHER: 4 Nursing	26. PLACE Home 5 c. INJURY WORK?	E OF DEATN (Che K Residence	ock only on	PERFOR 1 YES 2	MED?		AVAILABLE PRIOR T COMPLETION OF CO OF DEATH?
MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other significant conditions to the conditions of the con	DUE TO (OR A d. DOS contributing to deat HOSPITAL: t Inpetient 2 ER/C 28e. DATE OF INJUI (Month, Day, Yes	h but not ra	DOA 28b. TIM	OTHER: 4 Nursing EOF 28 URY M 1	26. PLACE Home 5 c. INJURY WORK?	E OF DEATN (Che K Residence	6 Othe	PERFOR 1 YES 2 1 (Specify) CRIBE HOW II	NJURY OCC	CURED	AMAILABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 N
BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other significant conditions to the conditions of the con	DUE TO (OR A d	Dutpetlent 3 Dutpy — At hon	DOA 28b. TIM	OTHER: 4 Nursing EOF 28 URY M 1	26. PLACE Home 5 c. INJURY WORK?	E OF DEATN (Che K Residence	6 Other	PERFOR 1 YES 2	NJURY OCC	CURED	AMAILABLE PRIOR T COMPLETION OF G OF DEATH? 1 YES 2 N
BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the con	DUE TO (OR A d. DIS contributing to deat HOSPITAL: 1 Inpetient 2 ER/C 28e. DATE OF INJU (Month, Day, Yes building, etc. (3)	Dutpetient 3 Dutpe	DOA 26b. TIMI	OTHER: 4 Nursing E OF 28 URY M 1	26. PLACE J Home 5 c. INJURY WORK? I YES office	E OF DEATN (Cho	6 Other	PERFOR 1 YES 2 r (Specify) GCRIBE HOW II ATION (Street or Town, Stete)	NJURY OCC	OURED or Rural Ro	AMAILABLE PRIOR T COMPLETION OF G OF DEATH? 1 YES 2 N
IPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the con	DUE TO (OR A d. DIS contributing to deat HOSPITAL: 1 Inpetient 2 ER/C 28e. DATE OF INJUI (Month, Dey, Yes building, etc. (S	Dutpatient 3 Dutpa	DOA 26b. TIMI	OTHER: 4 Nursing E OF 28 URY M 1	26. PLACE I Home 5 c. INJURY WORK? I YES office	E OF DEATN (Cha	28d. OES	PERFOR 1 YES 2 r (Specify) CCRIBE HOW II ATION (Street or Town, Stete)	NJURY OCC	OURED or Rural Ro	AMAILABLE PRIOR I COMPLETION OF CL OF DEATH? 1 YES 2 N
IPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the con	DUE TO (OR A d. DIS contributing to deat HOSPITAL: 1 Inpetient 2 ER/C 28e. DATE OF INJU (Month, Day, Yes building, etc. (3)	Dutpatient 3 Dutpa	DOA 26b. TIMI	OTHER: 4 Nursing E OF 28 URY M 1	26. PLACE I Home 5 c. INJURY WORK? I YES office	E OF DEATN (Cha	28d. OES	PERFOR 1 YES 2 r (Specify) CCRIBE HOW II ATION (Street or Town, Stete)	NJURY OCC	OURED or Rural Ro	AMAILABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 N
PLETED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the con	DUE TO (OR A d. DOS CONTRIBUTING TO deat HOSPITAL: t Inpetient 2 ER/C 28e. DATE OF INJU (Month, Dey, Yee 28e. PLACE OF INJ building, etc. (S	Dutpatient 3 Dutpa	DOA 26b. TIMI	OTHER: 4 Nursing E OF 28 URY M 1	26. PLACE J Home 5 C. INJURY WORK? I YES office , date end	E OF DEATN (Cha	28d. OES 28f. LOC City to the cause date	PERFOR 1 YES 2 r (Specify) CCRIBE HOW II ATION (Street or Town, Stete)	NO NO NJURY OCC	or Rural Ro	AMAILABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 N

3800 Reservoir Road, N.W., Washington, DC

Mary Bolton, M.D.

31. DATE FILEO (Month, Day, Year)
FEB 1 0 1994

DHMH-16 Rev 1/89



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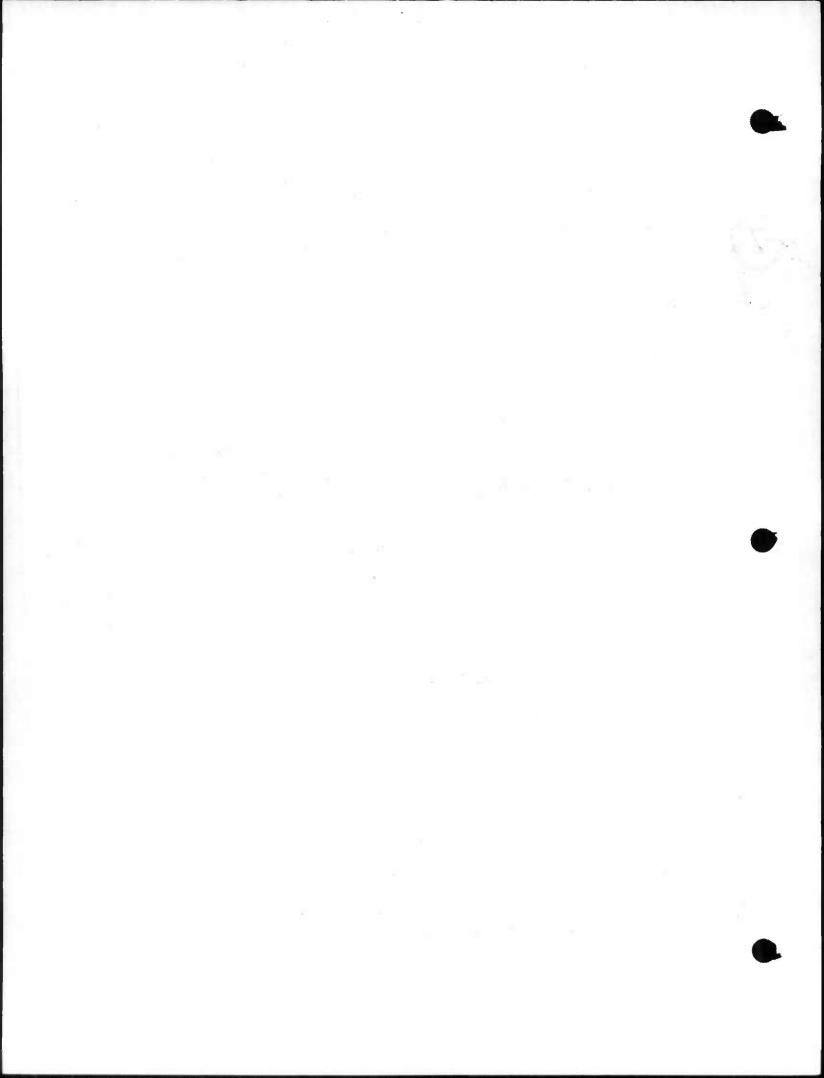
ages 1, 2, 3 should

	1 - STATE OF MAR		RTMENT OF H		MENTAL HYGIEN REG. NO		05640		
	t. DECEDENT'S NAME (First, Middle, Last) DOROTHY MIRIAM KURTZ				2. DATE OF DEATH FEBRUARY		3. TIME OF DEATH 8:47 A M		
1	218-74-3702 1 🗆 M 2 🍱 F	GE (In yrs. last birthday) 79 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-5-1914	Cc	IRTHPLACE (State or Foreign punitry)		
TOR	98. FACILITY NAME (If not institution, give street and number) SACRED HEART HOSPITAL RESIDENCE OF DECEDENT		9b. CITY, TOWN C	RLAND	EATH	ALLEGA			
DIRECTOR	10s. STATE 10b. COUNTY Md. Allegany	10c. CIT	TY, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? t YES 2 NO		
FUNERAL	100. STREET AND NUMBER P.O. Bex 18		101	21528			S.A.		
₽	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR O	res 2 NO	If yes, sp		NIC ORIGIN? (Specify Yes in, Puerto Ricen, etc.) y:		RACE — American Indian, Black, White, etc. Specify: White:		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT u		ON st of working	16b. KIND OF BUS	SINESS/INDUSTR			
BE CON	17. FATNER'S NAME (First, Middle, Last) Snyder			Unkr					
TO	19a. INFORMANT'S NAME (Type/Print) Betty L. Kahl.				Route Number, City or Tow ckhart, Md				
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ramoval from State 4 Donetion 5 Other (Specify) Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or of their place) 20c. LOCATION — City or Town, State 2/8 Eckhart Md.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			Funeral	L Home, Fr	ostburg	, Mas		
	23. PARM. Enter the diseases, or complications that ceushock, or heert failure. List only one cause of immediate CAUSE (Finel disease or condition resulting in death) DUE TO (OA)	on each line.	lung		has cardiac or reapi		Approximata interval Batween Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or Injury that initiated evente reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL CE	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert i. PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28, PI	LACE OF DEATN (Ch	eck only one)		,		
BY PHYS	1 YES 2 NO 1 Inpetient 2 ER/C 27. MANNER OF DEATH Netural 5 Pending Investigation 1 Inpetient 2 ER/C (Month, Day, Yes	URY AT DRK? YES 2 NO	ce 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED						
	4 Homicide determined building, atc. (IURY At home, farm, (Specify)	atreet, factory, offic	1	281. LOCATION (Street a City or Town, State)		iral Route Number,		
COMPLETED	29s. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my king one) MEDICAL EXAMINER: On the basis of examination						rse(s) and manner as stated.		
TO BE	296. SIGNAPURE AND TITLE OF CERTIFIER 30. NAME AND ADDIVESS OF PERSON WHO COMPLETED CROSS OF	LIMB) Print	29c. LICENSE NUN	H951	29d. DATE SIG	NED (Month, Dey, Year)		

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examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be multiled at enea.
ral.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the burishman	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be described by use at the burnal-train
or death. Page 5 may be retained by the hospital or attending physician	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Plage 5 may be mainted by the hospital or attending physician
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTA	L HYGIEN	E	94	05641	
	1. OECEOENT'S NAME (First, Middle, Last)					2. DATI	E OF OEATH			. TIME OF OEATH	
	ALISTINE		KEYES			2	гн би 6	1994	YEAR	10:30 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II	IF UNDER 24 HRS.	RS. 7. DATE OF BIRTH 8. BIRTHPLACE (State of				ACE (State or Foreign			
	214-05-7433 9e. FACILITY NAME (If not institution, give stree	1 M 2 X F 75 YRS. MONTHS DAYS HOURS MIN. MAY 4, 191 1, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c.							18 Maryland		
DIRECTOR	MEMORIAL HOSPITAL			CUMBERI					EGANY		
ĕ	10e. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION				T	ed. INSIDE CITY	
	Maryland Alleg	jany	Cur	mberla	nd				,	LIMITS?	
FUNERAL	10e. STREET AND NUMBER				ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?	
E	405 Central Ave	enue			21502			USZ	A		
ا ۾		2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENGENT OF HISPAI			or No-	14. RACE -	- American Indian, White, atc.	
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR OA			2 NO Specif		riceri, etc.)		Specify		
	15. DECEDENT'S EDUCAT	TION	16s. DECEDENT'S US	1		1 10				Black	
	(Specify only highest grade co.	mpleted)	(Give kind of work	k done during mo-	at of working	164	b. KINO OF BUS	INESS/INOU	ISTRY		
PL	Elementary/Secondary (0-12)	College (1-4 or 5+)	Housev				u	ome			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		110 4501	VIIC	18. MOTHER'S NA	ME (First.					
BE C	Elwood Denmark				Magnol	ia	Coope	r			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	OORESS (Street a	nd Number or Rural				Code)		
2	Tieann Petties-	Daughter	Same a	s 10e							
	20s. METHOD OF DISPOSITION 1. Buriel 2 Cremetion 3 Remove	20b.	PLACE AND DATE OF	DISPOSITION (Na	me of	OAT	TE 20c. LO	CATION — C	ity or Town	n, State	
ŀ	4 Donation 5 Other (Specify)	Si	itery, crematory or other inset Me	m. Pa:	rk	-9-0	74 Cumi	berla	and.	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAME AN	O AOORESS OF FA	CILITY	-	020			
1	· Emeta.	Ruly. p.			erland,				Balt	imore Av.	
	23. PART I. Enter the diseesea, or cor shock, or heert failure. Lis	nplications that ceused it only one cause on ea	the deeth. Do not ch line.	enter the mo	de of dying, suc	h se car	disc or respi	ratory srre	st,	Approximeta Interval Between	
ŀ	IMMEDIATE CAUSE (Final disease or condition	1		•			f			Onset and Death	
	reaulting in death) a.	DUE TO (OR AS A	CONSTOUENCE OF):	MAC	INFAR	CTI	21/2				
z	Sequentially list conditions, If any, leading to immediate ACUTE MYOCARDING TNEARCTION										
윤	Sequentially list conditions, If any, leading to immediate b. COLSMAR VEHRT DISCASE - OUE TO (OR AS A CONSEQUENCE OF):										
2	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury thet Initiated evente OUE TO (OR AS A CONSEQUENCE OF):										
	thet initieted evente OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
CERTIFICATION	d.										
AL	PART II. Other significant conditions	contributing to deeth bu	t not reculting in	the underlying	ceuse given in	Part I.	24a. WAS AN PERFOR			VERE AUTOPSY FINDINGS	
S		DIABETES	MELLITO	15			1 TES 2	-	C	OMPLETION OF CAUSE IF DEATH?	
ME										YES 2 NO	
PHYSICIAN: MEDIC											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PL	ACE OF OEATH (Ch	eck only o	ne)				
YSI	1 YES 2 NO 1	Inpetient 2 - ER/Outpe			5 Residence	a 🗆 Oth	er (Specify)				
F	27. MANNER OF OEATH 1 Pending	(Month, Day, Year)	28b. TIME C	Y WO	JRY AT RK?	26d. OE	SCRIBE HOW I	JURY OCCI	JREO		
B	2 Accident Investigation				ES 2 NO						
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY - building, etc. (Specia	— At home, farm, stre	el, factory, office			CATION (Street a or Town, State)	nd Number o	or Rural Rou	ite Number,	
١ ا	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowle	dge, death occurred	of the time deta	and place, and due	to the co		nos no mini-	4		
M	(Check only one) 2 MEDICAL EXAMINER:									nd manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	100-1	0		29c. LICENSE NUI		1 2 2 3 3 1			fonth, Day, Year)	
H		2500	MB	: (6)	D 23334			DAIL	2/8/	94	
일	30. NAME AND ADDRESS OF PERSON WHO	OMPLETEO CAUSE OF DEA	TH (ITEM 27) (Type, Pr	int)	ע 43334				1 1	1 1	
	DINESH SHAH M.D.,				21556						
	31. DATE FILED MANUEL DE 10 1994	I DO SECONDARY VALUE DATAGE	All alone	, , ,,,,	-1550						
- 1	EB 1 U 1994	John Binder	"Frederic							n i	

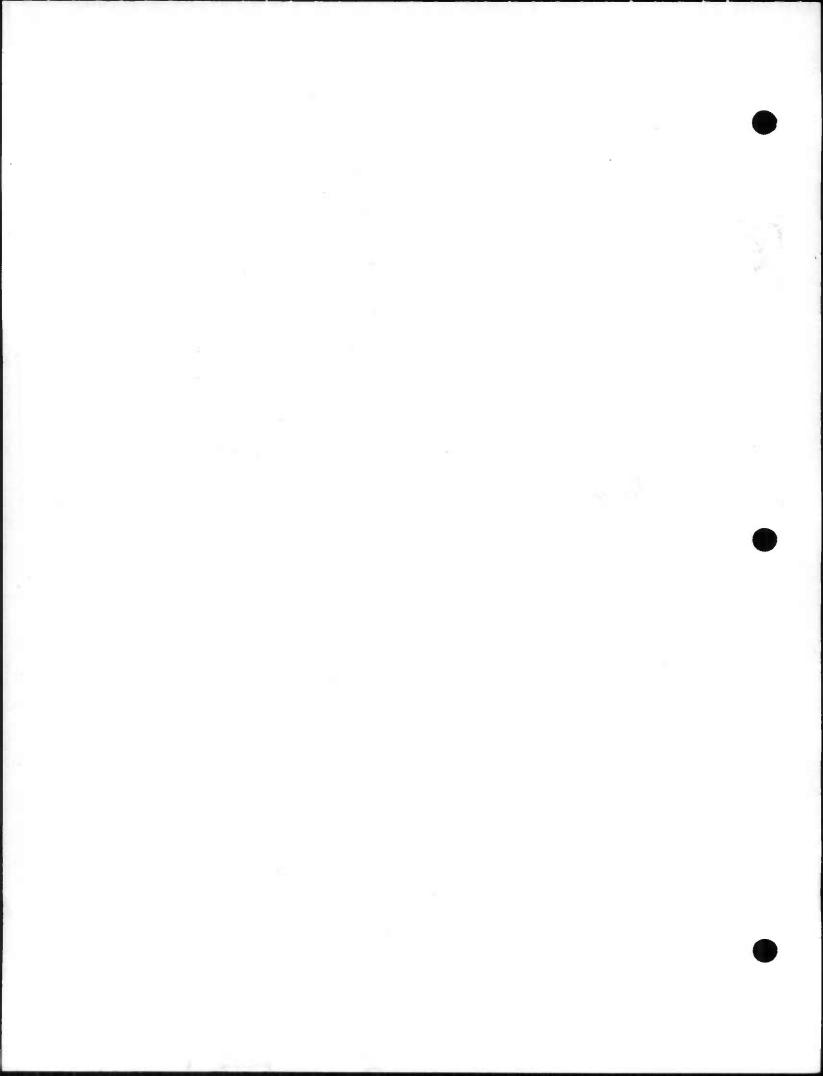


BALTIMORE, MARYLAND 21215-0020

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	FOR STATE REGISTRAR	STATE OF MARYL				EALTH AND DEATH		HYGIENI REG. NO.	E (056	142
8	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF MONTH	DEATH DA		3. TIME OF DEAT	ГН
9	HELEN IRENE	KEI	LEY				02	13	1994	18:25	M
	219-14-5211	□ M 2 🖔 F	In yrs. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH (ey. Year) 2,192	24	BIRTNPLACE (State or Fo	oreign
	9a. FACILITY NAME (If not institution, give stree	t and number)		9b. CITY,	, TOWN O	R LOCATION OF D	EATH		9c. COUNTY	OF DEATH	-
5	SACRED HEART HOS	PITAL			CUMBE	ERLAND,	MD.		ALLEG	ANY	
EC	10a. STATE 10b. COUNTY		10c, CI	TY, TOWN O	OR LOCATI	ION				10d. INSIDE CITY	,
BY FUNERAL DIRECTOR	MARYLAND ALLE	GANY	С	UMBE		ZIP CODE		-	10a CITIZEN	1 VES 2	NO
	14101 ROWLEY ST				2	21502			U	S.A.	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	SY YNO	- 1	If yes, spe	ENDENT OF NISPA Icity Cuben, Maxici 2 NO Specif	an, Puano Rice		or No.— 14.	RACE — American India Black, White, atc. Specify: WHITE	an,
TEO	15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted)	16a. DECEDENT'S (Give kind of life. Do NOT	work done of			16b. KI	ND OF BUS	INESS/INDUS	TRY	
COMPLETED	12	College (1-4 or 5+)	HOME	MAKE	R			ME			
BE CO	17. FATHER'S NAME (First, Middle, Lest) PERRY A. RITCHI	E					RINE	IRE	NE WI		
2	19a. INFORMANT'S NAME (Type/Print) CATHERINE KUHN					535-B,				26753	
	20e. METHOD OF DISPOSITION 1	I donn Chata	PLACE AND DATE				2-12-92			AND, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	INDLKLE	22.	NAME AN	D ADDRESS OF FA	ACILITY				
		pchuck		2.0	EORG 12 G	E-UPCH REENE	URCH STC	UMBE	RLAND	OME, P.A ,MD 2150	2
						11 11 -	0 1 1 9 0				
	23. PART I. Enter the diseases, or con ahock, or heart failure. Lis	nplications that caused	the death. Do	not enter	the mod	de of dying, suc	ch se cardiac	or respli	atory errest		ete
	anock, or heart failure. Lis IMMEDIATE CAUSE (Finel	t Dnly Dne cause on e	ach line.	not enter	the mod	de of dying, suc	ch sa cardiac	or respli	ratory errest	Approxim- Interval B Onset sno	ete etween
	anock, or heart failure. Lis	Sep	ach line.	not enter	the mod	de of dylng, suc	ch se cardiac	or respli	ratory errest	Interval B	ete etween d Death
	anock, or neart failure. Lis IMMEDIATE CAUSE (Finel disease or condition	Sep	ach line.	not enter	the mod	de of dying, suc	ch se cardia	or respli	atory errest	Onset sno	ete etween d Death
ATION	anock, or near failure. List IMMEDIATE CAUSE (Fine) disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate	Sep	CONSEQUENCE	not enter	the mod	de of dying, suc	ch se cardiac	c or respli	atory errest	Onset sno	ete etween d Death
FICATION	snock, or near failure. Lis IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE	not enter OF):	the mod	de of dying, suc	ch se cardiae	or respli	atory errest	Onset sno	ete etween d Death
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E COMPLETED BY PHYSICIAN: MEDICAL	Anock, or near failure. Lis IMMEDIATE CAUSE (Fine) disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of Lexaminer? 1 Yes 2 No 1 27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	DUE TO (OR AS A DUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A Contributing to death b Con	CONSEQUENCE (CO	OF): OF): In the un OTHEF A INUM ME OF JJURY M . street, fact lon, in my o	26. PLJ R: 28c. INJU MOF 1 Yi tory, office	ace of dying, such decords of dying, such decords of dying, such decords of dying, such decords of dying, such decords of dying, such decords of dying, such decords of dying, such decords of dying, such dying, such decords of dying, such decords of dying, such dying, su	a Pert I. 24 t beck only one) a Other (S 28d. DESCR 28f. LOCATIC City or 1	is. WAS AN I PERFORM YES 2 Specify) IBE HOW IN ON (Street a lown, State)	AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? Autopsy of the control of due to the control of due to the control of the control of due to the co	Interval B Onset and Compete and Compete Autopsy Fi AMAILABLE PRIOR COMPLETION OF CO OF DEATH? 1 YES 2 1 Bural Route Number, Supple (Month, Day, Year) 9 4	ete etween di Death di Death

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	1 - FOR STATE REGISTRAR	STATE OF N					EALTH AND DEATH	MENTA	AL HYGIENE REG. NO.	91	ł	UDt	143	
	1. DECEDENT'S NAME (First, Middle, Last) VERA S	•	K	ENN	= []	/		2. DAT	E OF DEATH		EAR .	3. TIME OF	DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER 24 HRS.		E OF BIRTH		BIRTH	PLACE (State	~ ~	
	578 – 40–6538	1 □ M 2XX F	86	YRS.	MONTHS	DAYS	HOURS MIN.		nth, Day, Year) 2 29 190		Country	Vir		- 1
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN O	R LOCATION OF D		. 27 170	9c. COUNT			STILLA	
FUNERAL DIRECTOR	Brook Grove Fo	oundation				(Olney			Mont	COM	arv		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT									HOII	- gon			
III	IOE. STATE			10c, CIT		OR LOCAT						10d. INSIDE		- 1
L D	10e. STREET AND NUMBER						ington,	D.C.				1 X YES		_
RA						101.	ZIP CODE			10g. CITIZE	N OF W	HAT COUNT	RY?	
Ä	3810 Davis Place						200					S.A.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3XXWidowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED		If yes, spe	ENDENT OF HISPA Hotify Cuban, Mexic 2 XNO Speci	an, Puerto	IN? (Specify Year Pilcan, etc.)		Specify	- America White, etc. y: asiar		
	15. DECEDENT'S EDU (Specify only highest grade	CATION COMPleted)	16a.	DECEDENT'S				16	b. KIND OF BUSI	NESS/INDUS	TRY			一
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	We. Do NOT us	e retired.)	during mos	ii or wonang		Apart	ment	Bui	1ding	2	- 1
MP	12th	N/A	R	esider	it Ma	nage	er						,	_
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	AME (First,	Middle, Maiden Si	urname)				\neg
BE	George Vernor	Midkif	f				В	elva		Smit	h			_1
6	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	S (Street a	nd Number or Rural	Route Nur	mber, City or Town,	State, Zip Co	ode)			
-	Rosemary Kenned	ly		Sam	e as	10	A-F							- 1
	20e. METHOD OF DISPOSITION 1XX Suriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery	cremetory or o	her place)		ery 1	1		Tand			d	
	21. SIGNATURE OF FUNERAL SERVICE US	ENSEE			22.	NAME AN	D ADDRESS OF FA	ACILITY	Lee Fun	oral	Hom	raran	0	\neg
	► 44 (Andrew)	-			6	633	Old Ale	yand.	er Ferr	v Bd	C1 1	nton	MA2	0.7
	23. PART If ther the diseases, or shock, pr heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceu	ceused the se on each i	ine.				ch as ce	rdisc or respira	itory srres	t,	intsn Onse	oximate vai Betwe t and Dei	eth
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CON	SEQUENCE OF	7):									
PHYSICIAN: MEDICAL	PART II. Other significent condition CHRONIC 0785	s contributing to	e Pu	MON	ARY	deriying	ceuse given in	Pert I.	24s. WAS AN AI PERFORM 1 YES 2	ED?		WERE AUTOR AVAILABLE F COMPLETION OF DEATH?	RIOR TO	
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DEATH (C)	heck only o	one)				-	\neg
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER		5 - Residence	ß □ Oth	er (Specify)					
到	27. MANNER OF DEATH	28a. DATE OF (Month, Da	INJURY	28b. TIM	-	28c. INJL	JRY AT		SCRIBE HOW INJ	URY OCCUP	RED			\dashv
ВУ	1 Netural 5 Pending 2 Accident Investigation	(MONIN, De	ly, really	1143	M	1 V	ES 2 NO							
COMPLETED B	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town State).												
ا ت	290, CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge	death occurre	d at the t	lma deta	and place, and do	do dha a						\dashv
N N	(Check only one) 2 MEDICAL EXAMINE										ause(s)	end manne	no stated	
BE CC	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUI			29d, DATE S				\dashv
24	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH "	TEM 27\ /%	Print)		D72/(00		-	6	- 74		_
	TED E. HOW	E		Ó	WE	Υ.	MARY	LAN						
	31. DATE PILED (Month, Day, Year) FFR 0 1 1994	gulia Da	rs signature	andre										



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

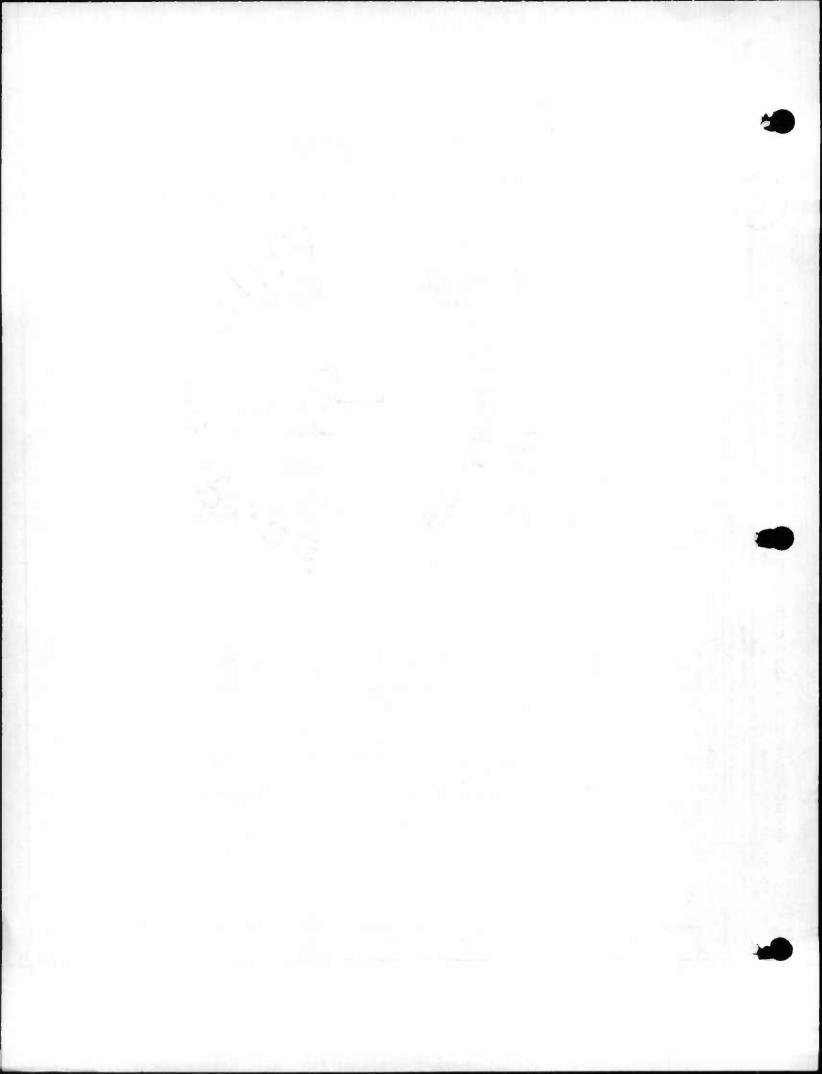
BALTIMORE, MARYLAND 21215-0020

F. E. E

TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detacheral.	JO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery nimed in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed with

31. DATE FILED Month 3 1 1994

1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH ANI ATE OF DEATH	D MENTAL HYGIEN		05644			
	"AAC WINF	ied Re	114	2. DATE OF DEATH	AY 9	S. TIME OF DEATH 2 P M			
4. SOCIAL SECURITY NUMBER 579-86-5304 9a. FACILITY NAME (If not institution, give	18H2 0F	3) YRS. MO	UNDER 1 YEAR IF UNDER 24 HR	Month, Day, Year)	62 M	BIRTHPLACE (State or Foreign Country) CHEVERLY ARYLAND			
1302 NYE ST	- Ne AT)	CITY, TOWN OR LOCATION OF	E16475	PRINZ	E CEULLE'S			
	Thee George		OWN OR LOCATION	E16475		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
1302 NYES	7		101. ZIP CODE 2074	-	U	SA			
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mei 1 YES 2 NO Sp	rican, Puarto Rican, etc.)	s or No— 14	RACE — American Indian, Black, White, etc. Specify 14 C			
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 11th		16a. DECEDENT'S USL (Give kind of work life, Do NOT use re UNEMP)	done during most of working tired.)	186. KIND OF BU					
17. FATHER'S NAME (First, Middle, Last) ISAAC KELLLY			18. MOTHER'S	NAME (First, Middle, Melden					
190. INFORMANT'S NAME (Type/Print) STEPHANIE L.	KELLY		DRESS (Street and Number or Ru	rel Route Number, City or Tox					
20a. METHOD OF DISPOSITION 1 G Burdal 2 G Cremation 3 Removal from State 4 Donetton 5 Other (Specify) 1 C Specify 2 C Sp									
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	>	AUSTIN ROY	STER FUNE	RAL H				
23. PART I. Enter the diseases, of ahock or heert failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one ceuse on e	ech line.	enter the mode of dying, a	such as cardiac or reap	iratory arrest	Approximate Interval Between Onset and Death			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF):	225,00						
PART II. Other algnificant conditi	one contributing to death b	out not resulting in t	ne underlying cause given	in Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTMER									
27. MANNER OF DEATN 1 Natural 5 Pending	1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 28b. DATE OF INJURY (Morth, Day, Iyar) 28b. TIME OF INJURY WORK? 28b. TIME OF INJURY OCCURED 28b. TIME OF INJURY WORK? 28b. TIME OF INJURY WORK WORK WORK WORK WORK WORK WORK WORK								
2 Accident Investigation 3 Suicide 8 Could not be determined determined 4 Homicide H									
	/SICIAN: To the best of my know NER: On the beals of examination					suse(a) and manner as stated.			
296. SIGNATURE AND TITLE OF CERTIF		y hadre	29c, LICENSE I		29d. DATE SI	IGNED (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print	Sburn Rol 1	Yvattevil	1+ MB	72781			



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and yours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

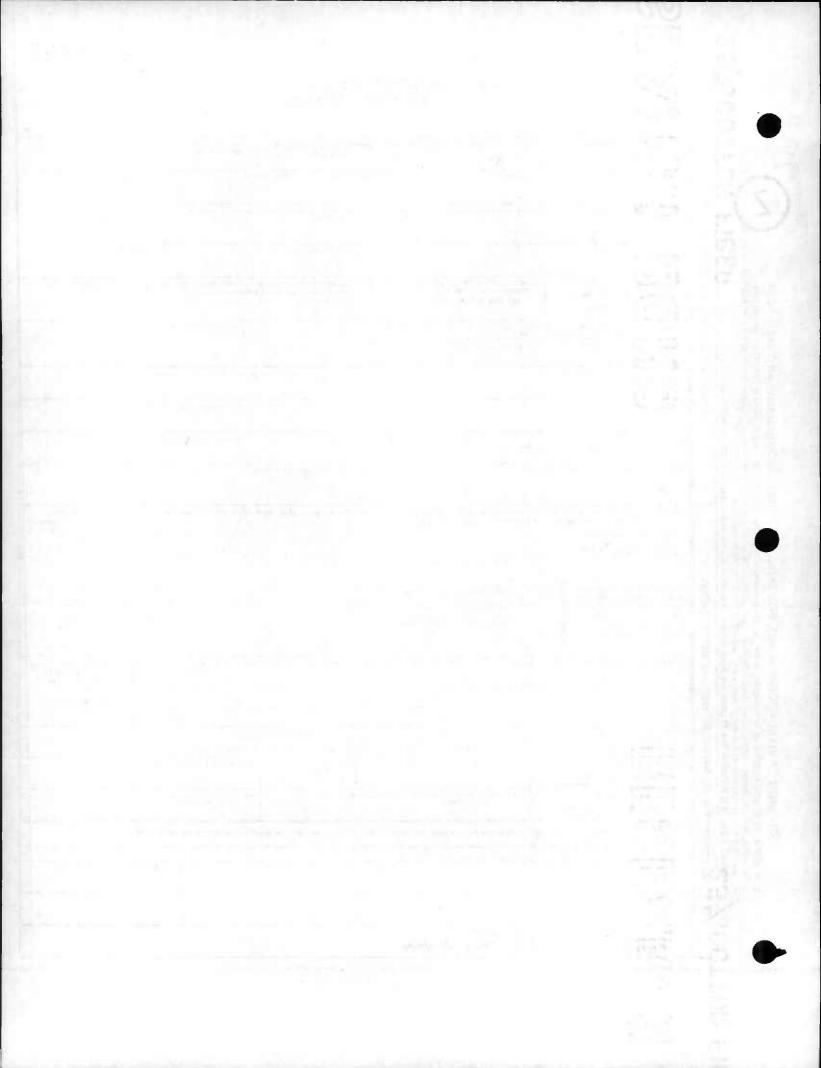
IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

•	FOR STATE REGISTRAR
8	1. DECEDENT'S NA
	YASMIN
	4. SOCIAL SECURIT
	N/A
	90. FACILITY NAME
	HOLY CH
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!	10e. STATE
)	MARYLANI
,	10e. STREET AND N
	2005 VAN
и	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH														
	YASMIN LIZAMA										MONTH DAY YEAR 1: 10 PM				
- 1	4. SOCIAL SECURITY NUMB		5. SEX 6. AGE (In yrs. last birthday)			IF UNDER	t YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH 6. BI			6. BIRTH	IPLACE (State or Foreign	
	NI / A	N/A 1 □ M 2 MF YRS.						HOURS	MIN.		Day, Year)	γ)			
		IN / A in FACILITY NAME (If not institution, give street end number)							30	FEB.	2, 1	994		ZLAND	
E	HOLY CROSS		96. CITY, TOWN OR LOCATION OF DEATH SILVER SPRING MONTO												
5	RESIDENCE OF DECEDENT						VER	DI IV.	LIVG			MONTGOMERY			
DIRECTOR							OR LOCAT	ION						10d, INSIDE CITY LIMITS?	
	MARYLAND	PRI	NCE GEORG	YATTSVILLE						1 TYES 2 NO					
FUNERAL	10e. STREET AND NUMBER						101	ZIP COD				10g. CITIZEN OF WHAT COUNTRY?			
R	2005 VAN BU	REN ST	~						0782	-			USA		
5	11. MARITAL STATUS 1 Never Married 2	Married	FORCES? 1	T EVER IN U.S. AR		13. WAS DECENDENT OF HISPANIC It yes, specify Cuben, Mexican,					(Specify Year cen, atc.)	or No-	14. RACI Black	E — American Indian, k, White, atc.	
BY	3 Widowed 4 Divo		IF YES, GIVE V	MAR OR DATES		1 YES 2 NO Specify:							Spec WH]		
	15. DEC	EDENT'S EDU	CATION	16e, DE	CEDENT'S	USUAL O	CCUPATIO)N		16b. i	KIND OF BU	SINESS/IN		LIE,	
E	(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5		we kind of Do NOT u	work done se retired.)	during mo	st of world	ng						
로	N/A				N/A										
COMPLETED	17. FATHER'S NAME (First, M.	iddle, Last)				18. MOTHER'S NAME (First, Middle,					ddle, Melden	Surname)			
BE (SANTOS OSM	IN LIZ	ZAMA					VII	RGIN	IA L.	HERN.	ANDE:	Z		
TO B	19e. INFORMANT'S NAME (7)	iype/Print)		191	b. MAJLING	ADDRES	S (Street e	nd Numbe	r or Rural	Route Numbe	r, City or Tow	n, Stete, Z	ip Code)		
F	SANTOS OSMI			20	7 200	AN E	URE	STI	REET	HYA'	TTSVI	LLE,	MARYI	AND 20782	
	20a. METHOD OF DISPOSITI	ION on 3 🗆 Rem	oval from State				SITION (Name of DATE 26c. LOCATION — City or Town, State								
	4 Donation 6 Other (Specify) GATE OF HEAVEN CEMETERY 12/5 SILVER SPRING, M										IG, MARYLAND				
	21. SIGNATURE OF FUNERAL				SS OF FA		FIINE	RAT 1	HOME	TNC					
	FRANCIS J. COLLINS FUNERAL HOME, IN 500 UNIVERSITY BLVD., W. SIL.SPR., M.														
	23. PART I. Enter the di	seases, or	complications the	t caused the da	ath. Do	not enter	tha mo	da of dy	Ing, auc	h aa cardi	ac or reap	ratory a	rreat,	Approximate	
	IMMEDIATE CAUSE (Final Onset and Dael											Onset and Death			
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	DUE TO (OR AS A CONSEQUENCE OF):														
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23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Final diseases or condition) a. MULTION System Organ Facilities Bayer and the death of the cause of the conditions of the cause of the cause of the cause of conditions. Bayer and the cause of lightry of the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND PRITTER COURSE (Norm). Part II. Destription of the cause(s) and manner as stated. 296. SIGNATURE AND PRITTER COURSE (Norm). Part II. Destription of the cause(s) and manner as stated. 296. SIGNATURE AND PRITTER COURSE (Norm). Part II. Destription of the cause(s) and manner as stated. 296. SIGNATURE AND PRITTER COURSE (Norm). Part II. Destription of the cause(s) and manner as stated. 296. SIGNATURE AND PRITTER COURSE (Norm). Part II. Destription of the cause(s) and manner as stated. 296. SIGNATURE AND DITTER COURSE (Norm). Part II. Destription of the cause(s) and manner as stated. 296. SIGNATURE AND DITTER COURSE (Norm). Part II. Destription of the cause(s) and manner as stated. 297. SIGNATURE AND DITTER COURSE (Norm). Part III. Destription of the cause(s) and manner as stated. 298. SIGNATURE AND DITTER COURSE (Norm). Part III. Destription of the cause(s) and manner as stated. 298. SIGNATURE AND DITTER COURSE (NORM). Part III. Destription of the cause(s) and manner as stated. 298. SIGNATURE AND DITTER COURSE (NORM). Part III. Destription of the cause(s) and manner as stated. 298. SIGNATURE AND DITTER COURSE (NORM). Part III. Destription of the cause(s) and manner as stated. 299. SIGNATURE AND DITTER COURSE (NORM). Part III. Destription of the cause(s) and manner as stated. 290. SIGNATURE AND DITTER COURSE (NORM). Part III. Destription of the cause (s) and manner as stated. 290. SIGNATURE AND DITTER COURSE (NORM). Part III	Mish.o.	W 2 11	- 2000240	Home	/Rockvill	e, Inc.,	300 W.	Montgomery A			
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Medical Solution Signature Solution Signature Solution Signature											
2 Accident 3 Suicide 8 Could not be determined 28s. PLACE OF \$NJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. Could not be determined 28s. PLACE OF \$NJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (State) 28s. LOCATION (State) 28s. LOCATION (State) 28s		(Month, Day, Yea	(Month, Day, Year) INJURY WORK?								
29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20b. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21c. (Specify) City or Town, State)	Les constitue	ation									
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1 Va Park (Vertical Mark) 31. DATE FILED (Month, Day, Year) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 27d. Medical Park A. Silver Spring Mcl. 7090 31. DATE FILED (Month, Day, Year) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 27d. Medical Park A. Silver Spring Mcl. 7090 31. DATE FILED (Month, Day, Year)	- Could i	building, etc. (5	it and Number or i	Rural Route Number,							
(Check only one) 1 bid WEXTHYTHO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATUBE AND TITLE OF CERTIFIER 29b. SIGNATUBE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	4 Homicide detailm	100									
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296. SIGNATURE AND TITLE OF CERTIFIER 10 1 1 1 296. LICENSE NUMBER 10 2 296. LICENSE NUMBER 1	000)										
In Mary Kreft MD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Iva Pau Kreft ma MD ZIDI Medical Pak P- Silve Spring Mol ZOGO 31. DATE FILED (Morith, Dily, Your) 1932, REGISTRARY'S SIGNATURE 8.00								and the state of t			
Iva Paul Krefting MD ZIDI Medical Pak N- Silve Spring Mc ZOGOR	296. SIGNATURE AND TITLE OF CE	ATIFIER IO A	1		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)			
Iva Paul Krefting MD ZIDI Medical Pak N- Silve Spring Mc ZOGOR	In the !	ethy pu	U		NZI	755	1 5.	449			
31. DATE FILED (Month, Dby, Year) /32/ REGIPTRAR'S SIGNATURE 1, 20	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)	.0	1 1-		1			
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

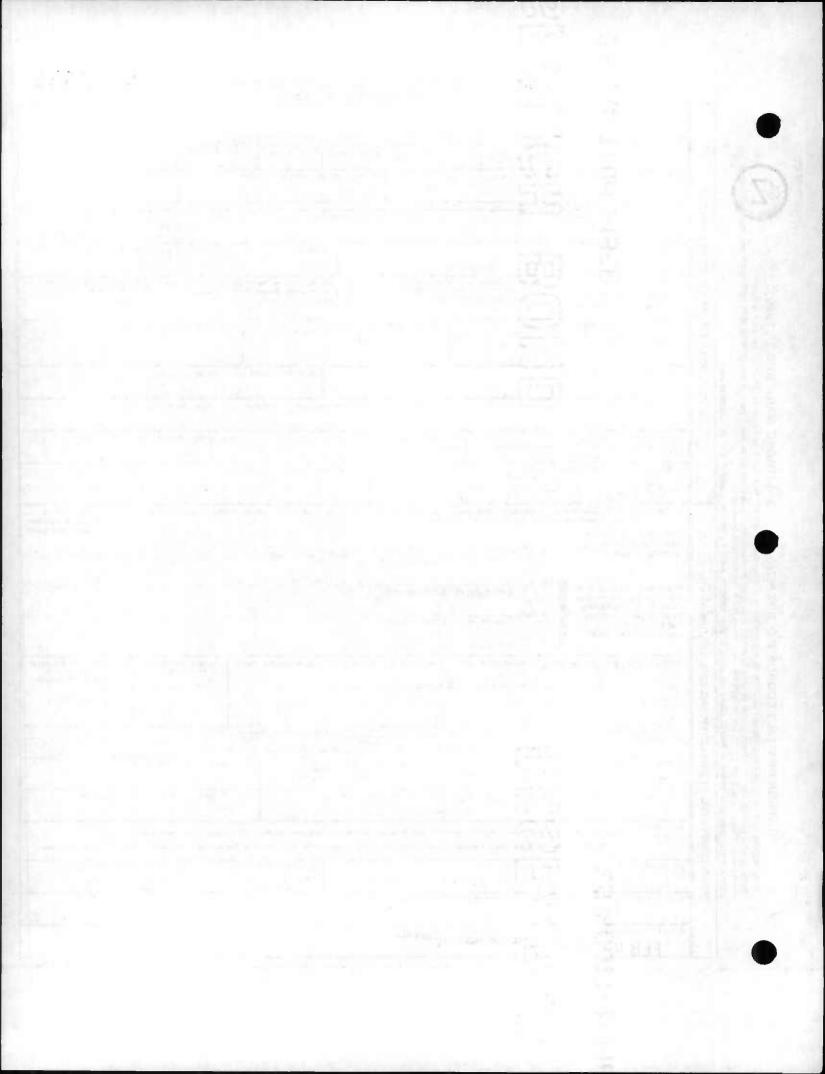
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic eyent, the medical examiner must be notified at once.

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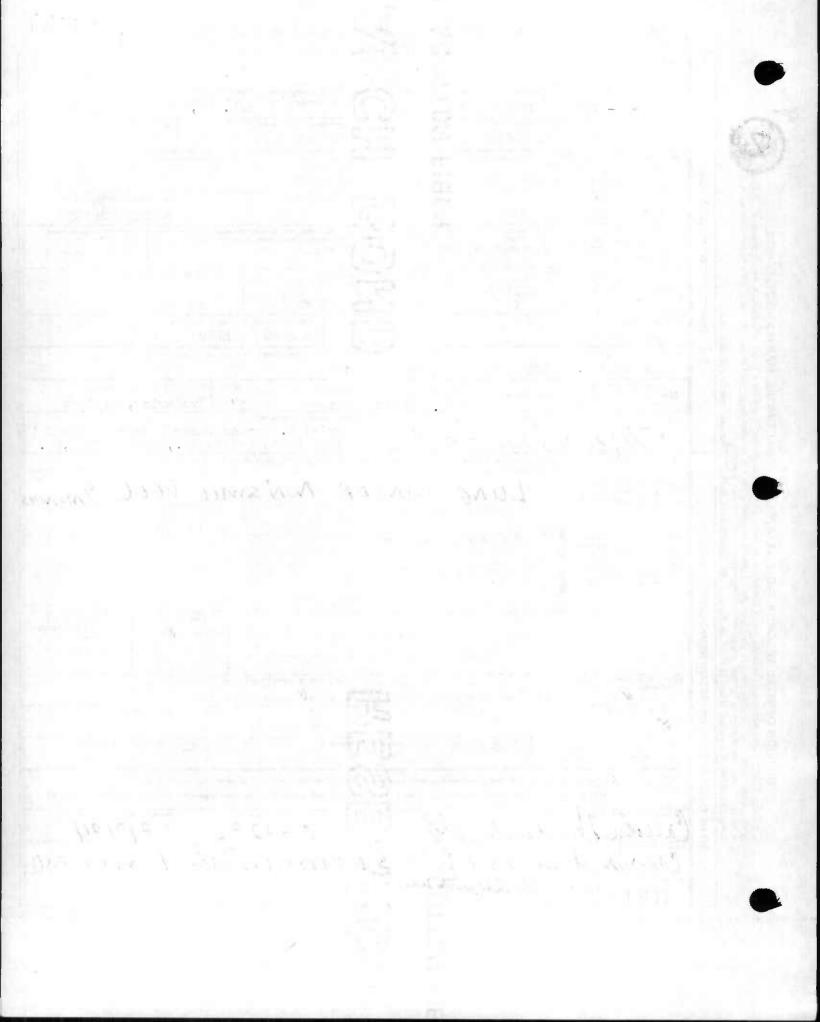
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HERMAN	A	LAYM	AN					FEBT		1994	YEAR	8:19	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. I	st birthday)	IF UNDE		IF UNDER		7. DATE OF	BIRTH		8. BIRTHI	PLACE (State or Foreign	
217-16-2150	1 ⊠ M 2 □ F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb.	10,1	917	Mar	yland	
9a. FACILITY NAME (If not institution, 19321 FREDER	RICK ROAD					NTOWN		ATH			TGOM		
	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c. CITY AND MONTECOMED V										10d. INSIDE CITY LIMITS? 1 7 YES 2 X NO		
19321 FREDER	IOI, AN OOCE IOI, CHIZEN OF WITH											HAT COUNTRY?	
										ED S	TATES		
1 MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 1 O 17. FATHER'S NAME (First, Middle, Las	1 Never Married 2 Married FORCES? 1 YES						or HISPAN In, Mexica Specify	n, Puerto Rica	Specify Yes n, etc.)	pecify Yes or No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE			
15. DECEDENT'S (Specify only highest			ECEDENT'S Give kind of	work done	during me	ON ost of working	ng	16b. KIP	NO OF BUS	SINESS/IND	USTRY		
Elementary/Secondary (0-12)	10 0 RETAIL STORE							ORE OWNER GROCERY					
17. FATHER'S NAME (First, Middle, Las JACOB LAYMAN			18. MOTHER'S NAME (First, Middle, Meiden ALBERTA MILLER								s Surname)		
19a. INFORMANT'S NAME (Type/Print) ELIZABETH E. I		19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Same as #10											
20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ☐ Cremation 3 ☐	Ramoval from State	20b. PLACE cemetery, cr	remetory or o	other plece				DATE		CATION (
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		Mt.	Olive	et Ce	emet	ery ND ADDRE	OP OF FA	12/9	Fre	deric	k,Ma	ryland	
· mur	iel W-	Bor	her	/ "	Mur	iel H	I. Ba	arber !	Fune:	ral H	ome	20882 ville,Md.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b DUE TO	(OR AS A CONSI	EQUENCE O)F):								Onset and Death Months	
PART II. Other algorificant cond	d.	deeth but not	resulting	In the u	nderlyin	g ceuse	given in		a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)												
EXAMINER?	HOSPITAL:	ER/Outpetient	3 🗆 DOA	OTHE	R: rsing Hon	10 5 AR	sidence	8 Other (Se	pecify)				
27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investiga	28e. DATE OF (Month, D	INJURY lay, Year)	28b. Till IN.	ME OF JURY M	WC	DURY AT DRK? YES 2] NO	28d. DEŞCRI	BE HOW I	NJURY OCC	UREO		
3 Suicide 6 Could no 4 Homicide determin	building,	of INJURY — At h	ome, farm,	street, fac	tory, offic	10		28f. LOCATIO	ON (Street i own, State)	and Number	or Rural R	oute Number,	
one) —	PNYSICIAN: To the best of											and menner as stated.	
ALLOS TITLE OF CER	rduill	M			1	29c. LIC	BASE NUM	123/	×	29d. DATE	SIGNED	(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSO	N DEICKS	SE OF DEATH (IT	EM 27) (Type	Print)	PH	1481	cM	VS LA	The	Ro	CKI	ac my	
31. DATE FILED (Month, Day, Year) FFR 1 0 1994	Julia David	Ars siderung	JR.									- 9	



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BALTIMORE, M	DO ATTENDING DUVERGRAD The Just consider that death needs he assessed unit
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with phospital phospital or attending physician. TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral direction, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR 1 - STATE REGISTRAR	STATE OF N		DEPAR ERTIF					MENTAL HYGIE! REG. NO		94	05648
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	ELEANOR	В.	LANC	GLEY					01 2		94	11 40A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign
	215-22-9352	1 U M 2 XX	84	YRS.					11/15/09			ington, D.C
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH												
5	Prince George's H	ospital			Ch	ever	<u>ly</u>			Prin	ce G	eorge's
E E	10e. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN C	OR LOCATI	ION					10d. INSIDE CITY LIMITS?
ā	Maryland Anne Arundel Harwood 1次 YES 2□										1 X YES 2 NO	
Too. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY									HAT COUNTRY?			
N	1501 F Berkley C				T		0776			US.		
11. MARITAL STATUS 1							city Cubs	n, Maxics	HC ORIGIN? (Specify Yen, Puarto Rican, etc.)	a or No		- American Indian, , White, etc. y: LTC
0	15. DECEDENT'S EDU	CATION	16e. DE	CEDENT'S	USUAL O	CCUPATIO	N		16b. KIND OF BU	JSINESS/IND		
	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.) Homemaker at home											
COMPLETED			110	Jillellia	Ker				at ho			
8	17. FATHER'S NAME (First, Middle, Last) William H. Wells						Pea.	r1 G	ME (First, Middle, Melder West	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street ar	nd Number	or Rural i	Route Number, City or Tox	vn, State, Zip	Code)	
5	Garry B. Langley		5	same	as i	tem	10					
20e. METHOD OF DISPOSITION 1												
								Va.				
	ball KA	La K.							as Funera 1 Rd. Oxo			d. 20745
	23. PART J. Enter the diseeses, or o	omplications the	t ceused the de	eath. Do								Approximata
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	List only one cou	Se on each line	ate	ry	v	L.	A	filian	Cy.		Interval Between Onset and Death
	Limence Constitution of the DUE TO	OR AS A CONSE	QUENCE 6		0	~	01		0			
No.	Sequentially list conditions,	n Sugar	IDR AS A CONSE	OHENCE O	1	08	9	ty	2	~		
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	MANA	tine	2	8	4	OP.					i
E	CAUSE (Diseese or Injury that Initiated evente	DUE TO	OR AS & CONSE	QUENCE 9	70		_	7				
ERI	reaulting in death) LAST	· try	istingi	M d	18	W	4					
AL C	PART II Other significant condition	s contributing to	death but not	resulting	in the un	derlying	cause (given in	Part I. 24s. WAS AF		246.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
DIC.	# Ser zure	dy	dale	1.					1 = YES			COMPLETION OF CAUSE OF DEATH?
ME	0			CA	1	0)	y		_	1273		T YES 2 NO
ä	Z DNR											
DESCRIPTION OF DEATH Description of the property Description Descr												
14S	1 YES 2 NO 27. MANNER OF/DEATH	1 % inpatient 2 D		286 TW	-	sing Home 26c, INJU		esidence	8 Other (Specify)	BUILDRY OCC	niern	
Э ВУ	2 Accident Investigation 3 Suitcide 8 Could not be	28s. PLACE 0	F INJURY At he	ome, farm,	street, fact	ory, office	/		261. LOCATION Short	and Number	or Punit R	oute Number
COMPLETED	4 Homicide determined	- Sunding,	etc. (Setoly)		1				City og/fown, State	y I III CS.	- Carrier State Age	
PLE		CIAN: To the best of	my knowledge, de	eath occurr	ed at the t	lme, data	and place	, and dua	to the cause(a) and ma	nner as stat	ed.	
SOM	one) MEDICAL EXAMINE	R: On the basis of a	xamination and/or	Investigation	on, in my o	opinion, de	eth occur	red at the	time, dats and place, s	nd due to th	e cause(a)	and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIES	a Rn.	2/4	000	_		One.	ENSE NUI		29d. DATI	E SIGNEO	(Month, Day, Year)
0	2 Janosemo	O COMPIETED CALL	4				Dr	-34	-525	/	-2	7-94

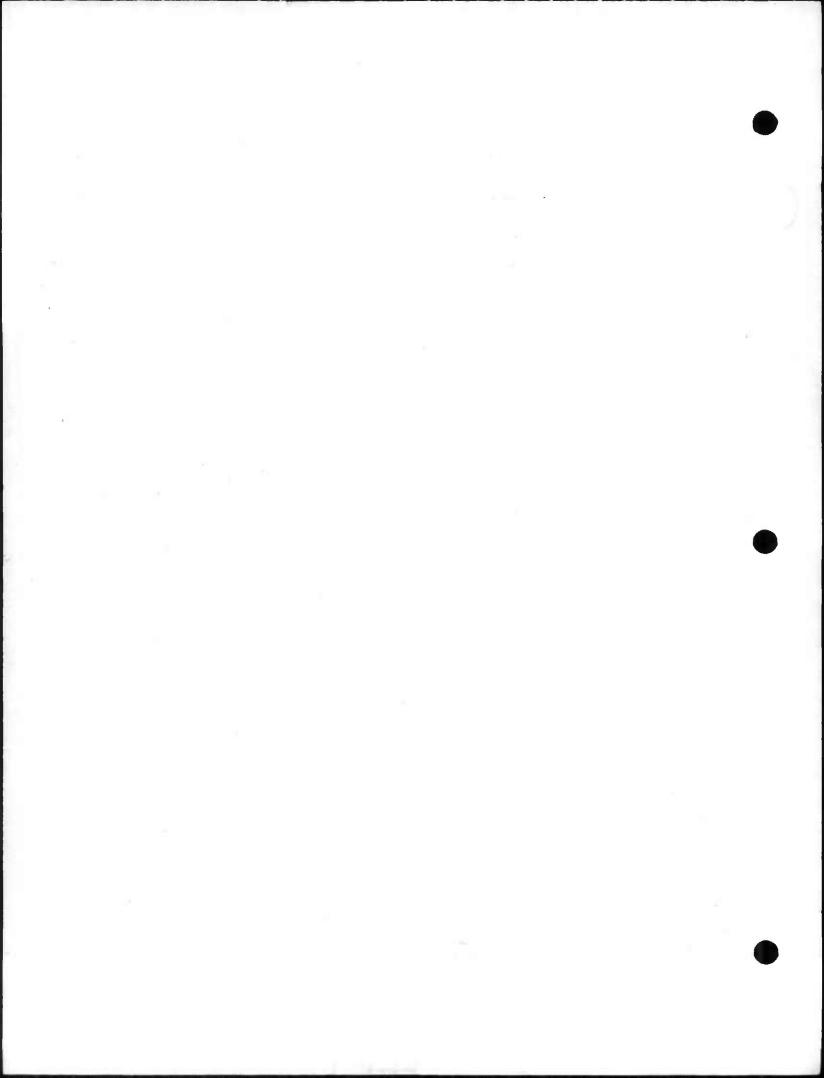
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	FOR
1	STATE
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

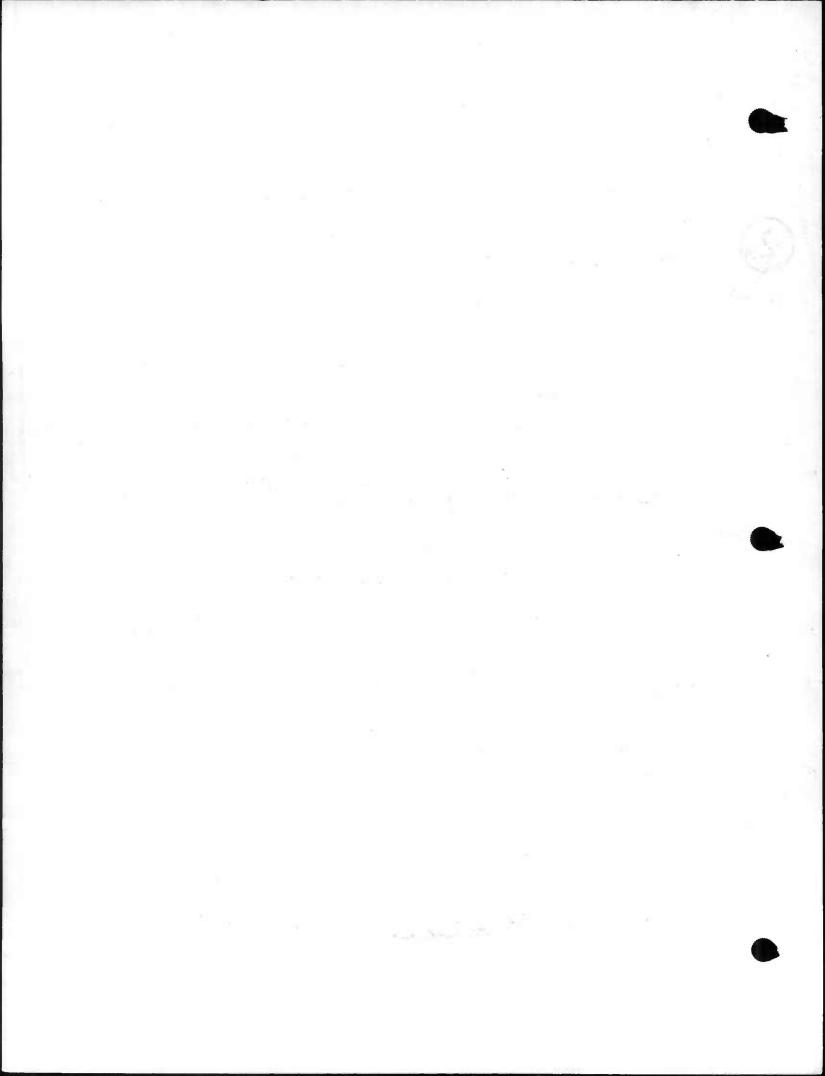
	1 - REGISTRAR			C	ERTIF	ICATE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE OF DE			3. TIME OF DE	ATH
Ì	YVONNE	M	ARGARE	r LE	ASE			FEBRU	ARY 6	YEAR	+ 0356	Рм
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. la:		IF UNDER 1 YEAR	IF UNDER 24 HRS.	TO BATE OF BU	TH	a DIOT	HPLACE (State or	
	223-44-02		1 DM 2 DF	666	YRS.	MONTHS DAYS	HOURS MIN.		,1927	Coun	MD	
œ	9a. FACILITY NAME (If not ins Memorial H						OR LOCATION OF D			COUNTY OF		
5	RESIDENCE OF DEC	_				CUMBI	ERLAND,	MD	A	LLEG	ANY	
DIRECTOR	MDSTATE	Alleg	gany		Cum	berlan	TION d				10d. INSIDE CIT LIMITS? 1X YES 2	
FUNERAL	100. STREET AND NUMBER 205 Spring	Stre	et			T -	21502		10g. US		WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed W Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES A					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxlean, Puarto Rican, etc.) 14. RACE — Americ Black, Whita, at Specify: White						dlan,
COMPLETED		DENT'S EDUC		(G	ECEDENT'S live kind of Do NOT u	USUAL OCCUPATION Work done during mose retired.)	ON ost of working	16b. KIND	OF BUSINESS		Tre	
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٥ ا	17. FATHER'S NAME (First, Mic						18. MOTHER'S NA	AME (First, Middle,	Maiden Suman	10)		
8E	Wilbert G. 19a. INFORMANT'S NAME (Ty)		e	40		1000500 (0)	Margar		(Park			
2	MIlton		ease	19			and Number or Rural					
	20a, METHOD OF DISPOSITIO	ON		20b. PLACE		OF DISPOSITION (N	x 138 01		20c. LOCATION		Town, State	
	1 Buriel 2X Cremation 4 Donation 5 Other	Spec/fy)	ival Irom State	Smith		therplace)	oriim	2/09/	Smith	shura	, MD	
	21. SIGNATURE OF FUNERAL	SERVICE LICE	2 M	201	11	Scar	nd address of FA Delli F	uneral	Home	_		
	23. PART Enter the dis	ARSAR OF C	omnicetions that	COL	44	Cumbe	erland,	Maryl	and	2150		
	shock, Dr he IMMEDIATE CAUSE (Fina disease Dr condition resulting in death)	art fellure. L	lst only one cau	se Driveach line	ð.					arrest,	Approximination of the control of th	
NOLL	IMMEDIATE CAUSE (Final disease or condition resulting in death) e. Ous es Wull Heart Part Parture DUE TO (OWAS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
HIFICATION	cause. Enter UNDERLYIN CAUSE (Disease or Injur- that initieted eventa resulting in death) LAST	y 5 °	DUE TO	OR AS A CONSE	OUENCE O	F):						
3	PART II. Other significen	t ennditlen	anatributing to	death but and		In the contratation						
: MEDICAL	Hypohyp Deples	ordi	sun /	17/9	(F	7 11	alton		WAS AN AUTOP PERFORMED? YES 2 Q-MG	9	b. WERE AUTOPSY AVAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2	R TO CAUSE
A	25. WAS CASE REFERRED TO	MEDICAL				28 P	LACE OF DEATH (C)	back only one)				
HYSICIAN:	EXAMINER?		HOSPITAL:	PR/Oulpatient 3	DOA	OTHER:	ne 5 🗆 Rasidenca		N/W			
PHY	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b, TIM	E OF 28c. IN.	JURY AT	28d. DESCRIBE		OCCURED		
1 Natural 5 Pending Investigation 2 Accident 3 Suicide 5 Could not be determined 4 Homicide determined 4 Homicide Homicide Homicide City or Town, State) 288. LCCATION (Street and Number or Rural Route Number, City or Town, State)												
								Route Number,				
COMPLEI			CIAN: To the best of								(a) and manner as	atated.
BEC	250. SIGNATURE AND TITLE	CERTIFIER	/				39c LICENSE NU	MBER	29d.	DATE SIGNED	D (Month, Day, Year	9
0 8	Sall	4					MD -	3513	·	5/-	7/94	S
-	DR . MAZO	/	COMPLETED CAUS	E OF DEATH OTE	M 27) (7)04	25: 25:7(6)15		MD 0	1500		7/	
	31. DATE FILED MISSA BES	1994	100000	S DOWNTUN	Ance	E CUMB	-KLAND	, 1710 - 2	1502			\neg

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a pure sher death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burghts be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



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	1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR	TMEN	T OF H	IEALTH DEAT	AND I	MENTAL	HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR									YEAR	3. TIME OF DE	ATH		
	MARGARET L.	LEE									10	1994	8:45	Рм
			6. AGE (In yrs. les		IF UND	DAYS	IF UNDER	24 HRS,		Dey, Year)		8. BIRTHP Country	LACE (State or I	Foreign
	2.0 00 0000	1 🗆 M 2 😾 F	81	YRS.		5525			11-2	6_191	13	TEM	DEDVIV	CEVI
m	9e. FACILITY NAME (If not institution, give stre					Y, TOWN C							PERAN	O 10 1
5	Salisbury Nursi	ng "Rel	nab Ce	nter	S	alis	oury,	Md	. 21	801	MIC	COMIC)	
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CIT	Y
BIO	MD			9	SAT	ISBU	RV					- 1	LIMITS?	
	10s. STREET AND NUMBER			<u> </u>	7111	7	ZIP CODI	E	_		10g, CIT		AT COUNTRY?	INO
FUNERAL	71					12	180	1			1.5			
S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	RMED	13				NIC ORIGIN	(Specify Ye		USA 14. RACE	- American inc	llen
	1 Never Married 2 Merried	FORCES? 1 [IF YES, GIVE WA	YES 2 K	NO		If yes, sp	2 NO	n, Mexica	in, Puerto R	ican, etc.)		Black, Specify	- American Inc White, etc.	
ВУ	3 ▼ Widowed 4 □ Divorced						37					WHI		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	16e, DE	ECEDENT'S live kind of a Do NOT us	USUAL (OCCUPATIO	ON st of workin	NZ .	16b.	KIND OF BU	SINESS/INC	DUSTRY		
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille.	. Do NOT us	se retired.)		-						
N N	11TH GRADE			LERI	<					CLERK				
	17. FATHER'S NAME (First, Middle, Last)									iddle, Malden	Sumeme)			
BE	HIRAM LANG 19a, INFORMANT'S NAME (Type/Print)								BARI					
2										er, City or Tow	n, State, Zip	Code)		
	MYRTLE HULSEY 20a. METHOD OF DISPOSITION			VIRO				I. V		_				
20e. METHOD OF DISPOSITION 17/2 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametary, crematory or other place) 4 Donation 5 Other (Specify)														
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEF #	пони	W		ORS.		2_1	4-94	TEM	PER	ANCE	VILLE	
	Shames M	. Inst			"	, NAME AN	ID ADDRES	SS OF FA		OX F	UNE	RAL H	HOME	
_	70000	- 101				T	EMPE	ERAN	ICEV]	LLE,	VA	2344		
	23. PART i. Enter the diseasea, or co ahock, or heart failure. Li	mplications that at poly one cause	caused the da	ath. Do r	ot anta	r the mo	da of dyl	ng, auc	h aa cardi	ac or reap	iratory an	reat,	Approxim	
	IMMEDIATE CAUSE (Final	12	0										Onset an	
	disease or condition reaulting in death) a.	(a	id ca	e	00	70	p S		,				me	2
		DUE TO (C	OR AS A CONSEC	DUENCE O	7: /		0							,
8	Sequentially list conditions, DUE TOTOR AS A CONSEQUENCE OFF									2				
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE 19/0	H AS A CONSEC	JUENCE CH	+	1	0		_	1	2			
윤	CAUSE (Disease or Injury that initiated events	DUE 10 (0	OR AS A CONSEC	DUENCE OF	-	-6	Rec-	1	-/	act	u	_	in	0.
E	resulting in death) LAST			avairue of	*								1	
빙	- d.												1	
A	PART ii. Other aignificant conditiona	contributing to d	eath but not r	eauiting	n the u	nderlying	cause g	lven in	Part i.	24a. WAS AN PERFOR			VERE AUTOPSY I	
8									_ 1	1 TYES 2			COMPLETION OF OF DEATH?	
ME									_				YES 2	NO
ä														
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	EATH (Ch	eck only one)				
ΥSI	1 YES 2 NO	Inpetient 2		□ DOA	4 Nu		5 🗆 Re	sidence	6 🗆 Other	(Specify)				
표	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF IN (Month, Day,		28b. TIM INJ	URY	28c. INJU			28d. DE\$C	RIBE HOW I	NJURY OC	CURED		
BY	2 Accident investigation				М		ES 2	NO						
8	3 Suicide a Could not be 4 Homicide determined	building, at	INJURY — At her c. (Specify)	me, term, s	dreet, fac	tory, office	•		28f. LOCA City of	TION (Street a Town, State)	and Number	or Rural Rou	ute Number,	
E											_			
COMPLETED	(Check only													
8	2 MEDICAL EXAMINER:	On the basic of exa	mination end/or i	investigatio	n, In my	opinion, de	ath occur	ed at the	time, date e	nd place, en	d due to th	ne cause(e) e	end menner as	stated.
BE (296. SIGNATURE AND TITLE OF CENTIFIER						29c. LICE	NSE NUM	4BER)	29d. DAT	E SIGNED (A	Month, Day, Year)	
2	30 NAME AND ADDRESS OF BERSON WILLO	in					100	7.	349		> 3	Juj	84	

1104 HEALTHWAY DRIVE, SALISBURY, MD.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

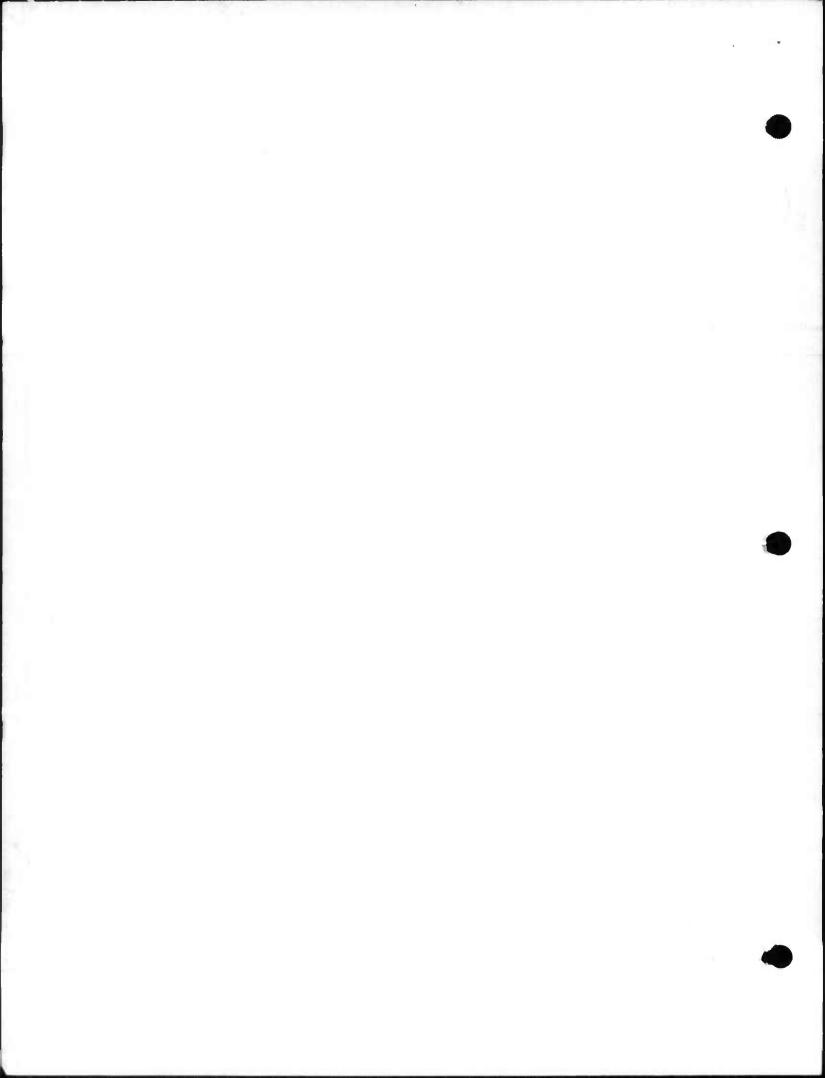
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31. DATE FILED (Month, Day,



TO BE COMPLETED BY FUNERAL DIRECTOR
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other traumatic event, the medical examiner

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TO THE HOSPITAL OF TO THE FUNERAL D DE filed within 72 ho

use as the burial-transit

94 05651 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HARVEY JAN 1994 LUCAS 30 10:22 Рм 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH HOURS 214-84-2234 1 M 2 D F 31 YRS. May 26. Baltimore, 1962 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 528 N.CAREY STREET Baltimore BALTIMORE 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Washington D.C. 1 X YES 2 | NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1210 Maryland Avenue N.E. 20002 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Y YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced Black 18e. DECEDENT'S USUAL OCCUPATION

172 has kind of work done during most of working 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Sp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) U.S. Government 2 vrs. Binder 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, Melvin Lucas Alice Wattie 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) Trvin F. Lucas 210 Maryland Ave. N.E. Washington, D.C. 20002 20e. METHOD OF DISPOSITION
1 Suriel 2 Cremetion 3 Removal from State
4 Donation 5 Dither/Spaniel 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Olivet Bapt. Church Cem 2-3 Montpelier, Va. Donation 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
MArshall's Funeral HOme 4217 9th. St. N.W. Washington, D.C. 20011 23. PART . Enter the diseases, or complications that caused the death. Do not enter the mods of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximats Interval Between Onset and Dasth IMMEDIATE CAUSE (Final disesse or condition reaulting in desth) A. I.D. S. A cound immundefracing disease DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? H.I.V.POSITIVE 1 TES 2XXNO OF DEATH? Ruman inmundationy virus positive 1 XYES 2 NO INOUIRY 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME DE 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide

CERTIFICATION PHYSICIAN: BY COMPLETED 29a. CERTIFIER

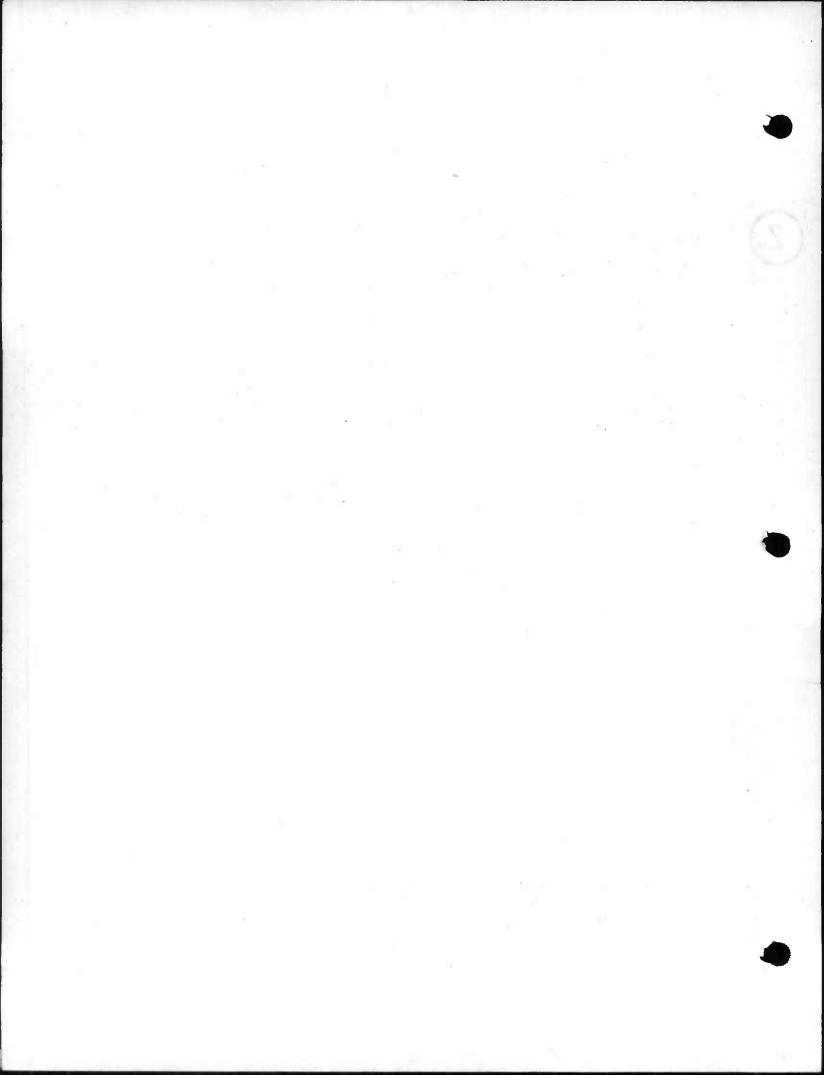
There are 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 😿 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. MIGNATURE AND TITLE OF CERTIFIER WORLD FOR MP 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E. JAN. 31, 1994 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Margarita Korell M.D. 111 Penn Street, Baltimore, Maryland 21201 32. REGISTRAR'S SIGNATURE Pandelle 31. DATE FILED (Month, Day, Year) FFR 0 1 1994

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a figure siter death. Page 6 may	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa	/ Fe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must b
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	1 - STATE REGISTRAR	STATE OF N	MARYLAND /		ICATI				MENT	AL HYGIEN REG. NO.		5	r		
	1. DECEDENT'S NAME (First, Middle, Last									TE OF DEATH	AY	YEAR		ME OF DEAT	'n
	MARY A		LOWE					0.1			94	1	9:00	Ам	
	4. SOCIAL SECURITY NUMBER 578 54 5325	5. SEX	6. AGE (In yrs. lest 52	birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			(Mo	TE OF BIRTN		Cour	ntry)	E (State or Fo		
	9e. FACILITY NAME (If not institution, give	- 11	- 1							/22/41	T 0 : 00	NOR		CAROL	INA
œ		10101 PRINCE PLACE APT 302 LARGO							AIN			NCE		DCEC	
5	RESIDENCE OF DECEDENT	CE AFT 30			LF	IKGU					FKI	NCE	GEU	RGES	
DIRECTOR		PRINCE GEORGES LARGO										1	INSIDE CITY LIMITS? YES 2 [
	104, STREET AND NUMBER					101	. ZIP COD	E			10a, CI	TIZEN OF		COUNTRY?	NO
RA	10101 Prince Pl	ace #302.	Largo.	Md			207	772			U	NITE	D S	TATES	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED									GIN? (Specify Yes	or No-		CE — An	merican Indi	en,
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	WAR OR DATES				2 XNO			,		Spe	BL.	ACK	
0	15. DECEDENT'S ED (Specify only highest grad	UCATION	16e. DEC	EDENT'S	USUAL C	CCUPATIO	ON		1	6b. KIND OF BU	SINESS/IN	DUSTRY			_
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5 -	+) iife.	Do NOT u	work done se retired.)	ouring mo	SE OF WORKI	ng							
COMPLETED	10		POS	TAL	CLE	RK			Ţ	J.S.GOV	ERNM	ENT-	RET	IRED	
	17. FATNER'S NAME (First, Middle, Last) ARCHIE YOUNG ELIZA										-				
BE			1 404	AL A III IAII	2 ADDRES	S (Com et a						Zo Codel			
2		199. INFORMANT'S NAME (Type/Print) ROBIN A. BRISCOE (DAUGHTER) 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Steet, Zip Code) 9919 GOODLUCK ROAD #201 SEABROOK, MD. 20706													
	20a. METNOD OF DISPOSITION		20b. PLACE C	OF DISPO							CATION -			_	
	1 To Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) LINCOLN MEMORIAL CEMETER							ERY		SUI	TLAN	D, M	IARY	LAND	
	21. SIGNATURE OF FUNERAL SERVICE I	21. SIGNATURE OF FUNERAL SERVICE LICENSEE M859 M859 M859 22. NAME AND ADDRESS OF FACILITY ALEXANDER S POPE FUNERAL HOMES-M859 2617 PA AVE SE WASH DC 20020													
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									Death					
		d													
PHYSICIAN: MEDICAL	PERFORMED? 1 YES 2 NO							COMI OF D	E AUTOPSY F LABLE PRIOR PLETION OF EATH? YES 2 [TO CAUSE					
AN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF E	EATH (Ch	heck onh	one)					
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpetient 3	□ DOA	OTHE	R:		•		ther (Specify)					
HX	27. MANNER OF DEATH	26e. DATE OF	FINJURY	28b. TI		26c. IN.	JURY AT		_	DESCRIBE HOW	INJURY O	CCURED			
BY	1 Netural 6 Pending Investigation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		M		YES 2	NO							
	3 Suicide 6 Could not b 4 Homicide datermined	28e. PLACE C building,	OF INJURY — At hor, etc. (Specify)	me, farm,	, street, fac	ctory, offic	te .			OCATION (Street lity or Town, State		er or Rure	al Route I	Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMI	YSICIAN: To the best of e											e(e) end	manner as	stated.
TO BE	29b. HIGHATURE AND TITLE OF CERTIF	andos	John W				29c. LIC	ENSE NU	MBER			1/25		th, Day, Ybar)	
_	30. NAME AND ADDRESS OF PERSON V		1160 VAR		ST	NE	WAS	SH DO	C						
	31. DATE FILEO (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE		00								·		
	JAN 3 1 199	4 Julia	Savidson-A	anda	المال										



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	BALTIMORE, MARYLAND 21215-0020	ifer death, Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit permanal	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death, Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat be filled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	ROBERT EUGENE LOVELESS	SR.		MONTH DAY	1994 8:53 PM				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday	y) IF UNDER 1 YEAR	IF UNDER 24 HRS. 7,	DATE OF BIRTH (Month, Day, Year) JAN. 16, 195	8. BIRTNPLACE (State or Foreign Country)				
	218-62-8475 1 [X M 2] F 40 YRS.	4 MÁRYLAND							
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) WASHINGTON COUNTY HOSPITAL HAGERSTOWN WASHINGT RESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF DEATN WASHINGT								
REC		TY, TOWN OR LOC			10d, INSIDE CITY LIMITS?				
	MARYLAND WASHINGTON 100. STREET AND NUMBER	HAGERST	UWN 101. ZIP CODE	100	1 ☑ YES 2 ☐ NO CITIZEN OF WHAT COUNTRY?				
ERA	618 WEST FRANKLIN STREET		21740	log.	U.S.A.				
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 VINO IF YES, GIVE WAR OR DATES	It yes,	ECENDENT OF NISPANIC C specify Cuban, Maxican, Po ES 2 NO Specify:	ORIGIN? (Specify Yes or No- uerto Rican, atc.)	- 14. RACE - American Indian, Black, Whita, etc. Specify: WHITE				
	(Specify only highest grade completed) (Give kind o	"S USUAL OCCUPA of work done during	TION most of working	16b. KINO OF BUSINESS					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) DISABI	ILITY -	No. We						
BE CO	17. FATHER'S NAME (First, Middle, Last) JOSEPH ELLSWORTH LOVELESS		ETHEL	First, Middle, Malden Surnam JACQUEL	INE ZIMMERMAN				
5	SHIRLEY A. MILLER 62	MADISO	N AVENUE,		WN, MD. 21740				
	20a. METHOD OF DISPOSITION 1	r other placel	1		TOWN, WASH, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME	AND ADDRESS OF FACILITY	ΓY					
	· R. hoel Brady	40 I	AST ANTIET	MAN FUNERAŁ AM ST.,HAGE∣	RSTOWN, MD. 21740				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Cardical DUE TO (OR AS A CONSEQUENCE CAUSE (Disease or Injury that initiated events resulting in death) LAST	Artar	y Disca		Onset and Death 45 win Clitas Approx				
	PART II. Other significant conditions contributing to death but not resulting	g in the underly	ng cause given in Par	t I. 24a, WAS AN AUTOP	PSY 24b, WERE AUTOPSY FINDINGS				
: MEDICAL		PERFORMED?	AMILABLE PRIOR TO						
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		PLACE OF DEATH (Check of	only one)					
YSIC	1 Tes 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA		ome 5 🗆 Residence 5 🗆						
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 26. DATE OF INJURY (Month, Day, Year)	YES 2 NO	d. DESCRIBE HOW INJURY						
	3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occur one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigates.								
TO BE (29b. SIGNATURE AND 7/2/LE OF CERTIFIER WAS GOVERNOON OF CERTIFIER WAS GOVERNOON OF CERTIFIER COMMON OF COMMON OF CERTIFIER C		29c. LICENSE NUMBER	197	DATE SIGNED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (77)	pe, Print)	CST. CO	IAGERS.	TOWN KU				
	of DATE FILEO (Month, Day, Year) FEB 1 8 1994				21740				

ns after death. Page 6 may be retained by the hospital or attending physical or by the funeral director, page 5 should be detached for use as the builtal-

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Cours after death. Page 6 ma	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must
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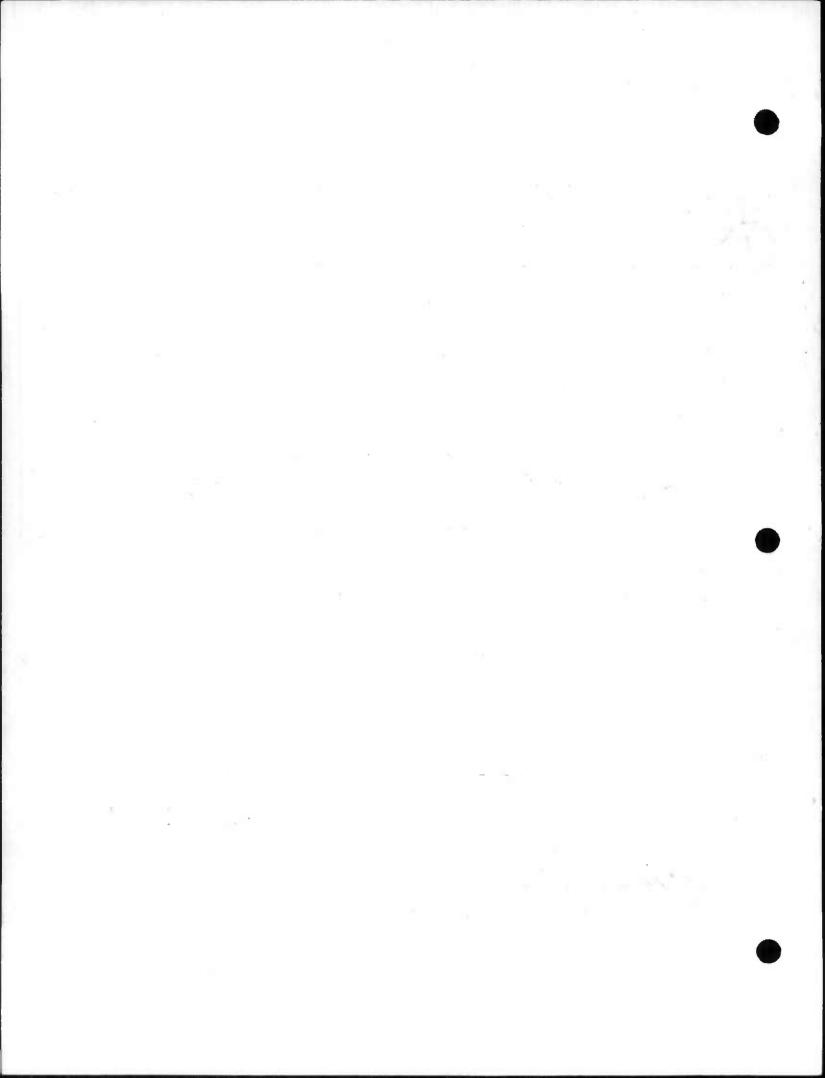
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1994

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 05654 94 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH EUGENE LOCKWOOD JAN 30 1994 12:15P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year) B. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 X M 2 - F 217-42-1879 49 YRS 1944 06 Cheverly, MD 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PRINCE GEORGES MEDICAL CENTER. CHEVERLY PRINCE GEORGES RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY toc. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Deale Anne Arundel 1 YES 2 NO FUNERAL 10a STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5975 Deale Beach Road 20751 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, Whits, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 Married Specify: BY 3 Widowed 4 X Divorced White 15. DECEDENT'S EDUCATION COMPLETED 16a, OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 10 Electrician Hospital Maintenance 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Walter Lloyd Lockwood Jean Norton BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Joyce E. Jacobs 3801 16th Street, Chesapeake Beach, Maryland 20732 20a. METHOD OF DISPOSITION 28c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE Buriel 2 Cremation 3 Removal from State Fort Lincoln Cemetery Donation 5 - Other (Specify) _ 2/3/94 Brentwood, Maryland 21. SIGNATURE DE FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, MD 20781 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List phy one cause on each line. interval Batween Gunshot wound of abdomen with complications **Onset and Death IMMEDIATE CAUSE (Final** diseese or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leeding to immediate . Enter UNDERLYING CAUSE (Disesse Dr injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAIL ARK F PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1X Inpatient 2 - ER/Outpatient 3 - DOA OTHER 1 X YES 2 NO 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28b. TIME OF 6:490 M 28a, DATE OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 -22 Day 164 1 Netural subject shot 5 Pending 1 YES 2 NO ВҰ Investigation 2 Accident 3 Suicide
4 Homicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, 59 84 or 200 Plate to Deale, Anne ETED 8 Could not be House dsterminsd 29a. CERTIFIER COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as attend. (Check only one) 2 XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occursed at the time, data and place, and due to the cause(s) and menner as stated. JAN 31 1994 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Theodure MI King , M. D.,
30. NAME AND ADDRESS OF PERSON WHO CONFLETED CAUSE OF GEATH (ITEM 27) (Type, Print) MIKE O.C.M.E. 2 Theodore King M.D. 111 Penn Street, Baltimore, Maryland 21201

32. REGISTRAR'S SIGNATURE TUNA DAVIDSON-Randales



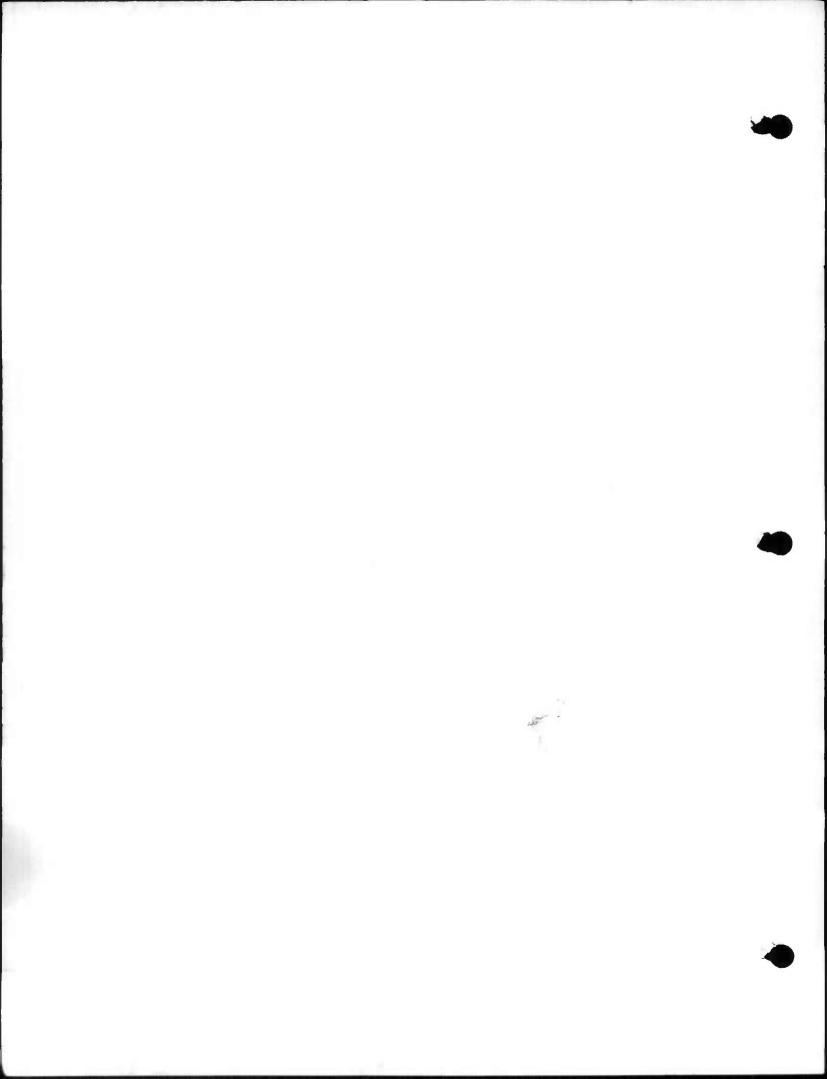
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BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	lied in by the funeral director, page 5 should be detached for use as the burial-transit permit. Or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within this siter death. Page 6 may be retained by the bospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

	reta	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be noti
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	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Just after death. Page 6 may be retained.	DIR	/ be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Her
	PITAL	RAL	12	= 3
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		CI	ERTIF	CATE C	F DEATH		REG. NO)		
1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	E OF DEATH			3. TIME OF DEATH
LESTER LEWIS						MON	2/04/94	DAY	YEAR	
	SEX 6.	AGE (In yrs. las	t birthday)	IF UNDER 1 YEA	AR AF UNDER 24 HR		E OF BIRTH		0. BIRTH	2:35 p M
215-18-9329	M2 DF	97	YRS.	MONTHS DAY	78 HOURS MIN		nth, Day, Year)	006	Country	y)
9a. FACILITY NAME (If not institution, give street	and number)	31		96 CITY TOY	VN OR LOCATION OF		2-3-1		Mad	ison Va.
		0						9c. CO0	MIT OF DI	EAIN
Ft Washington	Medical	Cent	er	F't.	Washing	ton		PC	3	
10a. STATE 10b. COUNTY				, TOWN OR LO	CATION					10d. INSIDE CITY
MD Prince	e Georg	0	FO	rrost	Height	- 0				LIMITS?
10e. STREET AND NUMBER	00019		1 10	Trest	10f. ZIP CODE	.5		10a. CIT	IZEN OF W	HAT COUNTRY?
5605 Ottawa S	treat				20745					
	WAS DECEDENT E	VER IN U.S. AR	MED	13. WILS	20 / 45 DECENDENT OF HIS		IM2 (Coacify Va	a or No	USA	American tedino
1 Never Married 2 Married	FORCES? 1 [YES 2 J	10	If yes	, specify Cuban, Ma	xicen, Puert	Rican, atc.)	- OI NO		— American Indian, White, atc.
3 Widowed 4 Divorced	IF TES, GIVE HAR	ONDATES		םי	YES 2 NO Sp	ecrry;			Specific R 1 :	»: ack
15. DECEDENT'S EDUCATI	ON	16a. DE	CEDENT'S	USUAL OCCUP	ATION	10	Sb. KIND OF BU	ISINESS/INI		ack
(Specify only highest grade con Elementary/Secondary (0-12)	college (1-4 or 5+)	(G	he kind of w Do NOT us	rork done during e retired.)	most of working					
7	,		Farm	or			7 ~~~ -	7		
17. FATHER'S NAME (First, Middle, Last)			- ULIII		18. MOTNER'S	NAME /First	Agric Middle, Maiden	Sumama)	ire	
Phillip Low						osal		ibbs		
19a. INFORMANT'S NAME (Type/Print)		194	b. MAILING	ADDRESS (Stre	et and Number or Ru	_			n Corde)	
Daniel Shanks	~									
20a, METNOD OF DISPOSITION		20h PLACE	D.O.U	FDISPOSITION	awa St.	For	rest	Heig	hts	Md 20745
1 Burial 2 Cremation 3 Removal	from State	cemetery, cre	matory or oti	her place)		- 1				
21. SIGNATURE OF EMPERAL SERVICE LICENS		LCan	ian_		St Chur		9-194	Reva	va.	
V 140 1	11/1/11	m			C Thomp		Funer	al H	Ome	
Mill /	lun	110		5	O3 N Ma	in c	+ C 7	~~~	·	Za. 23040
23. PART I. Enter the diseases or com sheet, or heart failure. List	plications that ca	on each line	ath. Do n	ot anter the	mode of dying, a	uch aa ca	rdiac or reap	iratory an	reet,	Approximata
IMMEDIATE CAUSE (Final	only one cause	Oil eech line								Interval Between Onset and Death
disease or condition resulting in death)	Respior	atory	Fail:	ire						2 days
		AS A CONSEC								2 days
	Bronchi	tie &	Hynor	zemie.						2 days
Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEC	DUENCE OF):						
CAUSE (Disease or injury										
thet initiated eventa	DUE TO (OR	AS A CONSEC	DUENCE OF):						
resulting in death) LAST										
PART II. Other algnificant conditions co	ontribution to de-	nth has and	one date - 1	n Alba var 4	dan er	In Paris	T		-	
Severe advance Ren							24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
Coronary Artery Da	ar raiiu	th Com	vere	Diabe	tes Mell	Ltus	1 TYES 2	NO 🚰		COMPLETION OF CAUSE OF OEATH?
Coronary Artery Di Anuria with Fluid	Sease WI	th con	igest:	ive Hea	art rai.	Lure,				1 YE\$ 2 NO
	retent10	11								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			OTHER:	PLACE OF DEATH	(Check only o	one)			
	DSPITAL:		□ DOA		lome 5 🗆 Residen	ce 6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH	26a. OATE OF INJ (Month, Day,)	URY (bar)	26b. TIME		INJURY AT WORK?	26d. OI	SCRIBE NOW I	NJURY OC	CURED	
1 Accident 5 Pending		·			YES 2 NO					
3 Suicide 6 Could not be	26e. PLACE OF IN butiding, etc.	JURY — At ho	me, 1erm, at	lrest, factory, o	ffice	26f. LO	CATION (Street	and Number	or Rural Ro	oute Number,
4 Nomicide determined	-2011					Or.	y or Town, Stelle)			
29a. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my	knowledge, de	nth occurre	d at the time of	lets and place, and	tue to the o	use(s) and ma-	nner ee sen	ted	
one) 2 MEDICAL EXAMINER: O										and menner as stated
296. SIGNATURE AND TITLE OF CERTIFIER				Her week			,			
Piland OF	s sen!	MID			DO 22	MD		29d. DAT	Parenes 7	(Month, Pay, Year)
30, NAME AND ADDRESS OF PERSON WHO CO	MPI ETEC CAUSE O	E OFATU ATT	4 970 (7	Orient						
Richard A. Farson,	MD 1282	5°OTHE	Fort	Rd Fo	ort Washi	ingto	n, MD 2	20744		
FFB 0 7 1994	32. REGISTRAR'S	SIGNATURE Davidson-	Randa	00						
LEDO (1004										



	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN		05656
	1. DECEDENT'S NAME (First, Middle, Last TACKIC	MINELLEM	CQUAL) £		2. DATE OF DEATH MONTH		3. TIME OF DEATH
14	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTYN 8. BIRTHF							BIRTHPLACE (State or Foreign Country)
1	Se FACILITY NAME (I not institution of	1 - M 2 X F	9 YRS.		HOURS MIN.	19-23-3	4	VIRGINIA
BY FUNERAL DIRECTOR	PALLSTON GENERAL HOSP. PALLSTON GENERAL HOSP. FALLSTON, MD HAR							4RFORD
BE	10a. STATE 10b. COUN		10c. CITY,	, TOWN OR LOCATION				10d, INSIDE CITY LIMITS?
0	PENNA. YO	ORK		NEW F	ARK		Lan OUTST	1 YES 2 X NO
ERA	R.R. 1 Box 7	'5 E		101	17352		UNITI	
E	11. MARITAL STATUS 1 Never Merried 2X (Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	ENDENT OF NISPAI	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)		. RACE American Indien, Black, White, etc.
	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D		1 TES			1	Specify: VHITE
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	18a. DECEDENT'S US	k done during mo	on st of working	18b. KIND OF BU		
L.	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOMEM	retired.)		OWN	HOME	
OM	17. FATNER'S NAME (First, Middle, Last)		HOMEN	AKEK	18. MOTNER'S NA	ME (First, Middle, Meiden		
BE C	FLOYD STAMPER	<u> </u>			EFFI		.,	
10	19a. INFORMANT'S NAME (Type/Print) JUDY D. PAVEY	,	RR. 1	BOX		NEW PARK		17352
20	20a. METHOD OF DISPOSITION	200	. PLACEAND DATE OF					y or Town, State
	1)(3)(Burial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	movel from State	EL AIR M	EMORIA	L GARD	ENS2/11	_	AIR, MD
eyalla e	21. SIGNATURE OF FUNERAL SERVICE L	P. Love	lidge		NS FUN		E, Inc	C. DELTA, PA
	23. Apr 1. Early the disease, or shock, or heart failure mileDIATE CAUSE (Final disease or condition resulting in death)	disease or condition						
CERTIFICATION	Sequentially list conditions, if sny, laading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							
AL C	PART II. Other significant condition	one contributing to death b	ut not resulting in	the undarlying	causa givan In	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
DIC		SON " DE				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC	- Chaoni	SCHROPA	MANIA			_		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28 Bt	ACE OF DEATH (Ch			
SIC	EXAMINER? 1 YES 2 NO	HOSPIAL:		THER:		8 Cther (Specify)		
PHYSICIAN:	27. MANNER OF DEATN	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c, INJU	JRY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO			
TED	3 Suicide 8 Could not be 4 Nomicide detarmined	28a. PLACE OF INJURY building, etc. (Spec	— At nome, term, atre	et, factory, office	'	28f. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
COMPLET		SICIAN: To the best of my know						suse(s) end manner es stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM	ABER		GNED (Month, Day, Year)
TO B	/-/	1.6	~		D350		12	18/94
[]	30. NAME AND ADDRESS OF BEASON W		ATN (ITEM 27) (Type, Pr	int)	ve.	3e/ A.Z	,n	-
	31. DATE FILED (Month, Day, Year)	32. REGISTRATS SIGN				-, -, -, -,		

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OB ATTENDING PHYSICIAN. The law requires that the death certificate he executed within
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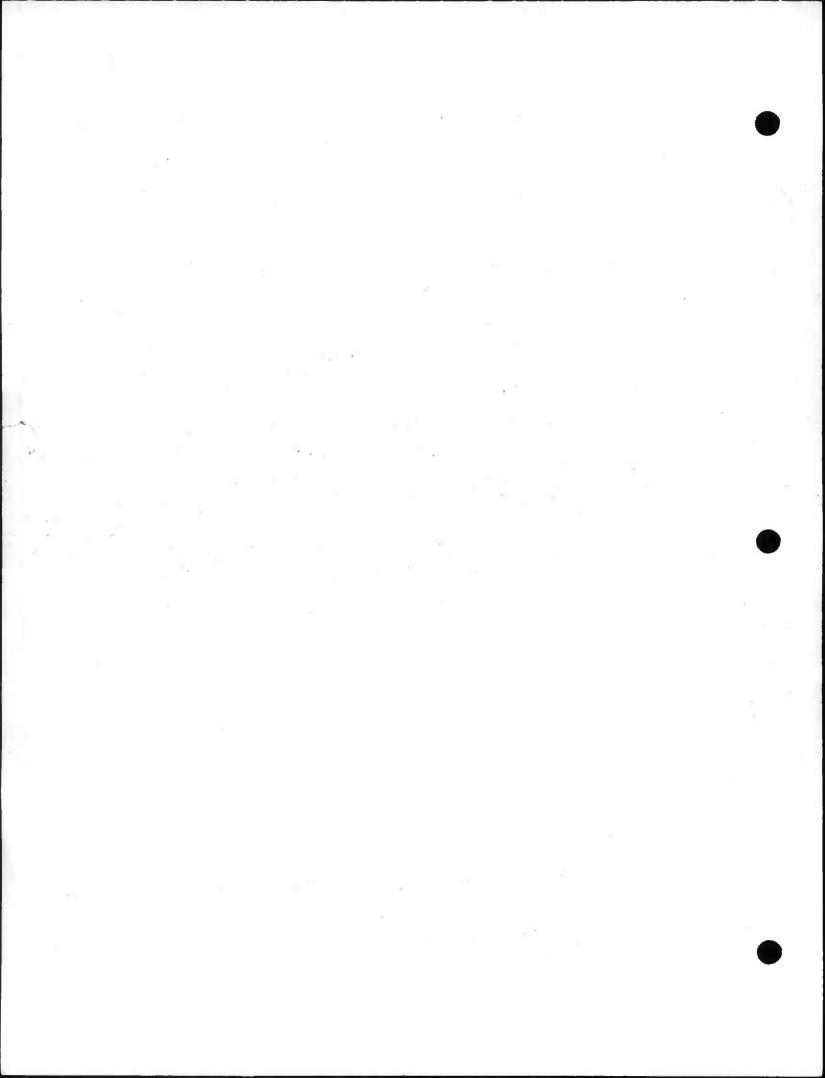
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the be filed within 72 hours after death with the State Dept, of Health and I	IMPORTANT: if item 28 is marked, or item 23 shows any in

31. DATE FILED (Morith, Day, Year) FEB 0 8 1994

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		ITMENT OF H		MENTAL HYGIENI REG. NO.	Ε (94	05657	
	1. DECEDENT'S NAME (First, Middle, Last) James		ONAI	LD, JR.		2. DATE OF DEATH	94	YEAR 94	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213-56-5531	5. SEX 6. AGE (In yrs. las	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Marth, Day, Year) 09-18-1	951	Country	PLACE (State or Foreign aryland	
DIRECTOR	9a. FACILITY NAME (If not inatifution, give si Suburban Hosp	,			thesda	EATH		MONT	GOMERY	
<u> </u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN OR LOCAT	ION				10d. INSIDE CITY	
F -	Maryland Mo	ntgomery		Kens	ington				LIMITS?	
AL	10e. STREET AND NUMBER				. ZIP CODE		10g. Cl	TIZEN OF W	/HAT COUNTRY?	
H	4011 Plyers Mi	11 Road			2089	5		U.S	.A.	
BY FUNERAL	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 XA IF YES, GIVE WAR OR DATES	MED	If yea, ap	ENDENT OF HISPAI ecity Cuban, Maxics 2 X NO Specifi	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	or No—	14. RACE Black Specifi	- American Indian, White, atc.	
	15. DECEDENT'S EDUC (Specify only highest grade		CEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	INESS/IN	IDUSTRY		
COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	Do NOT u	work done during mose retired.)						
ő	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	,			
BE (James E. McDo					rginia H			on	
10	James E. McDonald, Sr. 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4011 Plyers Mill Rd., Kensington, MD 20009									
	20a. METHOD OF DISPOSITION 10 Burlai 2 Cremation 3 Harmon from State 20b. PLACE AND DATE OF DISPOSITION (Name of completely Cremation of Completely Crematical Cremation of Completely Cremation of Completely Cremation of Completely Cremation of Completely Crematical Cremat									
	21. SIGNATURE OF FUNERAL SERVICE LIC	Inouder	W	SNO	NDEN FU	NERAL HO		P.A		
	23. PART t. Enter the diseases, or c	complications that caused the da List only one cause on each line	ath. Do					rreat,	Approximata	
	iMMEDIATE CAUSE (Finei disease or condition resulting in deeth)	Pneumonia	n a						Interval Between Onset and Death 4_days	
CERTIFICATION	Sequentially liet conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
~	PART II. Other significent condition	a contributing to death but not r	esulting	in tha underlyin	g cause givan in	PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
: MED	1									
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	□ pos	OTHER:	ACE OF OEATH (Ch					
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending	28b. TIM	JE OF 28c. INJ		a 8 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED					
ETED B	2 Accident 3 Suicida 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — At ho building, atc. (Specify)	me, farm,	street, factory, offic	n	281. LOCATION (Street a City or Town, State)	nd Numbe	er or Rural R	Soute Number,	
COMPLE	and!	CIAN: To the best of my knowledge, de R: On the basis of examination and/or i) and manner as stated.	
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER		100		29c. LICENSE NUI				(Month, Day, Year)	

DEATH (ITEM 27) (Type, Print) 10400

DHMH-16 Rev 1/89



L. Bianamerichici

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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to							
Marylan							
Funera							
22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Rockville, Inc., 300 West Montgomery Avenue, Rockville, Maryland 20850-2805							
2805							
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AUTOPSY FINDING BLE PRIOR TO ÉTION OF CAUSE ATH? ES 2 NO							
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Day, Year)							
The state of the s							

2. BEGISTHAR'S SIGNATURE TIME DEVISION-MONDAIL

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and founds after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

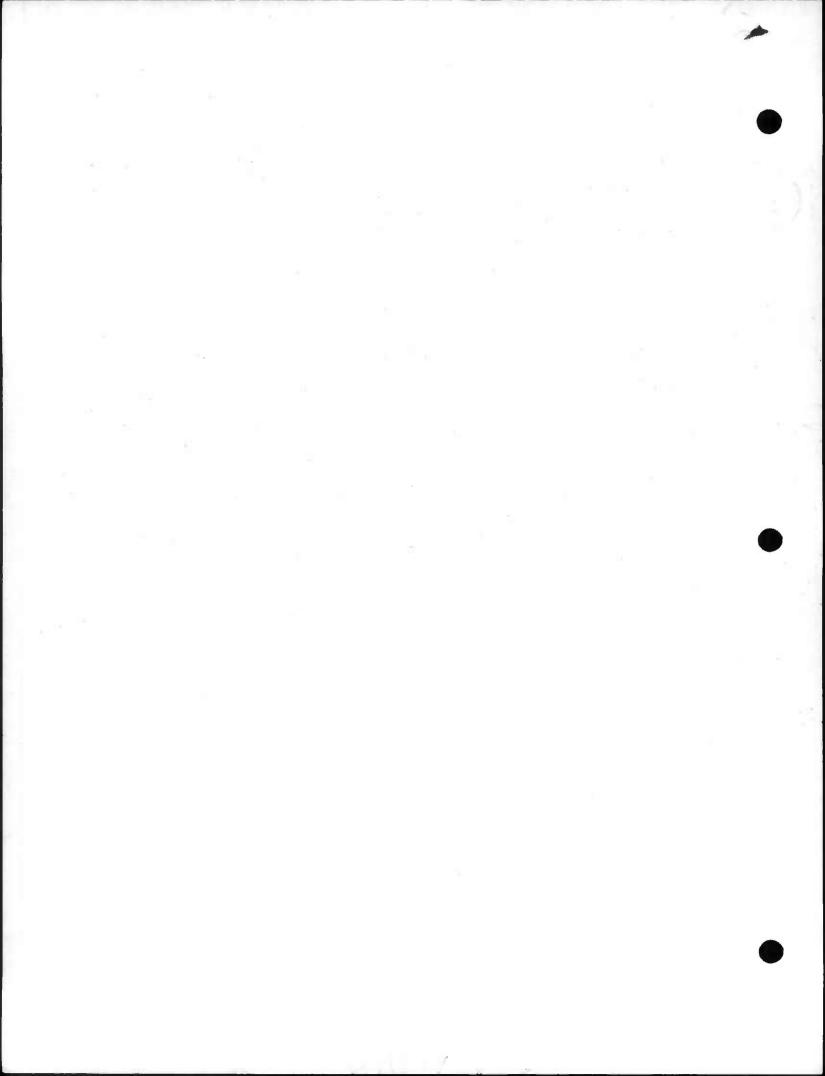
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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1994

BALTIMORE, MARYLAND 21215-0020



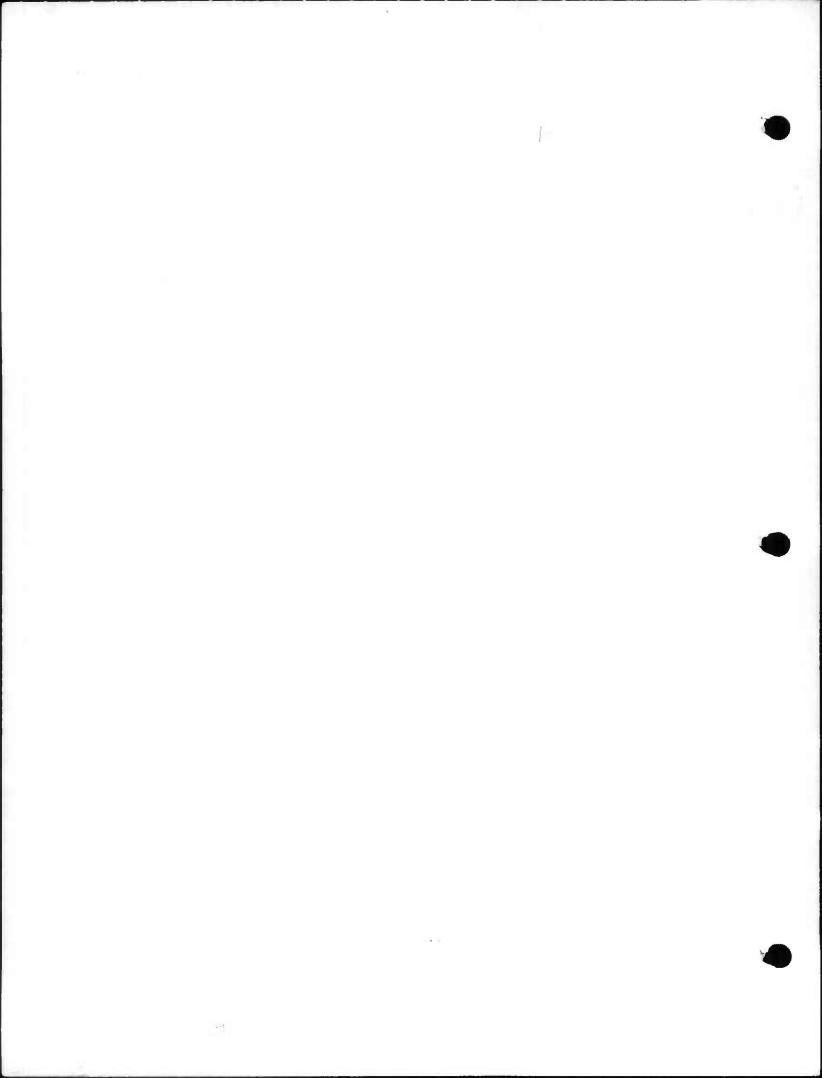
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF H	EALTH AND I	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Lest DORIS	M.	MART	IN		2. DATE OF DEATH	AY Y	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 490-68-7940 9a. FACILITY NAME (If not Institution, give	1 □ M 2 X F 90	YRS. MOI	UNDER 1 YEAR OTHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) June 23,	1903 м				
стоя	Sharon Nursing Ho			lney	THE COCATION OF DE		Montgomery				
FUNERAL DIRECTOR	Maryland Mont	gomery	Potom					10d. INSIDE CITY LIMITS? 1 YES 2 NO			
NERA	1130 Pipestem Pla				20854		U.S.A	The second secon			
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, sp	cify Cuban, Maxica	HC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No 14	. RACE — American Indian, Black, Whita, atc. Specify: White			
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	de completed) College (1-4 or 5 +)	(Give kind of work life. Do NOT use rel	done during mo ired.)	N st of working	18b. KIND OF BU					
OMP	17. FATHER'S NAME (First, Middle, Last)	8	Home Mak	er	18 MOTHER'S NA	Own Hon					
BE C	George Murman							łeusmann			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	ORESS (Street a							
-	Terence N. Martin					tomac, MD	20854				
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 X Rai 4 Donation 5 Other (Specify)	movel from State 20b cem	PLACEAND DATE OF DI	SPOSITION (Na	me of			y or Town, Sleta			
	21. SIGNATURE OF FUNERAL SERVICE	JCENSBE DC	ar Hemolia	22. NAME AN	D ADDRESS OF FAC	CILITY	t waite	on Beach, FL			
	D.3.x 1	1					ithere	hura MD 20877			
	23. PART I. Enter the diseases, or shock, or shart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ACUTE	CEREBRI	enter the mo	de of dying, suci	n ss cardiac or respi	ratory srrest	t, Approximata interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERIVING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (DR AS A CONSEQUENCE OF):										
BY PHYSICIAN: MEDICAL C	PART II. Other significent condition MULTI - TWFA	ns contributing to deeth be	ut not resulting in th	e underlying	ceuse given in	Part I. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL	Law		ACE OF DEATH (Che	ick only one)					
IXSI	1 TYES 2 X NO	1 - Inpatient 2 - ER/Outp	atient 3 DOA 4 8	Nursing Home		6 Other (Specify)					
Y PH	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	WO	RK?	28d. DEŞCRIBE HOW II	NJURY OCCUR	ED			
8	3 Sudelde	28e. PLACE OF INJURY	— Al home, farm, street	, factory, office		281. LOCATION (Street a City or Town, State)	ind Number or I	Rural Route Number,			
COMPLET		Diverced Types, GIVE WARR OR DATES 1 VES 2 (XNO Specific 15. DECEDENT'S BUAL CCUPATION		zuse(a) and manner as stated.							
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM D3370	BER	29d. DATE SI	GNED (Month, Day, Year) -6-94			
		E.MD			4. M	ARYLAN	D				



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR		CEF									
1. DECEDENT'S NAME (First, Middle, Last)					2				. 0		3. TIME OF OEATH
PATRICK	L. McA	ALLISTER					FEBRUA	ARY 7	, 19	994	3:50 A.M
4. SOCIAL SECURITY NUMBER	1	AGE (In yrs. lest bli							- 1		
482-12-8597	12 M 2 □ F 6	9	YRS.	NTHS DAYS	HOURS	MIN.	12-	2-7	14		
9a. FACILITY NAME (If not institution, give st	reet end number)		98	CITY, TOWN	OR LOCATIO	N OF DE	EATH		9c. COI	JNTY OF D	EATH
L DECEDENT'S NAME (First, Moster, Last) PATRICK L. MCALLISTER S. DEC. 4. DECEDENT'S NAME (First, Moster, Last) 1. SEE 4. ADD (6)-PS. But service) 4. DECEDENT'S NAME (First, Moster, Last) 1. SEE 4. ADD (6)-PS. But service) 1											
			0- 0/24 2								
		Pe	Col	1-600	P	2 4	IC				LIMITS?
				10	. ZIP CODE				10g. Cl	TIZEN OF V	
4902 () U.e	bec S	Tree				207	40			USA	
	12. WAS DECEDENT E	VER IN U.S. ARMEI	D						or No	14. RACI	E American Indian,
		OR DATES						ii, area.)			
							16b. KIN	D OF BUS	INESS/IN	DUSTRY	
		(Give I	NOT use re	done during mo tired.)	st of working	7					
		DEAG	CON				AR	CHDI	OCES	E	
17. FATHER'S NAME (First, Middle, Last)					16. MOTH	ER'S NA	ME (First, Midd	le, Maiden	Sumeme)		
LIGOURI	McALLI	STER			MAF	RION		OU	GH		
19e. INFORMANT'S NAME (Type/Print)		19b, M	AILING AD	ORESS (Street a	nd Number	or Rural I	Route Number, (City or Town	n, State, Z	ip Code)	
DELORES R. McAl	LLISTER	490	02 QU	EBEC S	TREE	Γ,	COLLEG	E PA	RK,	MD 2	0740
	oval from State				ama of		DATE	20c. LO	CATION -	- City or To	wn, State
4 Donatton 5 D Other (Specify)				AVEN C				SIL	VER	SPRI	NG, MD
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE							TIME	DAT	HOME	TNC
Dimetly &	Camphy	111		500 U	NIVE	RSIT	Y BLVD	W	KAL	IL.	SP., MD 2090
23. PART I. Enter the diseases, or c	omplications that c	eused the death	. Do not								
	LIST DRIY DRE cause	on each line.									Interval Between Onset and Death
	CAnci	ALMALA	· 6) and	ta +	P					
resolving in death)	DUE TO (O	AS A CONSEQUE	NCE OF):	,							
0.000	D										
if any, leading to immediate	DUE TO (O	AS A CONSEQUE	NCE OF):								
	-										
	DUE TO (OI	AS A CONSEQUE	NCE OF):								
	1										
PART ii. Other aignificent condition	contributing to de	ath but not reeu	iting in t	he underiyin	g cause g	iven in	Part i. 24			24b	
											COMPLETION OF CAUSE
							_		4		
					ACE OF DE	ATH (Ch	eck only one)				
		R/Outpatient 3 🗆			o 5 Diffine	sidence	8 Other (Sp	ectly)			
					URY AT		28d. DESCRI	BE HOW II	VJURY O	CCURED	
	N	A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			NO					
3 Suicide 8 Could not be	28e. PLACE OF II building, ato	JURY At home, (Specify)	form, stree	et, factory, offic	a			N (Street e	nd Numbe	or or Rural I	Route Number,
4 Homicide determined							only or re	www. olato			
29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledge, death	occurred a	t the time, date	and place,	end due	to the cause(e) end man	ner as st	rted.	
											end manner se stated.
2 MEDICAL EXAMINE	R: On the basis of axen										,
2 MEDICAL EXAMINED 29b. SIGNATURE AND TITLE OF CENTIFIER		Denish	Mo	Lir.A	29c. LICE	NSE NU	MBER		29d. DA	TE SIGNED	
MEDICAL EXAMINE		Depot	Mes	dical		NSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
2 96. SIGNATURE AND TITLE OF CERTIFIER Company		Deput	Mes mi		29c. LICE	NSE NUI	752	-	29d. DA	TE SIGNED	
2 96. SIGNATURE AND TITLE OF CERTIFIER Company	COMPLETED CAUSE	Deput	Me mi mi vo3		29c. LICE	NSE NUM	18 5 2 4 Ru	- <u> </u>	29d. DA	TE SIGNED	

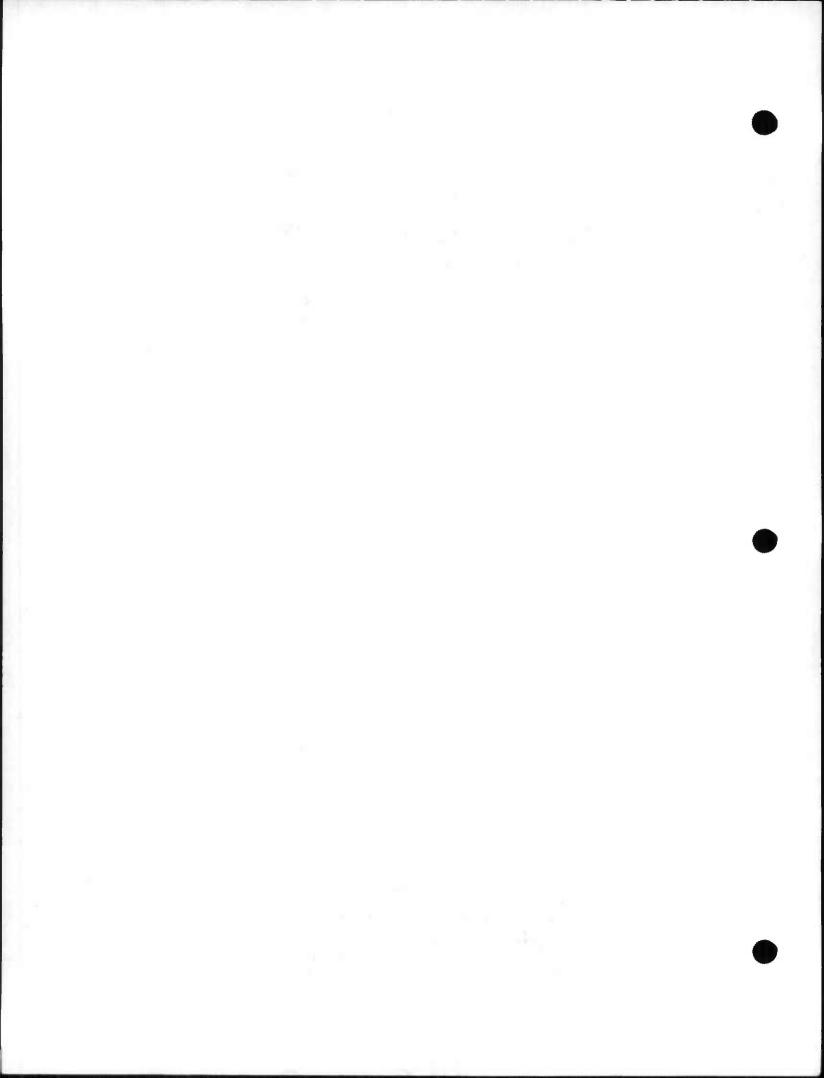
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020



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	020	physician.	id be detached for use as the burial-transit permit
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	3YLAND 21215-0020	d by the hospital or attending	Jetached for
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	~	D	75

BALTIMORE, MAI

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notified irs after death. Page 6 may be retained by the funeral director, page 5 should 3 must examiner removal. the medical completely fills a event, prior to burial, traumatic and the attending physician Mental Hygiene prior to that the death certificate be injury, or other been signed by the shows any HOSPITAL OR ATTENDING PHYSICIAN: The law requires the FUNERAL DIRECTOR: After this certificate has been signe within 72 hours after death with the State Gept. of Heath TANT: If Item 28 is marked, or Item 23 shows a

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 05661 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH SUIN19 nauc MONT 8.45 D. M 14 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. Nov. I 1907 HOURS 1 M 2 AF 86 YRS. 579 03 4862 Virginia 9a. FACILITY NAME (If not just 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Gereen Belt Nursino DIRECTOR Prince GRORES Greenbelt RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Prince George's Beltsville 1 YES XX NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11500 Cedar Lane 20705 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, 1 Never Married 2 Married Specify. White IF YES, GIVE WAR OR DATES 1 YES XIX NO Specify BY 35/3/ Widowed 4 Divorced No COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY indary (0-12) College (1-4 or 5+) 12 Negative Stripper Maps 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Caleb Marshall Alice L. Kemp BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) Warren T. Maschauer 1314 Imperal Drive Durham N.C. 27712 20s. METHOD OF DISPOSITION
1 🌣 Burtal: 2 🗆 Cremation: 3 🗀 Removal from State
4 🗋 Donation: 6 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Maryland Veterans Cemetery Cheltenham, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A. Robert vans 16000 Annapolis Rd. Bowie Md. 20715 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) meumonia. DUE TO (OR AS A CONSEQUENCE OF): mpaired Gag Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) Cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 T NO Right temor racture (1991) 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: 1 | Inpatient 2 | ER/Outpetient 3 | DOA ers; irsing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

D31001 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 7500 Greenway Kerril 8, M.D. lur Green be 14. Md. 31. DATE FILED (Month, Day, 32. MEGISTRAR'S SIGNATURE Pandalle 4 1994 EFR 0

29d. DATE SIGNED (Month, Day, Year)

Cntr. Dr.#430

30/84

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20770

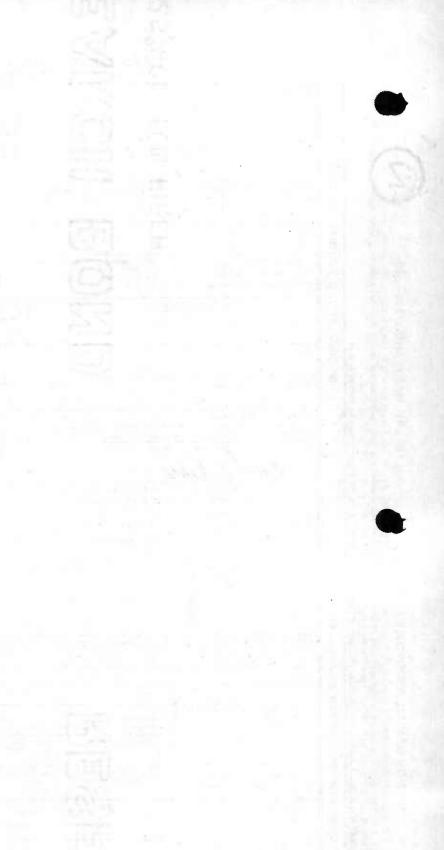
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	REGISTRAR		CERTI	FICATE O	F DEATH	REG	. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR											
	JIMMY LEE MOREHEAD FEB 08 1994 07:46											
	4. SOCIAL SECURITY NUMBER 436 40 6866	1 🔀 M 2 🗆 F	6. AGE (In yrs. lest birthda 58 YRS	MONTHS DAY		July 12	isar)	Louis	iana			
TOR	99. FACILITY NAME (If not institution, give street end number) MALCOLM GROW USAF MEDICAL CENTER ANDREWS AFB, MD PRINCE GEORGE S RESIDENCE OF DECEMENT											
DIRECTO		r ice George		Suit				1 4 5	INSIDE CITY LIMITS? YES 2 1			
FUNERAL	4655 Davis Avenue			US.								
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Nicolar American Divorced	FORCES? 1 YES 2 NO If yes,			ECENDENT OF NISPA specify Cuban, Mexico ES 2 NO Specif	in, Puerto Rican, el		Black, Whi	mericen india ite, etc. 1ack			
PLETED	15. DECEDENT'S EDU (Specify only highest grede Elementary/Secondary (0-12)		(Give kind life. Do NO	of work done during use retired.)	most of working		OF BUSINESS/INDU					
E COMPL	17. FATNER'S NAME (First, Middle, Last)	Morehead		0.3.		Mili ME (First, Middle, A	faiden Surname)	eppar	d			
TO BI	19e. INFORMANT'S NAME (Type/Print) Frances M. Moreh				end Number or Rural	Route Number, City	or Town, State, Zip C	Code)				
	20e. METHOD OF DISPOSITION 1) XBuriel 2 Cremation 3 Rem 4 Donetion 6 Other (Specify)		20b. PLACEAND DA	E OF DISPOSITION		DATE 2	Dc. LOCATION — CI	ty or Town, S				
	21. SIGNATURE OF FUNEBAL SERVICE LIE	CENSEE	TATISTO	Geo1	and Address of FA	las Fune	ral Home					
RTIFICATION	Sequentially list conditiona, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (C	ARY EMBOLU OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	OF):								
MEDICAL CE	PART II. Other significant condition	d	leath but not reaultin	g in the underly	ing cause given in	PI	AS AN AUTOPSY ERFORMED? (ES 2 \(\square\) NO	AWAIL COMI OF D	E AUTOPSY FI LABLE PRIOR PLETION OF C SEATH?			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL:	PLACE OF DEATN (C/									
ву РНУ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF II (Month, Day	NJURY 286.	TIME OF 28c.	NJURY AT WORK? YES 2 NO		NOW INJURY OCCU	JRED				
ETED 8	3 Suicide a Could not be 4 Nomicide determined	28e. PLACE OF building, et	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				Street and Number o State)	r Rurel Route I	Number,			
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYS 2 MEDICAL EXAMINE		ny knowledge, death occ mination end/or investig						manner sa st			
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER	29d. DATE	SIGNED (Mont	th, Day, Ybar)			
TO B	Allowayn	IT					80	FEB	94			
)	30. NAME AND ADDRESS OF PERSON WHITE JEFFREY A. ALLOW		SAF	M	ALCOLM GRO		MEDICAL	CENTE				
	FEBI 0 199	4 32. REGISTRAR	Spignature Ran	dall				440				

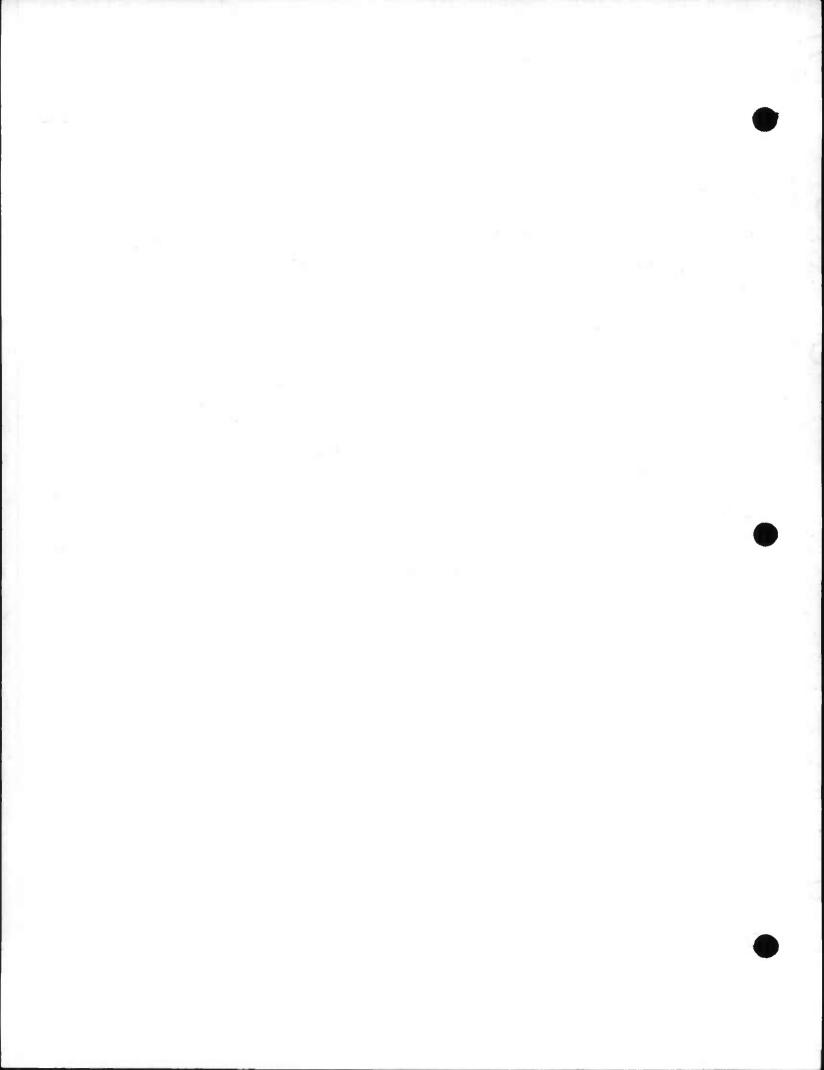
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BALTIMORE, MARYLAND	vours after death. Page 6 may be retained by the hospit	led in by the funeral director, page 5 should be detached or removal.	medical examiner must be notified at once.
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1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 05663

	REGISTRAR		CE	:KI IF	ICALE	: OF	DEAT	Н	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH	MY	YEAR	3. TIME OF DEATN	
	Ella Mae McNey								2/ 1/			9:31 ZAPM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS,	7. DATE OF BIRTN	-	8. BIRTH	PLACE (State or Foreign	
	579-03-3353	1 🗆 M 2 🖳 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 9/3/1911		Country	1)	
	9a. FACILITY NAME (If not institution, give s	street and number)	02	-	9b. CITY	TOWN	R LOCATIO	ON OF DE		90 001	INTY OF DI	lington, N.C	
Œ	6903 Varnum Str	er weeren		ı					sain				
18	RESIDENCE OF DECEDENT	eet			Lanc	love	r Hi	TTS		Pr	ince	George's	
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CITY	Y, TOWN O	R LOCAT	ION				1	10d. INSIDE CITY	
5	Md. Pr	ince Geor	rapic	7	Landover Hills							LIMITS?	
	10e. STREET AND NUMBER	Ince dedi	ige 3		Lande		. ZIP CODE			10e CD	10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	6903 Varnum Str					1.0				log. Ci			
2	11. MARITAL STATUS		T EVER IN U.S. ARI		I		2078				USA		
교	1 Never Married 2 Married	FORCES? 1	YES 2- N	0		f yea, ap	ecity Cuba	n, Mexica	IIC ORIGIN? (Specify You, Puerto Rican, etc.)	s or No-	14. RACE Black	- American Indian, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1	☐ YES	2 NO	Specify	r.		Specif	White	
	15. DECEDENT'S EDU	CATION	16- DEC	EDENT'O	USUAL OC	CHRATH	N1		16b. KIND OF B		<u> </u>		
COMPLETED	(Specify only highest grade		(GA	re kind of w	vork done o	during mo	st of workin	g	166. KIND OF BI	ISINESS/IN	DUSTRY		
ا تر	Elementary/Secondary (0-12)	College (1-4 or 5 d	"										
Σ	10			seams	stres	SS					eaner	S	
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	NER'S NA	ME (First, Middle, Maide	Sumame)			
BE	James Wyatt						En	nma	Simpson	_		,	
9	19a. INFORMANT'S NAME (Type/Print)		19b	MAILINO	ADDRESS	(Street a	nd Number	or Rural I	Route Number, City or To	vn, State, Zi	ip Code)		
F	James Owen McNe	У	69	7 809	Jarnu	ım S	t., I	Land	over Hills	. Md	. 207	84	
	20a. METNOD OF DISPOSITION 1 D Burlel 2 Cremation 3 Rem		20b. PLACE A	ND DATE C	OF DISPOS						City or To		
	4 Donation 5 Other (Specify)	IOVAII Irom Stata	Vashing	natory or of	Nati	ona	1 Cen	nete	rv 2/4/94	Suit	land	ма	
	21. SIGNATURE OF FUNERAL SERVICE LI		~ 1	COLL	22. 1	NAME A	D ADDRES	SS OF FA	CILITY				
- 73	> Charles	F. Ba	111-	_	Fr	anc	is Ga	asch	's Sons Fu	nera	1 Hon	ne	
			\ /		47	739	Balti	imor	e Avenue,	Hyat	tsvil	le, Md, 207	
	23. PART I. Enter the diseases, or shock, or heart failure.	complications the	t ceused the dec	eth. Do n	of enter	the mo	de ot dyl	ng, suc	h as cardiac or rea	iratory a	rreat,	Approximeta Interval Between	
	IMMEDIATE CAUSE (Finel			_								Onset and Death	
	disease or condition												
	DUE TO (OR AS A CONSEQUENCE OF):							, any					
z	disease or condition Pulmonary failure I day DUE TO (OR AS A CONSEQUENCE OF): L. Mefautatic rulrar cancer 14eau							14000					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEO	UENCE OF	F):							1700	
8	cause. Enter UNDERLYING												
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CONSEO	UENCE OF	F):								
듄	resulting in death) LAST	a											
8		0.											
A.	PART II. Other algnificent condition	es contributing to	deeth but not re	sulting i	n the un	derlyin	g cause g	lven in	Part I. 24s. WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
EDICAL									1 _ YES			COMPLETION OF CAUSE	
									_	L (Game)		OF DEATN? 1 ☐ YES 2 ☐ N♥	
Σ			·									1 120 2 2 110	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26 DI	ACE OF D	EATN /Ch	eck only one)				
ᅙ	EXAMINER?	HOSPITAL:	-		OTHER	3:							
Ϋ́S	1 YES 2 NO		ER/Outpetlant 3					sidence	8 Other (Specify)				
표	1 Natural 5 Pending	28a. DATE OF (Month, D		28b. TIMI	URY		RK?		28d. DESCRIBE NOW	INJURY O	CCURED		
BY	2 Accident Investigation				М		YES 2 [] NO					
ED	3 Suicide 6 Could not be	28e. PLACE O building,	F INJURY — At hor etc. (Specify)	ne, term, s	street, tacti	ory, offic	a		28t. LOCATION (Stree	and Numbe	or or Rural R	oute Number,	
2	building, etc. (Specify) City or Town, State)												
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the heat of	my knowledge des	th occum	ed at the ti	lma data	and place	and this	to the coveries and m		ded.	•	
MP	(Check only one) 2 MEDICAL EXAMINE											and manner as stated	
8	A		AZIMILATION GRAZOF II	restigatio	ii, iii iny o	pinion, u	water occur	ed at the	ume, data and piece,	na ous to t	me cause(a	and menner as states.	
BE	29b. SIGNATURE AND TITLE OF CENTIFIE	"_					29c, LICE	ENSE NU	4BER	29d. DA	TE SIGNED	(Month, Day, Year)	
10	1 42		NO				D	417	40		2/4	194	
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITEM	27) (Type,	Print)	,						-	
)	Jeffrey Lin M.	1). ,2150	Penns	ylva	MIG	A	ve.	, N.	N. Wail	inah	n n	C 20037	
	31. DATE FILED (Month, Day, Year)	32. REGISTION	ANS SIGNATURE	. מל	1.00			-	7.2200			C 20037	
	FFR 0 9 19	194 94	ina vavidon	Mari	more								

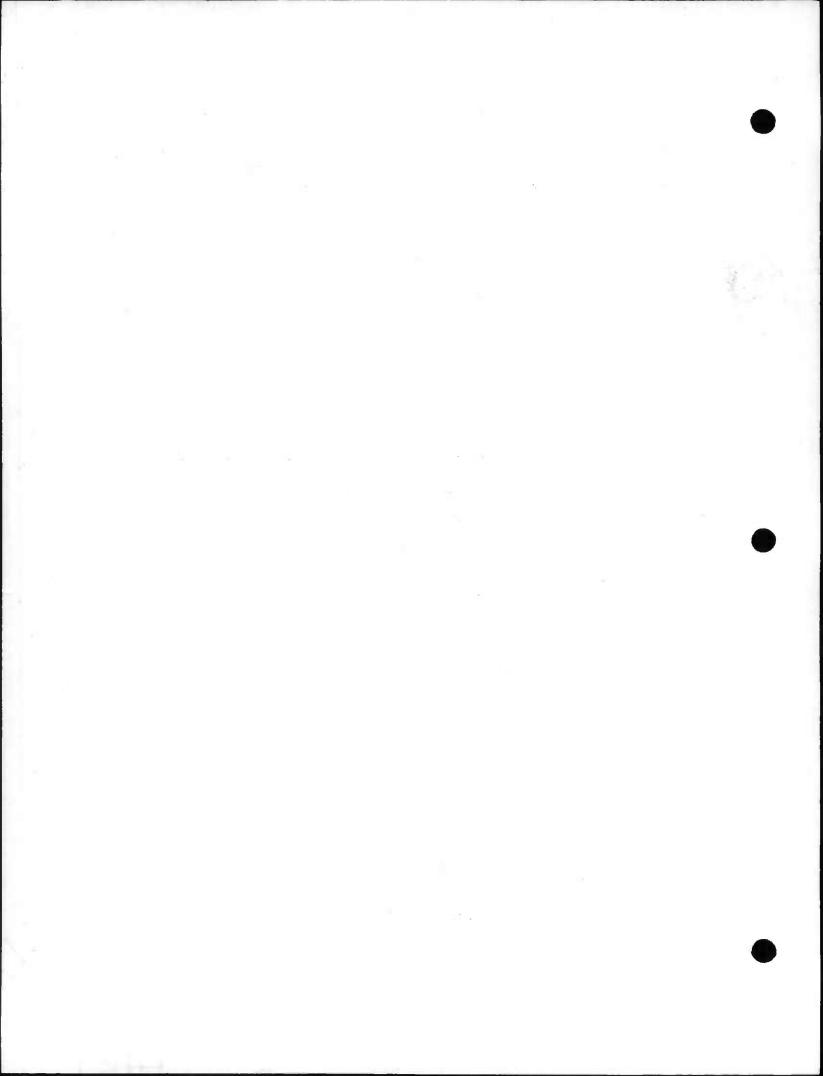


	1. DECEDENT'S NAME (FA CALVIN L		NALD							2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH 7:40 PM
	4. SOCIAL SECURITY NUI		5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF BIRTH		8. BIRTH Countr	IPLACE (Stete or Foreign
	215-20-74		1 🖾 M 2 🗆 F	68	YRS.			HOURS	MIN.	Mpm, pay 15=12			OH
DIRECTOR	SACRED HE	ART HOS						LAND	ON OF DEAT	гн		LLEGA	
	RESIDENCE OF DE	10b. COUNT	Y		10c. Cf	TY, TOWN O	R LOCAT	ION					10d. INSIDE CITY
	MD	Alle	gany		Cun	nberl	and	f					LIMITS?
	Route 8 E		0-Bowma	n's Ad	diti	.on	101.	2 1	502		USA		VHAT COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 3 3 Widowed 4 Di		FORCES? 1	NT EVER IN U.S. AI		- 11	yes, spe	ecify Cube		ORIGIN? (Specify % Puerto Ricen, atc.)	s or No—	Speci	E — Americen Indian, c, White, atc. fly: i.te
		ECEDENT'S EDU	CATION	16e. Di	ECEDENT'S Give kind of a. Do NOT u	USUAL OC work done d ise retired.)	CUPATIO	ON st of workli	ng	16b. KIND OF BI	JSINESS/IN		ı ce
	12				unde	r				Au	to E	lec	tric Co.
	17. FATHER'S NAME (First,	Middle, Last)								E (First, Middle, Maide	_		
	Archie Al		McDonal		b. MAILING	ADDRESS	(Street e			Malco ute Number, City or To		io Code)	
2	Shirley	Τ.	McDonal	. [nberland			0.2
	20a. METHOD OF DISPOS	ITION tion 3 - tiem	A CONTRACTOR	20b. PLACE cametery, cri	ANDDATE	OF DISPOSI					OCATION -		
1	21. SIGNATURE OF FUNE		CENSEE			Vete	ran	s Cei	neter	2/11/ F	Lints	tone	MD
	· Jane		7.DCC	nol	11	So	carp	pell	i Fu	neral E Marylan		2150	2
	23. PART Enter the shock, pr IMMEDIATE CAUSE (F disease or condition resulting in death)	heert fallure.	e. Multi-	DICH AS A CONSE	UST	em Pr.	Fe	Rili	ere	as cerdlec or resp	DIFFECTY OF		Approximete Interval Betwee Onset and Dec
	Sequentially list cond if any, leeding to immeause. Enter UNDERL CAUSE (Disease or in that inlitted events resulting in death) LA	nedlete LYING njury	e Que To	O OR AS A CONSE	OUENCE C	Can	an			fancti	DN		
	PART II. Other signification	Cant condition	os contributing to	deeth but not	reculting	In the un	derlying	ceuse	given in P	art I. 24s. WAS A PERFO	N AUTOPSY	24b	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE
		PIIC								_ 1 □ YES	2 X NO		OF DEATH?
SICIAN	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Chec	k only one)			
2	1 TYES 2 NO		1 Inpetient 2	ER/Outpatient	3 DOA	4 🗆 Nurs				Other (Specify)	W1415W 01	2011000	
		Pending Investigation	(Month, L	Day, Year)	IN	JURY M	1 \ \	PRK?		red. DESCRIBE HOW	INJURY O	CURED	
ETED	3 Suicide 6 (Could not be determined	28e. PLACE (building	OF INJURY — At h , atc. (Specify)	ome, term,	atreet, facto	ory, office			261. LOCATION (Street City or Town, Stell	end Numbe	er or Rural F	Route Number,
COMPLI	onel									the cause(e) end m			i) end menner es stated.
N N	29b. SIGNATURE AND TIT	LE DE CERTIFIE	adl,	MD				29c. LIC	150	ER	29d. DA	TE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS	OF PERSON WH	O COMPLETED CAU	ISE OF DEATH //TE	FM 27) (7vn	e. Print)					1		
2													
2	DR. RAGAA	FADL, M	I.D., 921				MBER	LAND	, MD	21502			

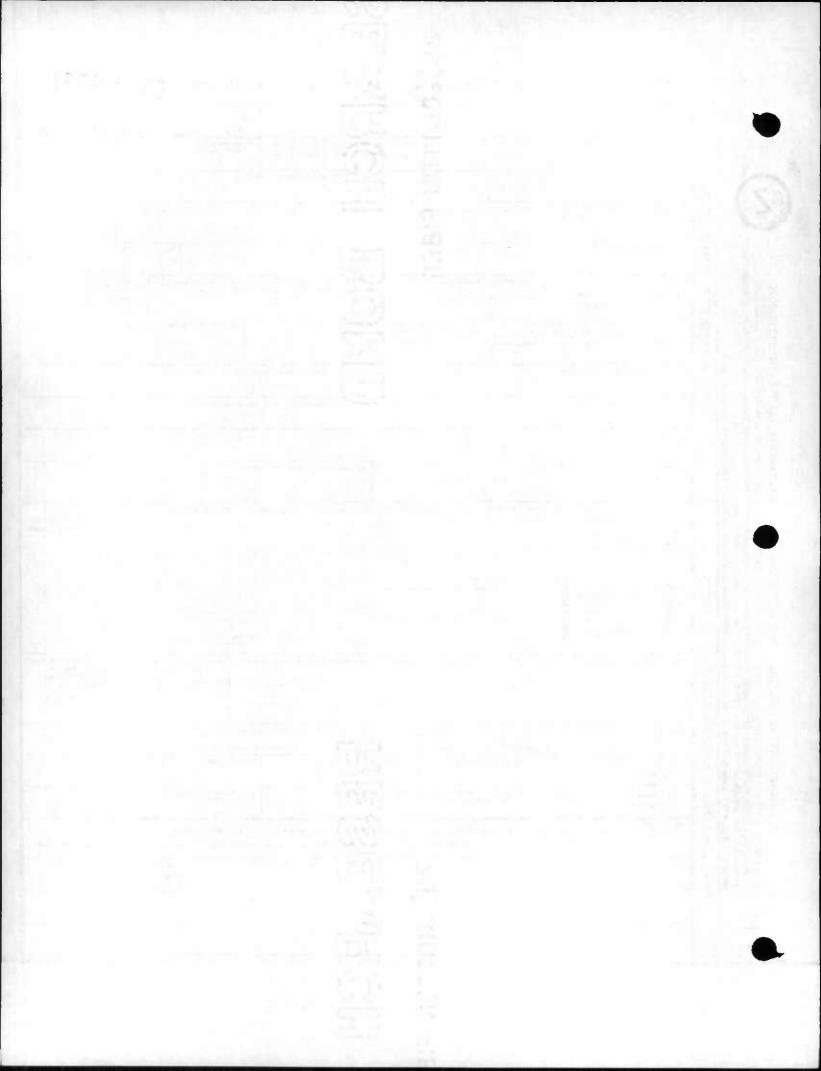
DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215

DHMH-16 Rev 1/89



4. SOCIAL SECURITY NUMBER 218-24-3696 98. FACILITY NAME (If not institution, give Greater Laure RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Md. 10c. STREET AND NUMBER 13322 9th 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 10th 17. FATHER'S NAME (First, Middle, Last) Charles Wi.	street and number) 1-Beltsvi P.G. 12. WAS DECEDENT EV FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AGE (In yrs. last bit 61 11e Ho FER IN U.S. ARMEI YES 2 NO OR DATES	YRS. MONTHS 9b. CI 9c. CITY, TOWN B	OR LOCAT OWIE 107 WAS DEC. If yes, sp.	207	1 0 / DEATH	Frin	Country) BOW1 = DUNTY OF DEA CC GE ITIZEN OF WHI U.S.	DIG. INSIDE CITY LIMITS? LIMITS? AT COUNTRY? A. American Indian.
9a. FACILITY NAME (If not institution, give Greater Laure RESIDENCE OF DECEDENT 10a. STATE 10b. COUN' Md. 10c. STREET AND NUMBER 13322 9th 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 1 0th 17. FATHER'S NAME (First, Middle, Lest)	street and number) 1-Beltsvi P.G. 12. WAS DECEDENT EV FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ile Ho	DENT'S USUAL	OR LOCATOWIE	irel ion i. zip code 207 ENDENT OF HISH colfy Cuban, Mex	DEATH 15 PANIC ORIGINICAN, Puerto I	9c. CC Frin	U.S.	DIG. INSIDE CITY LIMITS? LIMITS? A COUNTRY? A .
PRESIDENCE OF DECEDENT 10a. STATE Md. 10b. COUNT 10c. STREET AND NUMBER 13322 9th 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 10th 17. FATHER'S NAME (First, Middle, Last)	P.G. 12. WAS DECEDENT EVEN OF YES, GIVE WAR OUGHTON to completed)	ER IN U.S. ARME! YES 2 NO OR DATES 16a. DECE!	DENT'S USUAL	OR LOCAT OWI =	ZIP CODE 207 ENDENT OF HISI ecify Cuben, Mex	PANIC ORIGIN Ican, Puerto I	10g, C	U.S.	DI. INSIDE CITY LIMITS? LIMITS? AT COUNTRY? A .
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13322 9th : 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 1 0th 17. FATHER'S NAME (First, Middle, Lest)	12. WAS DECEDENT EV FORCES? 1 SIF YES, GIVE WAR OUT OF THE PROPERTY OF THE PRO	YES 2 NO DR DATES 16a. DECET	DENT'S USUAL	, WAS DEC	207	PANIC ORIGIN Ican, Puerto I	17 (Specify Yes or No-	U.S.	American indian.
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(Specify only highest grad Elementary/Secondary (0-12) 1 0 th 17. FATHER'S NAME (First, Middle, Lest)	le completed)	(Give i			- 37	elfy:	Rican, atc.)		Black
10th 17. FATHER'S NAME (First, Middle, Last)		life. Do	kind of work don		ON est of working	16b	. KIND OF BUSINESS/I	NDUSTRY	
17. FATHER'S NAME (First, Middle, Last)		Do	NOT use retired)			endere transfer		
Charles Wil		DO	mesti		18. MOTHER'S		rivate I		.ry
	lliams				The second second		Chew		
19a. INFORMANT'S NAME (Type/Print)		19b. M	IAILINO ADDRE	SS (Street a			ber, City or Town, State,	Zip Code)	
Grace E. Harr	is	96	39 Mu.	irki	rk Rd.	#B-1	72, Laure	el, Md.	20708
20a, METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Res 4 Donation 5 Other (Specify)	movel from State	cometery, cremet Harm	TOTY OF OTHER PLACE	SITION (Na	Park 1	/29/	94 Lando	- City or Town	, State
- 1	. 0	U	2:	. NAME AN	ND ADDRESS OF	FACILITY			
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. COYO. DUE TO (OR	AS A CONSEQUE	ENCE OF):					arrest,	Approximate interval Betw Onset and D
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. EM	AS A CONSEQUE	NCE OF):	2	Blee	d	٠,		
PART II. Other algoriticent condition	ona contributing to dee	oth but not read	uiting in the	underlying	g ceuse given	in Part i.	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	AN CI O	ERE AUTOPSY FINDI WARLABLE PRIOR TO OMPLETION OF CAUS F DEATH?
25. WAS CASE REFERRED TO MEDICAL	1			26. PL	ACE OF OEATH	Check only or	ne)		
EXAMINER?	HOSPITAL:	/Outpatient 3 🗆		R:					
27. MANNER OF OEATH 1 Netural 5 Pending	(Month, Day, Ye			28c. INJ WO	URY AT	1		OCCUREO	
2 Cutalda	28e. PLACE OF IN.	JURY — At home, (Specify)	, farm, street, fa					ber or Rural Rou	te Number,
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Ret 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L 23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending investigation of the condition of the conditi	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. PART I. Enter the diseases, or complications that ce shock, or heart failure. List only one cause of the shock, or heart failure. List only one cause of the shock, or heart failure. List only one cause of the shock, or heart failure. List only one cause of the shock, or heart failure. List only one cause of the shock, or heart failure. List only one cause of the shock, or heart failure. List only one cause of the shock, or heart failure. List only one cause of the shock, or heart failure. List only one cause of the shock, or heart failure. List only one cause of the shock, or heart failure. List only one cause of the shock of the shock or heart failure. List only one cause of the shock or heart failure. List only one cause of the shock of the shock only one cause of the shock of the shock only one cause of the shock of the shock only one cause of the shock of the shock only one cause of cause of ca	20b. PLACE AND 20b. P	20b. PLACE AND DATE OF DISPOSITION 13/2 Burlal 2	20b. PLACE AND DATE OF DISPOSITION 120 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION No complayer, crematory or other place TALTMONY Mem 121. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AN H. S. 492 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the month ahock, or heart failure. List only one cause on each line. 14	20b. PLACE AND DATE OF DISPOSITION Name of cemetary, crematory or other plage	20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION Name of complete, community of other pigger DAT 20b. PLACE AND DATE OF DISPOSITION Name of complete, community of other pigger DAT 20b. PLACE AND DATE OF DISPOSITION Name of complete v. community of other pigger DAT 20b. PLACE AND DATE OF DISPOSITION Name of complete v. community of the pigger DAT 20b. PLACE AND DATE OF DISPOSITION Name of complete v. community of the pigger DAT 20b. PLACE AND DATE OF DISPOSITION Name of complete v. complete v. community of the pigger DAT 20b. PLACE AND DATE OF DISPOSITION Name of complete v.	20b. PLACE AND DATE of DISPOSITION DATE 20c. LOCATION 170 Burial 2 Certainton 3 Removal from Stata 20b. PLACE AND DATE of DISPOSITION Name of certainton 20b. PLACE AND DATE of DISPOSITION Name of certainton 20b. PLACE AND DATE of DATE 20c. LOCATION DATE 20c. LOCATION	20b. PLACE AND DATE 20b. CONTROL 20b. PLACE OF CONTROL 20b. PLACE OF CONTROL



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transitied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the party and the
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filled in on, or r	
HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or remoral.	de same
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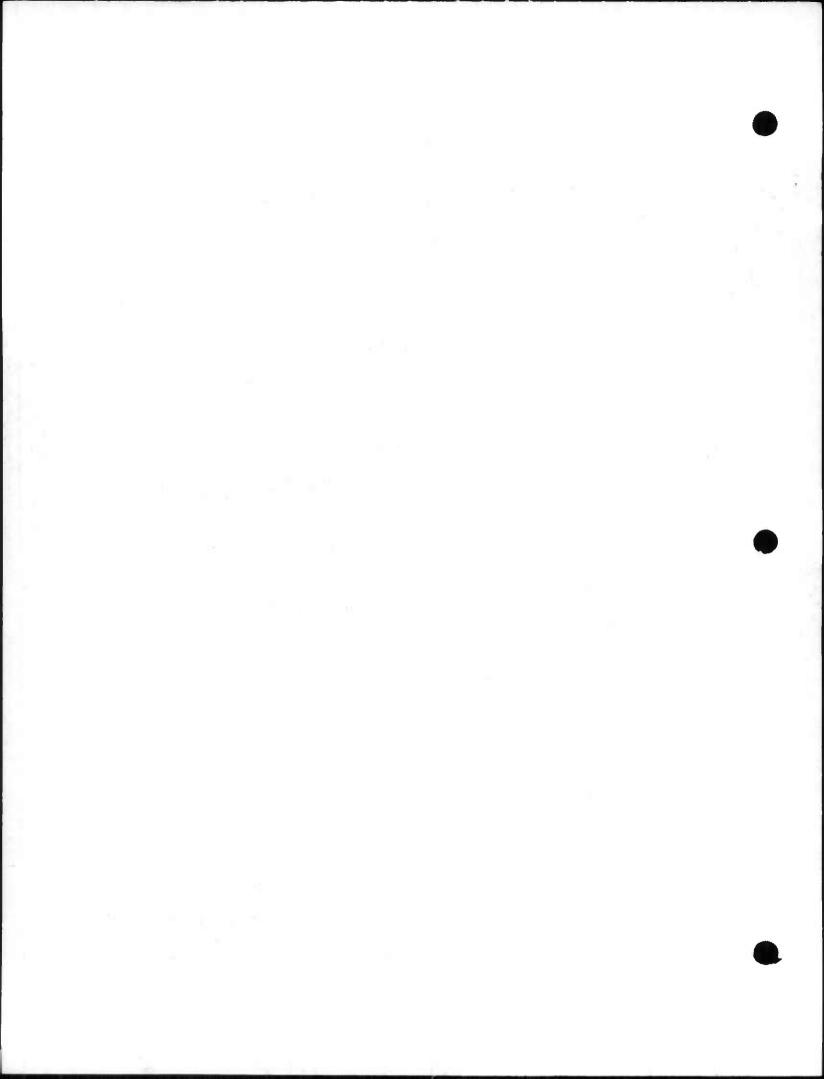
John H. Weigel, 31. DATE FILED (Month, Day, Year) JAN 3 1 1994

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR RTIF	TMENT ICATE	OF HI	EALTH AND	MENTA	AL HYGIEN REG. NO.	E 94	0	5666
	1. DECEDENT'S NAME (First, Middle, Lest) Emma	a M.		ehar				DACAL	E OF DEATH	3,1994	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 578–62–4528	5. SEX 1	6. AGE (In yrs. last	YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	E OF BIRTH 28/03		BISTHEL	ACE (State or Foreign
TOR	94. FACILITY NAME (If not institution, give s 2021 Huntingfield RESIDENCE OF DECEDENT				њ. спу, т Hunti		OWN	EATH		Calv	vert	ТН
DIRECTOR	10e. STATE 10b. COUNT Maryland Calve	-			y, TOWN OR		ON	10d. 1				Od. INSIDE CITY LIMITS? YES 2 HO
FUNERAL	100. STREET AND NUMBER 2021 Huntingfield	10f. ZIP CODE 10g. CITIZEH OF WH							EH OF WH			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES X X NO If YES, GIVE WAR OR DATES 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. If yes, specify Cuban, Mexican, Puerto Rican, etc.)						4. RACE -	- American Indian, White, etc.			
COMPLETED												
BE CON	Harry Yos Lana Minder											
2	Barbara Sullivan same as item 10											
	1 M Burlel 2 Cremation 3 Removel from State 4 Donetton 5 Other (Specify) Cremation or other place) Kesurrection Cemetery 2/1/94 Clinton, Md.											
	George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md.											
	23. PART I. Effer the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Dastrices or condition resulting in death) a. PRUBABLE CARDIAL ARRIVITAMIA DUE TO (OR AS A CONSEDUENCE OP):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST b. DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF):											
PHYSICIAN: MEDICAL C	DART II Other clamities to a state of the st							MAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL/	CE OF DEATH (Ch	neck only o	one)			
	II 1 Pringing 1											
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE C building,	OF INJURY — AI hos artc. (Specify)	me, farm,	street, factor			26t. LO	CATION (Street a y or Town, State)	and Number o	r Rural Rou	ite Number,
COMPLETE	29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE											ind manner as stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIES	Hey	/				29c. LICENSE HUI	MBER (3)	18	29d. DATE	SIGHED (M	Nonth, Day, Year)

CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

M.D. 120 Hospital Dr. #200, Prince Frederick.



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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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31. DATE FILED (Month, Day, Year)

VHLF

32. REGISTRAR'S SIGNATURE

gulia Davidson-Randalle

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. OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has bhours after death with the State Dept.

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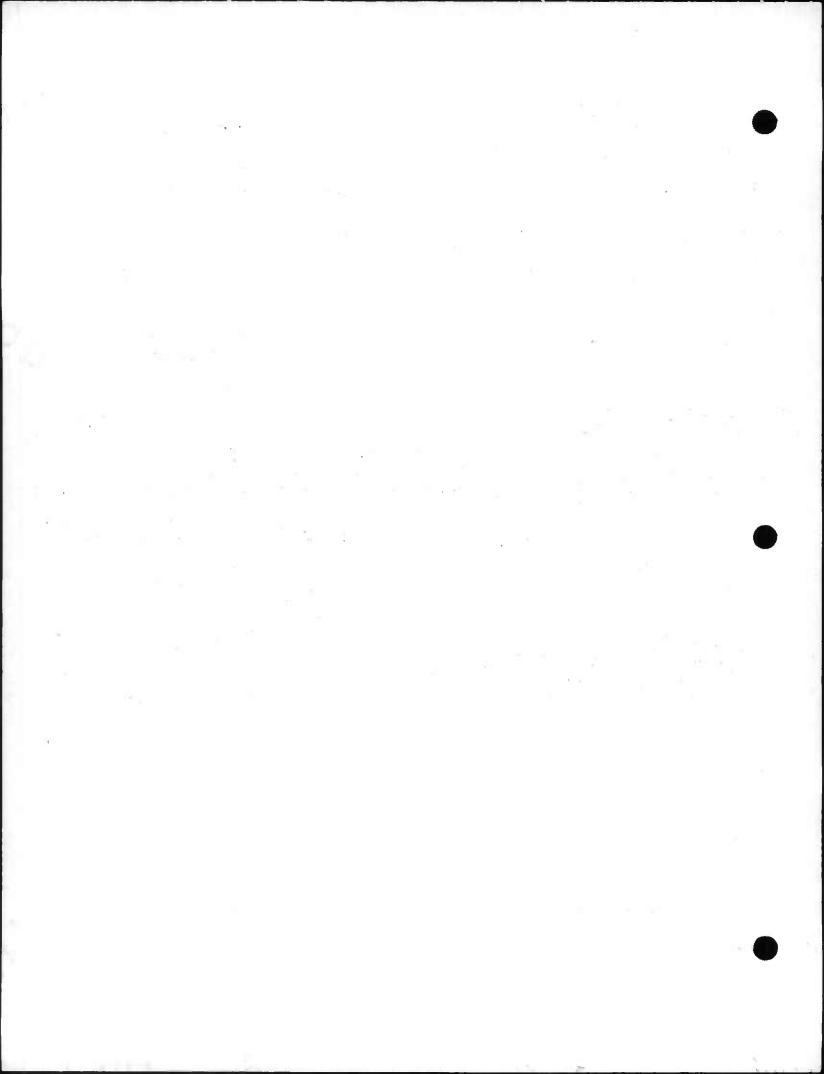
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR **CERTIFICATE OF DEATH** REG NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MCCREE ELLE LEB 04 4. SOCIAL SECURITY NUMBER 8. SIRTHPLACE (State or Foreign Country) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Yea DAYS 1 M 2 X F **5**78-34-0671 Mar 5, 1925 Virginia 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Prince George's Community Hospital Cheverly Prince George's 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince George's Capital Heights 1 X YES 2 NO FUNERAL 10a STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1326 Farmingdale Avenue 20743 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 XNO BY Specify: 3 Widowed 4 Divorced **Black** COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) Housewife Private 6th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BERTIE BELLE Edgar Carey BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joseph McCree 1326 Farmingdale Ave Capital Heights, Md. 20743 20g. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Burial 2 Cremation 3 Removal from State Maryland National Cemetery 4 Donation 8 Other (Specify) 2-10-94 Laurel, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE J.B. Jenkins Funeral Home Wana 7474 Landover Rd. Landover, Md. 20785 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart feliura. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final arterioscleratio Rardionascular de Onset and Death disease or condition reaulting in death) CERTIFICATION Sequantially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 THO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REPERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINENT HOSPITAL OTHER: Inpatient 2 SER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not b COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner se stated. 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c.-LICENSE NUMBER BE PESSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pright) 2

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	BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	in the funeral director, page 5 should be detached for use as the burial-transit permit the form.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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DR A	JIREC	OULS	E
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Tours after death, Page 6 may be retained by the hospital	AD THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE	STATE OF MARYL						la 1	05668	
Î	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) MORVARM	MICHAEL			OF DEATH ORIARTY	REG. NO 2. DATE OF DEATH MONTH		_	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 018-20-7335 9a. FACILITY NAME (If not institution, give all	1 🔀 M 2 🗆 F	(In yrs. last birthday)		YEAR IF UNDER 24 HRS. DAYS HOURS MIN. OWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 1-22-192	29 M	. BIRTHPLA Country)	Chusetts	
TOR	Prince George's	Hospital			verly		Princ			
DIRECTOR	MD Princ	ce George's	2.7	r, town on attsv					d. INSIDE CITY LIMITS?	
FUNERAL	100. STREET AND NUMBER 5215 56th Ave.				101. ZIP CODE 20781			S.A.	T COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If y	S DECENDENT OF HISPAI res, specify Cuban, Mexico YES 2 NO Specif	n, Puarto Rican, etc.)	s or No—	4. RACE — Black, W Specify: Wh	American Indian, Thite, etc.	
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of a life. Do NOT us Compute	vork done dur e retired.)	ing most of working	16b. KIND OF BU	SINESS/INDU	STRY		
ш	17. FATHER'S NAME (First, Middle, Last) Michael Moriarty		Compace	1 Alla	18. MOTHER'S NA	AME (First, Middle, Meiden et Burke		iters		
TO B	19a. INFORMANT'S NAME (Type/Print) Nina Margaret Mo	riarty			Street and Number or Rural Ave. Hyatts		,	/		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Remote Proceedings of Control Contro	oval from State 20b	. PLACE AND DATE (OF DISPOSITI		DATE 20c. LC	CATION — C	fy or Town,		
	21. SIGNATURE OF FUNERAL SHRVICE LIC	Mark		For	t Lincoln I Bladensbu	Cuneral Hor	ne Inc			
	IMMEDIATE CALISE (Final	List only one cause on e	ach lina.				1	at,	Approximeta Interval Batween Onset and Death	
	disease or condition resulting in death)	POSTIBLE DUE TO COR AS A								
NO	Sequentielly list conditions,	M ASSIVE	CONSEQUENCE OF	R GA	PTRO INTEST	COINTEIDINAL BLEEDING				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	С.	CIRRH	usis	LIVER	/				
CERT	resulting in death) LAST	d								
PERFORMED? 1 YES 2 NO OF D							ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO			
IAN:	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF DEATH (C)	neck only one)				
YSIC	EXAMINER? 1 YES 2 T NO	HOSPITAL: 1 Inpetient 2 SEER/Outp	satient 3 DOA	OTHER: 4 - Nursin	g Home 5 🗆 Residence					
27. MANNER OF DEATH 1 Naturel 5 Pending 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 VES 2						28d. DESCRIBE HOW	INJURY OCCU	JRED		
a	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, (treet, lactory	y, office	28f. LOCATION (Street City or Town, State		r Rural Route	Number,	
COMPLET		CIAN: To the best of my know R: On the best of examination							d menner sa stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	roy			D178	MBER 74		signed (Mo	onth, Day, Year) -94	
- 0	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLER OF DE	ATAL STEEL OF ST	m 1 - a		,				

BREWINOUD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

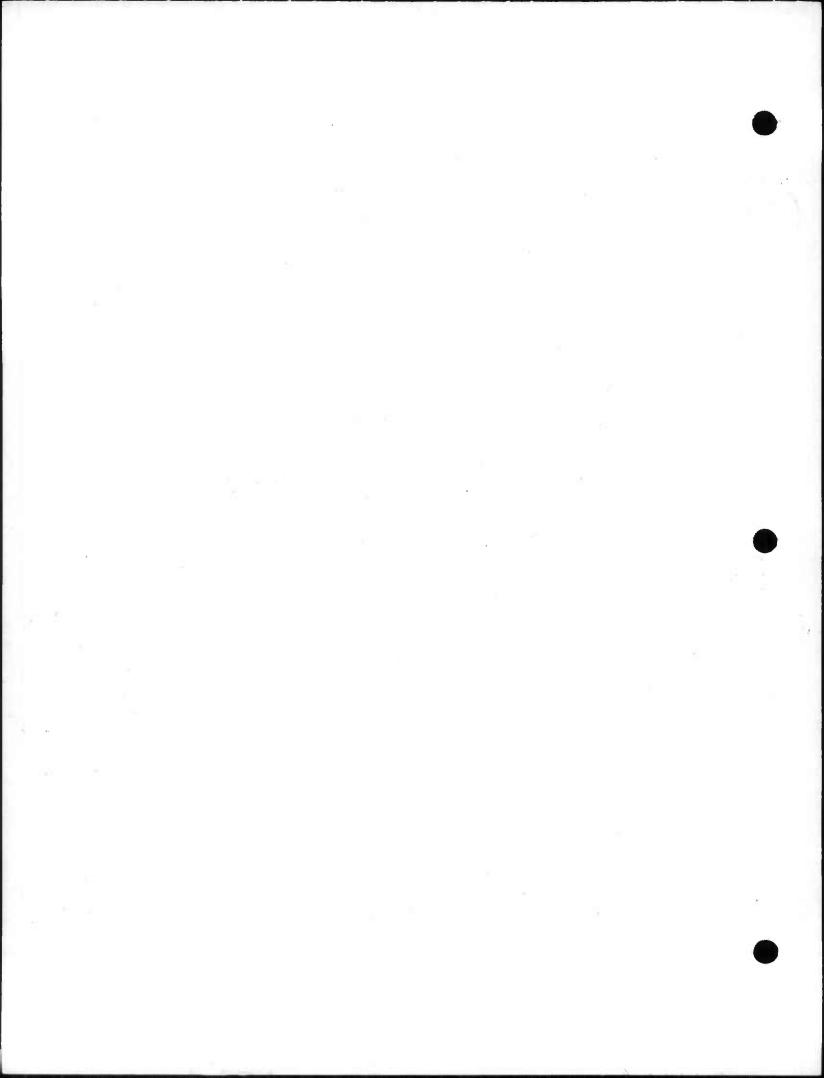
S. M. NAYAR ND 3717 - 38 AVG

31. DATE FILED (Month, Day, Year)

JAN 3 1 1994

Suna Davidson-Randall

mp 20722



050	physician
BALTIMORE, MARYLAND 21215-0020	spital or attending
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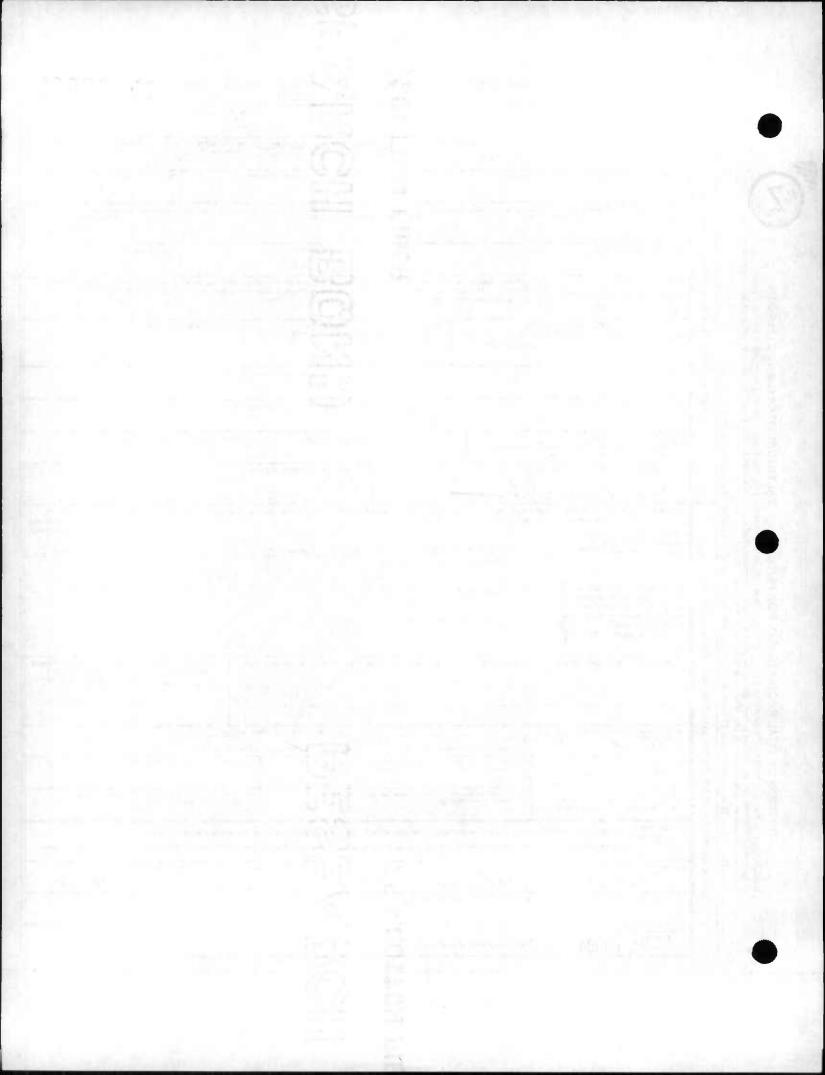
FAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-	TO THE MOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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Vernon El						6-1			Feb	1.	/ 19	94		A LAT
4. SOCIAL SECURITY NU		5. SEX	6. AGE (In yrs. In 53		IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	(Mont	OF BIRTH h, Day, Year)		Cour	intry)	(State or Foreig
219-36-396			55	YRS.						17,19		E	aryl	and
9a. FACILITY NAME (If no						Y, TOWN O		ON OF D	EATH			NTY OF		
16023 Nati		ike			нас	erst	own				Was	nin	gton	
10a. STATE	10b. COUNT			10c, CIT	Y, TOWN	OR LOCAT	ION						10d. I	NSIDE CITY
Maryland	Wash	ington		Hag	jerst	cown								YES 2 NO
10e. STREET AND NUMBE				160			ZIP CODI						F WHAT C	OUNTRY?
16023 Nati	onal P	ike				2	1740				USA	1		
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 D			T EVER IN U.S. AI	RMED NO	13	If yes, spe		n, Mexica	an, Puerto	t? (Specify Ye Rican, etc.)	s or No—	Bla	CE - An	
15. D	ECEDENT'S ED	JCATION	16a, Di	ECEDENT'S	USUAL	OCCUPATIO	ON .		168	. KIND OF BU	SINESS/IN			
(Specify of Elementary/Secondary	only highest grad y (0-12)	College (1-4 or 5	116	Sive kind of a. Do NOT u	se retired.	during mo	st of workir	ng						
6				Fore	eman	100			C	onstr	uctic	n		
17. FATHER'S NAME (First, RUSSEll Ri		on Moats				F	Dor	othy	/ Mar	Middle, Maiden	umpow			
Anna Marle		ts	.16	16023	Nat	s (Street a	nd Number	or Rural Ke	Hage	ber, city or Tow PSTOWI	n, State, Zi	217	40	
· ////	RAL SERVICE L	CEMBER								Hage				
23. PART I. Enter the ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list commit any, leading to immediate. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death)	diseases, or r heart failure. Finel ditions, mediate LYING night.	complications the List only one ca	at caused the d	eeth. Do e. GOUENCE O	not ente	NAME AND SDOYN	ID ADDRE IE FU IMS PO de of dy	ss of FA INET & ort, N Ing, suc	Maryl	me and 2	P.0.E	Box	348	Approximate Interval Betwoonset and D
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whock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list concil any, leading to immicause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) Lipart III. Other algniff 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 [2 Accident	diseases, or r heart failure. Finel ditiona, mediate LYING njury AST Icant condition TO MEDICAL	complications this. List only one calls. B. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO A. DUE TO DUE TO DUE TO A. DUE TO DUE TO A. DUE TO A. DUE TO DUE TO A. DUE TO DUE TO DUE TO A. DUE TO DUE TO A. DUE TO A. DUE TO DUE TO DUE TO A. DUE TO DUE TO A. DUE TO DUE TO A. DUE TO DUE TO DUE TO A. DUE TO DUE TO A. DUE TO DUE TO A. DUE TO DUE TO DUE TO DUE TO A. DUE TO DUE	of caused the duse on each line (OR AS A CONSE (OR AS A CONSE death but not	COUENCE O	OTHE 4 NAME OF JURY	nderlying 26. PL 28. INJ 28. INJ 28. INJ 28. INJ 1 1	COURT AT TES 2	ss of FA	Part I.	and 2 diac or resp 24a. WAS AP PERFO 1 UYES	AUTOPSY RMED?	20 CCURED	348 WERE AMAIL COMPOSED 1	Approximate interval Betwoonset and D

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Michael J. McCormack 1799 Howell Rd. Hagerstown, MD 21740

31. DATE FILED (Month, Day, Year) FEB 2 2 1994

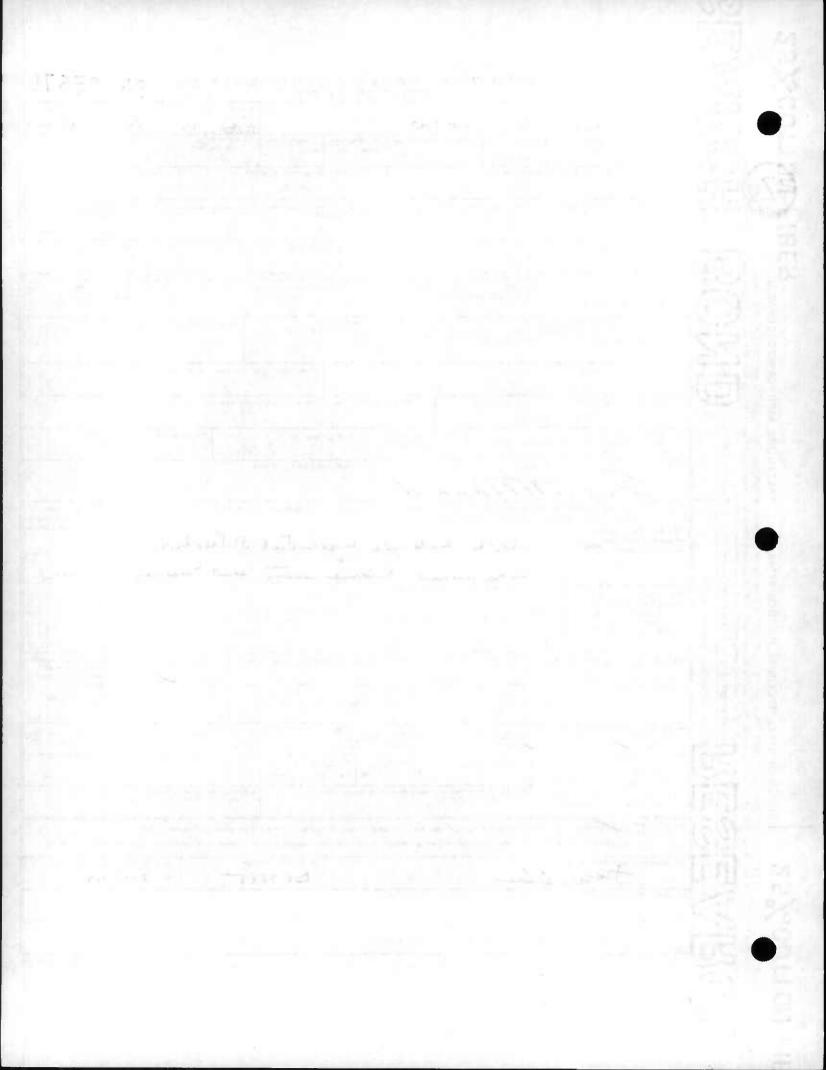


DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
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IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
FEB 2 2 1994

32. REGISTRAR'S SIGNATURE
Jahin Davidson Randowl

	1 - STATE REGISTRAR		MARYLAND /	DEPAR					MENTA	L HYGIEN	<u></u>	4	05670
	1. DECEDENT'S NAME (First, Middle, Las	Kennet	huver	ی					, MONT	OF DEATH	AY S	EAR :	0. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-09-0474	5. SEX 1 1 M 2 F	6. AGE (In yrs. les	ot birthday) O yns.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE	OF BUTH h, Day Year)			LACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give Washington Cou		ltal				rstov		EATH		9c. COUNTY Was		gton.
DIRECTOR	10a. STATE 10b. COUN	STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										IOd. INSIDE CITY LIMITS? VES 2 NO	
FUNERAL	553 Frederick S	Street				101	. ZIP CODI	217	40		10g. CITIZE	USA	IAT COUNTRY?
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:					l? (Specify Ye Rican, etc.)	s or No- 14	Black,	American Indian, White, etc. White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)							facturer					
BE COM	17. FATHER'S NAME (First, Middle, Last) Samuel H	H. Martin					18. MOT	HER'S N		Middle, Maider ldie M	Sumame) largare	t P	almer
TO B	190. INFORMANT'S NAME (Type/Print) Mrs. Anna Marie N	Martin									vn. State. Zip Co Mar		nd 21740
	20a, METHOD OF DISPOSITION 1 🖹 Burial 2 🗆 Cremation 3 🗆 Ra 4 🗆 Donation 5 🗀 Other (Specify)	moval from State	20b. PLACE cometery, cre Rest						2-2		cation - ch		n, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE	· nn	Unne	eR							h Fune Hagers		Home n, MD 2174
	23. PART i. Enter the diseases, o shock, or heart fallure immediate CAUSE (Final disease or condition resulting in death)	a. List only one cer	t coused the deuse on each line A and line as a conse). -							ma,	ι,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	ot sud-	(OR AS A CONSE	QUENCE O	n.		معدا	عاد د	(tea	at the	دي <u>ه</u> د دور		Yes
	resulting in death) LAST	4											
MEDICAL	PART II. Other eignificant condition	one contributing to	death but not	resulting	in the u	nderlyin	g ceuse (given in	Part i.	24a. WAS AF PERFO 1 TYES	RMED?	0	VERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? VES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			07115		LACE OF D	EATH (C	heck only o	ne)			
PHYSICIAN:	1 U YES 2 NO 27. MANNER OF DEATH	1 Imputient 2 2 28a, DATE OF (Month, D	MJURY	28b, TIM				esidence	6 🗀 Othe 28d. DE		INJURY OCCU	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE C	OF INJURY At he etc. (Specify)	ome, farm,	M street, fac	1 🗆	YES 2	□ NO		ATION (Street or Town, State	and Number or	Rural Ro	ute Number,
COMPLETED	290. CERTIFIER 1 CERTIFYING PHY	/SICIAN: To the best of NER: On the besis of s											and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIF	ATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)						Month, Day, Year)					
5		N WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											



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BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician
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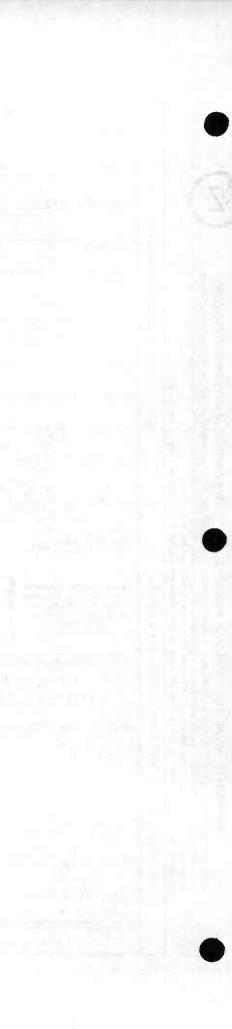
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	1 - FOR STATE REGISTRAR	STATE OF M			RTMENT OF H		D MEN	ITAL HYGIEN	_	L	05671
	1. DECEDENT'S NAME (First, Middle, LI Ellen Margaret						M			YEAR	3. TIME OF DEATH 0848 M
	4. SOCIAL SECURITY NUMBER 162-50-3856	5. SEX 1	6. AGE (In yrs. las	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HI	s. 7.0	PATE OF BIRTH Month, Day Year) BC 31,1		BIRTHE	LACE (State or Foreign
FOR	9a. FACILITY NAME (If not institution, g. Washington Countries of December 1		1	W	9ь. сіту, томи (На	gersto		ž i	9c. COUNT		ngton
DIRECTOR	10a. STATE 10b. COL	10c. CITY, TOWN OR LOCATION Washington Hagerstown						1		10d. INSIDE CITY LIMITS? 1 YES 2 1 NO	
FUNERAL	100. STREET AND NUMBER Hillside Court 21740					40			n of w	HAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes, specify Cuben, Maxican, Puerto Rican, etc.)						res, specify Cuban, Maxican, Puerto Rican, etc.) Black, White, s				r: .	
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 1.2	EDUCATION rade completed) College (1-4 or 5 d	(G		202			her or	vn home		
	17. FATHER'S NAME (First, Middle, Last)							irst, Middle, Maider			
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2	Joyce V. Trovin	nger			side Cou						
	20g, METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 F 4 Donation 5 Other (Specify)	lemoval from State			of disposition (Ne other place) Cemeter		2-		cation - ch	•	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME 21.740										
	Doct t	1///le	mu	ck				n Blvd.			own, Md.
	23. PART I. Enter the disesses, shock, or heart fellu IMMEDIATE CAUSE (Final disesse or condition resulting in death)	a. Due to	ise on each line	.						et,	Approximate Interval Batween Onset and Death
CERTIFICATION	Sequentisity list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSE								
	PART II. Other significent condi	tions contributing to	deeth but not i	resulting	in the underlyin	g ceuse giver	in Part	1. 24a. WAS AF	ALITOPSY	24h	WERE AUTOPSY FINDINGS
MEDICAL	COR PULMONIA HYPERTENSIO	HE						PERFO	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN:											
SICI,	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 VES 2 NO	HOSPITAL:	ER/Outpetient 3	DOA	26, Pl OTHER: 4 Nursing Norr	ACE OF DEATH		and the same			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF (Month, D	INJURY	26b. TIN	IE OF 28c. INJ	URY AT PRK?	26d.	. DESCRIBE HOW	INJURY OCCU	RED	
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10	30 MAME AND NOORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30 MAY P. REIED 22911 JEFGURSON BLVD HAGENSTOWN, MD 21783										

32. REGISTRAR'S SIGNATURE

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Juli Seniear Randall



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. From the filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	be notified at once.
ecuted within 24 hours after death. Page 6 may	nd completely filled in by the funeral director, p burial, cremation, or removal.	atic event, the medical examiner must
e law requires that the death certificate be ex	has been signed by the attending physician a Dept. of Health and Mental Hyglene prior to	1 23 shows any injury, or other trauma
O THE HOSPITAL OR ATTENDING PHYSICIAN: Th	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hyplene prior to burial, cremation, or remoral.	IMPORTANT. If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF MARY	LAND / DEPAR	TMENT OF A	IFAITH AND M	FNTAL HY	CIENE 9	. (5672
	REGISTRAR		ICATE OF			G. NO.	-8	0015
	1. DECEDENT'S NAME (First, Middle, Last) ARTHUR A. MC	CAVIN			2. DATE OF DE		YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AG	E (In yrs. lest birthday) 6 5 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day,	Year) /	L BIRTHPLI Country)	ACE (State or Foreign
TOR	98. FACILITY NAME (If not institution, give street and number) MANOR CAZE NSG H RESIDENCE OF DECEDENT	om E	96. CITY, TOWN	OR LOCATION OF DEA		/	Y OF DEAT	н
DIRECTOR	10a. STATE 10b. COUNTY		4. TOWN OR LOCAL		.C			d. INSIDE CITY LIMITS?
FUNERAL	18/9 FORT DAVIS	ST. S.		2005	Ro	10g. CITIZI		T COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married FORCES? XX YE IF YES, GIVE WAR OR KOT CE	S 2	If yes, sp	ENDENT OF HISPANIC ecity Cuban, Maxican, 2 NO Specify:		olfy Yea or No — 1	4. RACE — Black, W Specify:	American Indian, hite, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)					of Business/INDU		
CO	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM			-	
BE	Oliver McRavin			Berneth		inson		
198. INFORMANT'S NAME (Type/Print) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1819 Ft. Davis St. SE Washington, D.C. 20020						0020		
	20a METHOD OF DISPOSITION 2	0b. PLACE AND DATE	OF DISPOSITION (No			Oc. LOCATION — CI		
	4 Donation 5 Other (Specify)	arlington	City Ce	metery 2/	4/94 I	arlingto	n, SC	
	21 HIGHATURE OF FUNERAL SERVICE LICENSISE	uh	4308 S	Suitland F	Rd. Sui	tland, M	D 20	Home,Inc. 1746
	23. PART I. Enter the diseases, or complications that caus shock, or least fallure. List only one cause on	ed the deeth. Do r	not enter the mo	de of dying, auch	aa cerdlec o	respiratory arres	it,	Approximeta interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)		of BI	Un				Onset and Death
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ATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF	F):					
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TED BY	2 Accident investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJUI building, etc. (Sp.	IY — At homa, farm, a ec/fy)	street, fectory, offic		City or Town	(Street and Number or , State)	Rural Route	Number,
MPLET	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axaminst						,	- MONTH (1960)

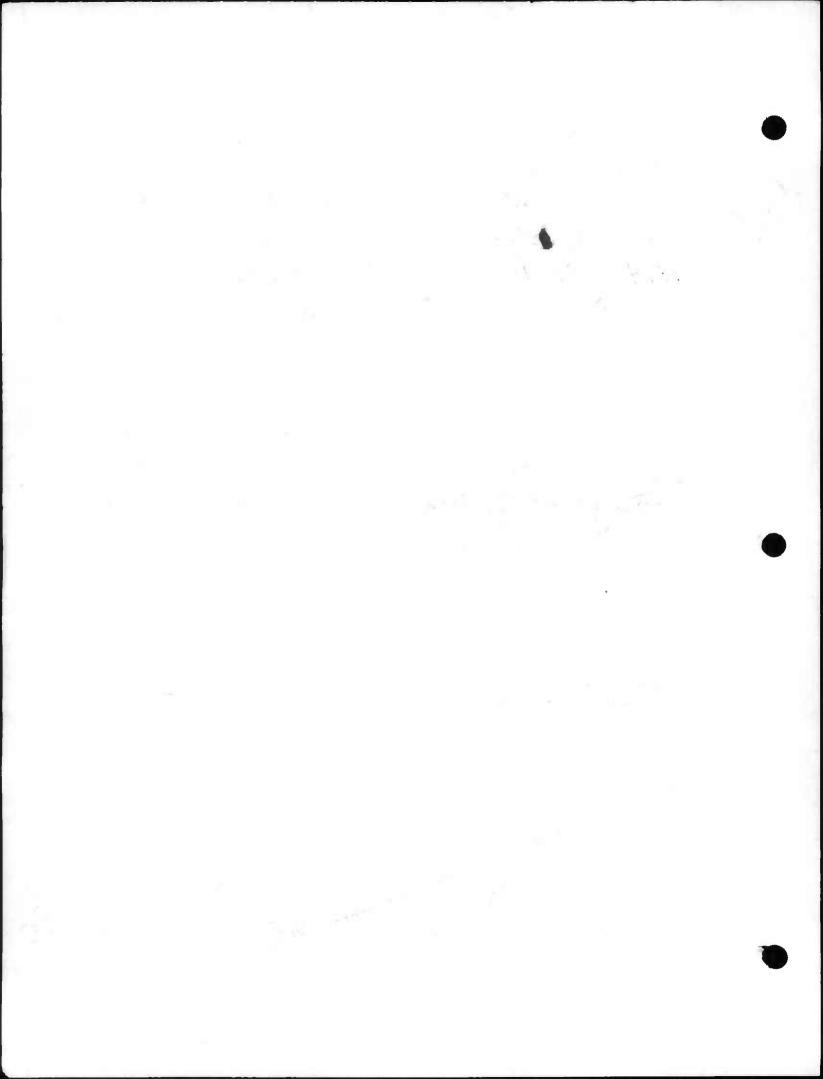
PLETED CAUSE OF DEATH (ITEM 27) (Type, Print

32. REGISTRAR'S SIGNATURE

Ma Davidson-Randall

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ID THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the	ID THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be der find within 72 hours after death with the State Dent, of Health and Mental Hydiens prior to burial, cremation, or removal.	INPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
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31. DATE FILED (Month, Day, Year)

EERO 9

1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) Thomas James Moore February 2,1994 6:30 A.M. M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 1929 8. BIRTHPLACE (State or Foreign 247-48-3173 64 HOURS 1 X M 2 F April 23 South Carolina 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 7903 Kreeger Drive Adelphi Prince Georges RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Prince Georges Maryland Adelphi 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20783 United States 7903 Kreeger Drive 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 X ND Specify: 14. RACE — American Indian, 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: Black BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 11th grade Welder Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Julius Theodore Moore Tina Wills BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Gloria A. Oliver (daughter) 2514 Easton Street, Hillcrest Heights, Maryland 20748 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE National Harmony Memorial Park | Landover, Maryland 22. NAME AND ADDRESS OF FACILITY Latney's Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 3831 Georgia Avenue, N.W.; Wash.D.C. 20011 23. PART I. Enter the diseases, or confolications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line Interval Betwe Onset and Death IMMEDIATE CAUSE (Final disease Dr condition Feb 2 1991 resulting in death) Endsta CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TES 2 X NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA me \$\ XResidence 8 \ Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

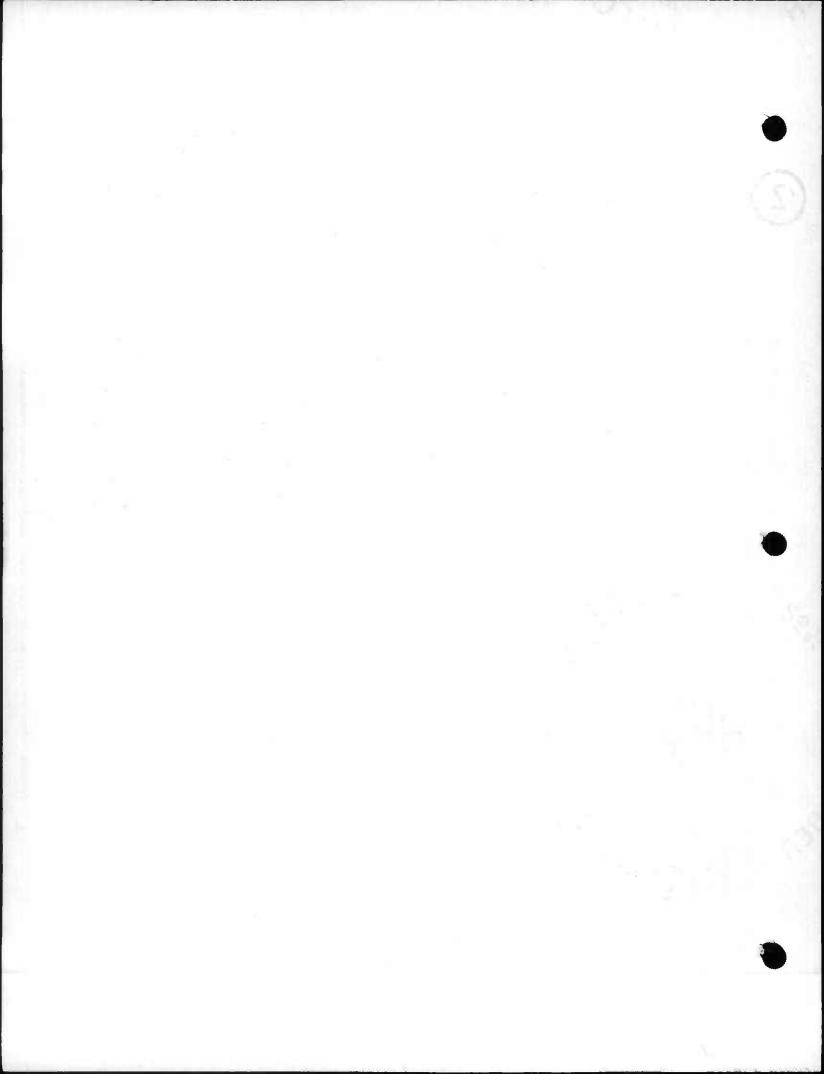
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(CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated. 29b. SIGNATURE AND TITLE DF GERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Terral chme February D 24706 4,1994 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Javed Rahmat, M.D.; 4915 Auburn Avenue, Bethesda, Maryland 20814

32. REGISTINAB'S SIGNATURE
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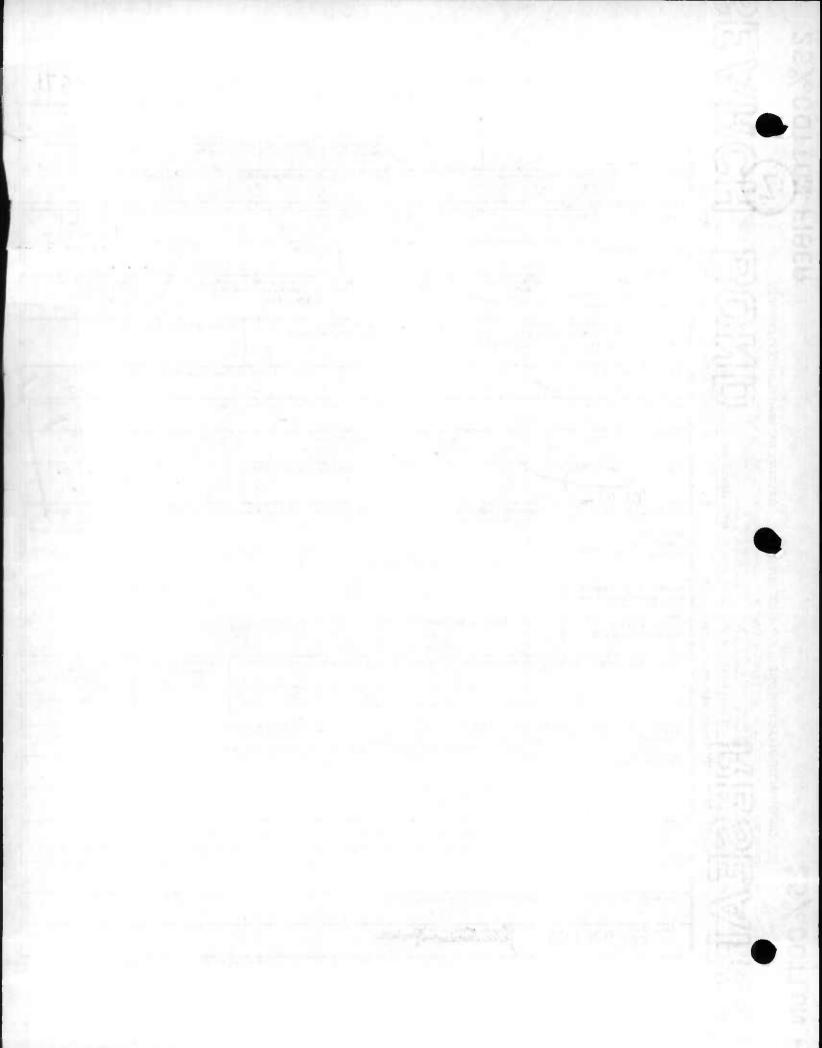
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ie funeral director, page 5 should be detached al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
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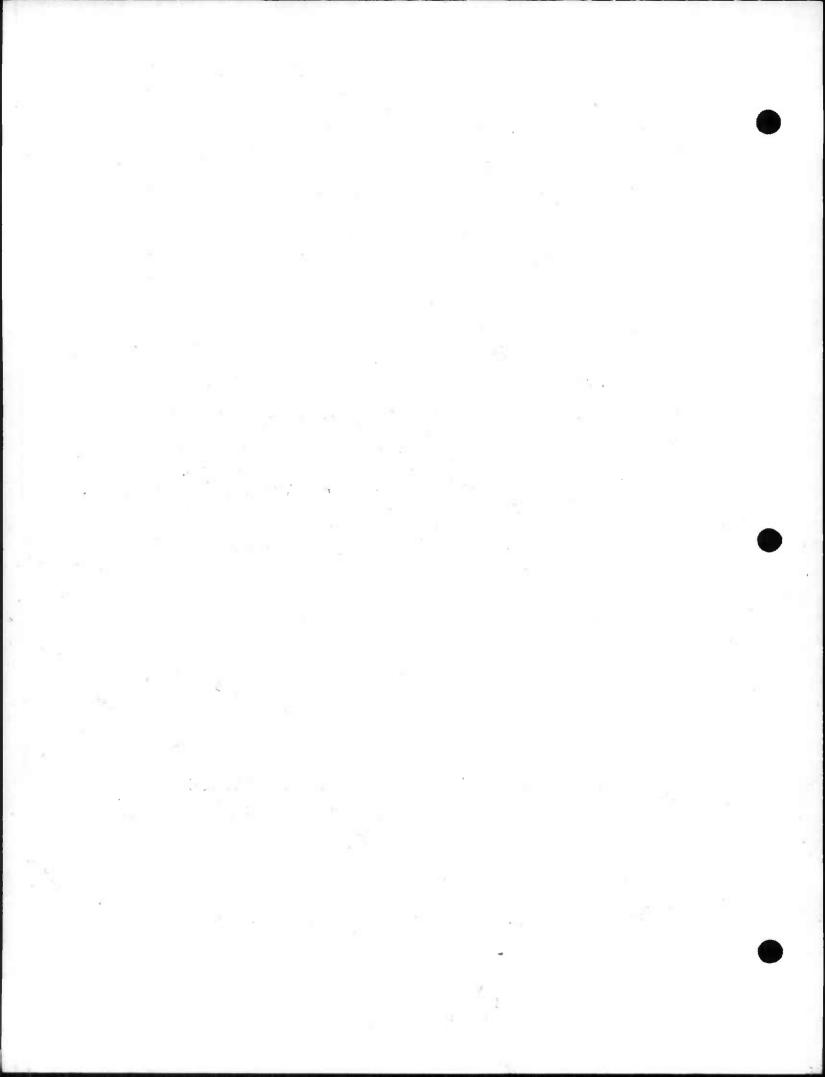
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18. DECEDENTS BUILD. DOCUMENT Beneral systems of power or flower protect of the KIND OF BUSINESSIMDUSTRY College (st or 5 -) Barnes Compton Beall 19. MOTHERS NAME (First, Models, Last) Barnes Compton Beall 19. MOTHERS NAME (First, Models, Last) Barnes Compton Beall 19. MOTHERS NAME (First, Models, Last) Barnes Compton Beall 19. MOTHERS NAME (First, Models, Maldon Surramo) Mildred Agnes Sansbur 19. MOTHERS NAME (First, Models, Maldon Surramo) Mildred Agnes Sansbur 19. MOTHERS NAME (First) Same as 10 A-7 Compton 19. MOTHERS NAME (First) Same as 10 A-7 Same as 10 A-7 Compton 19. MOTHERS NAME (First) Same as 10 A-7 Same as 10 A	Indian,
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Tell Marker's Name (First, Middle, Maidler) Surmanney Barnes Compton Beall Tell Marker's Name (First, Middle, Maidler) Surmanney Mildred Agnes Sansbur'	
Barnes Compton Beall Wis Normant's Name (pyperhor) Mildred Kay Whiteman 200. PLACE AND DATES (Sime and Number or Rural Rouse Number, Cay or Roun, Stein, 2) Code) Same as 10 A-F 200. PLACE AND DATES OF ISPOSITION (Number) (a) Donation a Comparison of	
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23. PARTIJENET the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory streat, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, but To (OR AS A CONSEQUENCE OF): Sequentially list conditions, and the support of the	c.
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8/dume 043306 12/4/94	rbar)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Sylvia Batong, M.D. Prince Frederick, MD 20678	
Sylvia Batong, M.D. Prince Frederick, MD 20678 31. DATE FILEO (MONTH) ON A DOWN 1994 FFR 0 8 1994 32. REGISTRATUS SIGNATURE Product.	



	1	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGI		94 05675
		1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH	4	3. TIME OF DEATH
	1	MICHAEL	PATRICK	M	ICCONATY	7	FEB 01	1994	7:00 A M
		4. SOCIAL SECURITY NUMBER 214-68-8032	5. SEX 8. AGE (In			IF UNDER 24 HRS.	7. DATE OF BIRTH	956	BIRTHPLACE (State or Foreign Country) Washington, DC
- B		9a. FACILITY NAME (# not institution, give s	treet and number)	9b.	CITY, TOWN DR	LOCATION OF DE			Y OF DEATH
(3)	0	7305 MILLIGAN LA	NE (IN YARD)		CLINTON	1		PRIN	CE GEORGES
(4)	DIRECTOR	10a. STATE 10b. COUNTY	ce George's		nton	N			10d. INSIDE CITY LIMITS?
		100. STREET AND NUMBER	ice ocorage s		101. Z	IP CODE		10g. CITIZE	1 YES 2 NO.
n. ansit p	FUNERAL	12808 Brandywine	Road		20	0613 m		Unit	ted States
o d ad a d a d a d a d a d a d a d a d a	ž	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 [X] NO		fy Cuban, Maxica	HC DRIGIN? (Specify in, Puarto Rican, atc. y:		4. RACE — American Indian, Black, White, atc. Specify: White
r attend use as		15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	AL OCCUPATION done during most	of working	16b. KIND OF	BUSINESS/INDUS	STRY
(1 - 5	7	Elementary/Secondary (0-12) 9 th	College (1-4 or 5 +)	Welder	ired.)		Brand	lywine M	lotors
Z Z Z W .	BE COMPLETED	17. FATHER'S NAME (First, Middle, Last) Thomas McConad	ty		1	IB. MOTHER'S NA	ME (First, Middle, Me Zinia Roj	den Surname) ISTON	
(D) (E)		190. INFORMANT'S NAME (Type/Print) Diana McConaty		196. MAILING ADD	veeney 1	Number or Rural I	Route Number, City or	Town, State, Zip C	Maryland 20613
ALTIMORE, death. Page 6 may be funeral director, page examiner must be		20a METHOD OF DISPOSITION 1/1/2 Burlel 2 Cremation 3 Rem	oval from Stata ceme	PLACE AND DATE OF DE	SPOSITION /Name	of	DATE 200	LOCATION CH	
ALTIMORE death. Page 6 may funeral director, pa	ŀ	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		esurrection	22. NAME AND	ADDRESS OF FA	0 5,94 (union,	Maryland Iome, Inc 6633
BALTIN ter death. Pag the funeral dir wal.		14/1	114	11/2					in, Maryland
with hours at mpletely filled in by cremation, or rem		23. PART I. Enfer the disease, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due TO (DR AS A C	ch lina.	1		has cardiac or re		Approximate interval Batween Onset and Death
O. BOX 687 certificate be executed fing physician and con tygiene prior to burial, other traumatic e	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEDUENCE OF):					
			d.						
# to 80 =	PHTSICIAN: MEDICAL	PART II. Other significent condition	s contributing to death bu	t not resulting In th	a Underlying o	ceuse given in	PER	S AN AUTOPSY FORMED? S 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? YES 2 \(\subseteq \text{NO} \)
AL RE law requestable has been Dept. of 123 sho	AN	25. WAS CASE REFERRED TO MEDICAL			28 PLAC	CE OF DEATH (Ch	ect cats one)		
F VITAL SICIAN: The law certificate has the State Dep	200	EXAMINER? 1 X YES 2 ND	HOSPITAL: 1 Inpatient 2 ER/Outpet		HER:		6XXOther (Specify)	IN YAR	
OF V PHYSICIA this certif with the rked, or	Ē	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	286. TIME OF		Y AT	28d. DESCRIBE HO		
NG P Wing	5	1 Natural 5 Pending 2 Accident Investigation	FEB 01, 199		M 1 YES	S 2 ND			SHOTGUN WOUND
DIVISION OF VI OR ATTENDING PHYSICIAN. DIRECTOR: After this certifica hours after death with the St Item 28 Is marked, or It		Suicide 6 Could not be determined	building, etc. (Specif	in yarı					ANE Number
Pour Item		29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the beat of my knowle			nd place, and due	to the cause(a) and		
HOSPITAL FUNERAL WITHIN 72	COMPLEIED	onel D	R: On the beals of exemination						
	4	291. SIGNATURE AND TITLE OF CERTIFIED	(-0. m	Λ	2	9c. LICENSE NUI	WBER		SIGNED (Month, Day, Year)
PPON	2	30 NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type Prin	0	O.C.M.	Е.	F	TEB 02,1994
7)		TRAPON Lacke	E MD	111 Penn S	Street.	Baltim	ore, Mary	land 21	201
		31. DATE FILED (Month, Day, Year) FFR 0 8 1994	32. REGISTRAR'S SIGNA	son-Randall					

FEB 02,1994 DHMH-18 Rev 1/89



31. DATE FILED (Month,

FEB

8 1994

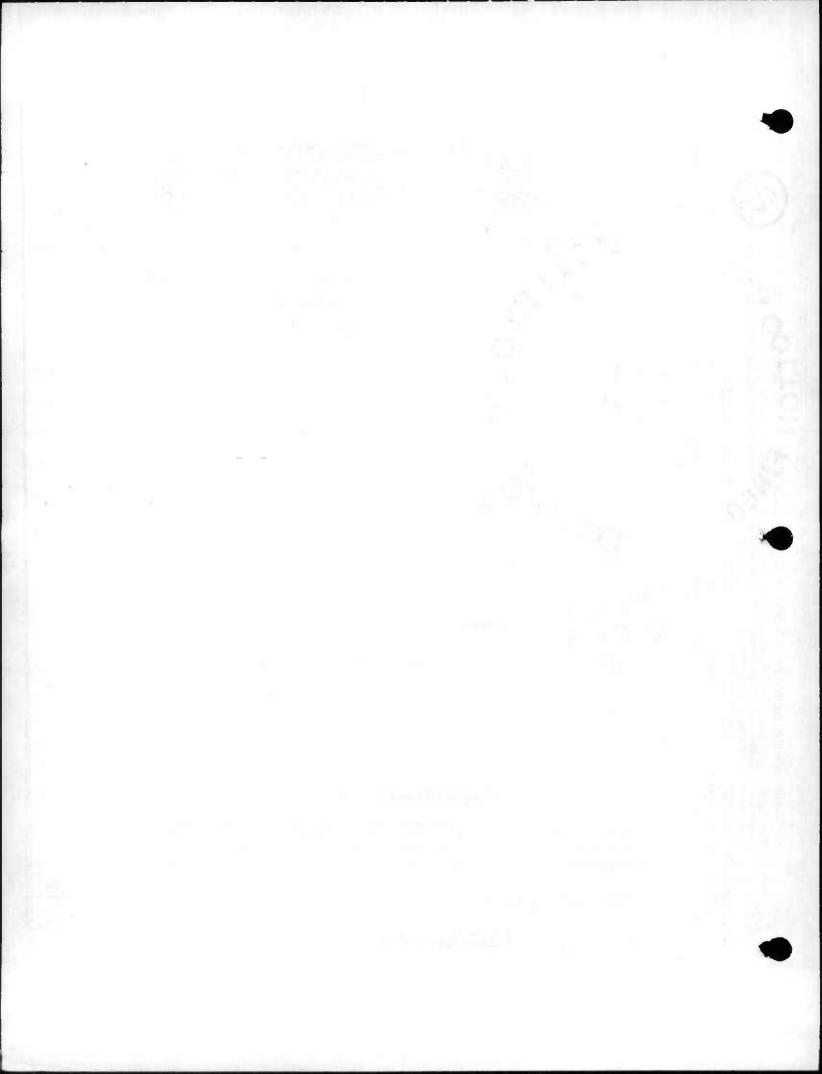
	1 - FOR STATE REGISTRAR		STATE OF N		DEPARTMERTIFICA				MENTAL HYGIE	-	94 05676
	1. DECEDENT'S NAME (FI	irst, Middle, Last) Ma	101	lanni	19				2. DATE OF DEATH	3	S. TIME OF DEATH
	100	4976	5. SEX	6. AGE (In yrs. In 79		THE DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	4	B. BIRTHPLACE (State or Foreign Country) ArKansa.
DIRECTOR	PINEVIEW	Manor	etroot and number) - Extended	d Care	lintor	OR LOCATIO	N OF DE	ATH		ty of Death CC Georges	
REC	10a. STATE	10b. COUNT			10c. CITY, TO		ATION				10d. INSIDE CITY LIMITS?
0	Maryland 100. STREET AND NUMBE		e George'	۵	Clu	rton					1 TES 2/2 NO
RA	5804 Sulla						of. ZIP CODE	735		10g. CITIZ	EN OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 [3 Widowed 4 December 14 December 15 Dec	☐ Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2)(7)		If yes,	CENDENT O	F HISPAN	IC ORIGIN? (Specify Yor, Puerto Rican, etc.)	ea or No—	14. RACE — American Indian, Black, White, atc. Specify: White
9	15, Di (Specify of	ECEDENT'S EDI	UCATION	16a. Di	ECEDENT'S USUA	AL OCCUPA	ION		16b. KIND OF BI	JSINESS/INDU	
COMPLETED	Elementary/Secondary		College (1-4 or 5 +)	Sive kind of work of Do NOT use reti	red.)	iost or workin	9	Manning	as Gri	ll
Ö	17. FATHER'S NAME (First,						18. MOTH	ER'S NAI	ME (First, Middle, Malde		
BE	Robert	Claren	ce Stedma	n			Re	beco	ca Ida Rol	oinson	
2	19a. INFORMANT'S NAME	1 1	(7)						loute Number, City or To		Code)
	Howard Mar							Cli	rton, Mari		20735
	20e. METHOD OF DISPOS 1 💢 Burlal 2 🗆 Crema 4 🗆 Donation 8 🗀 Oth	ition 3 🗆 Ren	noval from State	20b. PLACE cametery, cn FORES	and date of dis	eme Ceme	vame of tery	02-			rt, Louisiana
	21. SIGNATURE OF FUNE	RAL SERVICE L	artin 9	atus			Old A	S OF FAC	Lee Fur	reral 1	Home, Inc. Clinton, Md.
Z	23. PART I. Enter the shock, pr IMMEDIATE CAUSE (f disease or condition resulting in death)	neert failure.	o. Les J	caused the dese on each line	Brux	FO	ode of dyl	ng, auch	as cardiac or reap	piretory arre	at, Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	nediate LYING njury	· Kens	OR AS A CONSE	BUL	in-					
MEDICAL	PERFORMED? 1 YES 8 NO OF DEATH?								24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRIED EXAMINER?	MEDICAL	HOSPITAL:	ER/Outpatient 3	DOA 4	HER:	PLACE OF DE				
	27. MANNER OF DEATH 1			INJURY	28b. TIME OF INJURY	28c. If	JURY AT ORK?		6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED		
> 1					JRY — At home, Jerm, street, fectory, office				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
TED BY	3 Suicide 8	Could not be	28e, PLACE Of building,	FINJURY — At ho etc. (Specify)	oma, lerm, street,	factory, off	ca		28I. LOCATION (Street City or Town, State	and Number o	r Rural Route Number,
COMPLETED BY	3 Suicide 4 Homicide 29a. CERTIFIER (Check only	Could not be determined	SICIAN: To the best	my knywledge, de	with occurred at 1	the time, de	a and place,		City or Town, State	nner as stated	

801

32. REGISTRAR'S BIGNATURE PONDARD

-0

20775



				-			
4-95-	2	4	0	5	6	7	7

REGISTRAR						_	_			
1. DECEDENT'S NAME (First, Middle, Last							NATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
HELEN LOUISE							2-2-	94		11:15P
4. SOCIAL SECURITY NUMBER 224-32-0800	5. SEX 1 M 2 X F	L AGE (In yrs. last b		F UNDER 1 YEAR ONTHS DAYS	HOURS MIN	0	ATE OF BIRTH Month, Day, Year) -6-192	8	Country	PLACE (State or Foreign)) INGTON V
88. FACILITY NAME (If not Institution, give WASHINGTON AD	,	HOSPITA		b. CITY, TOWN	OR LOCATION OF	DEATN	7	9c. COU	NTY OF D	
RESIDENCE OF DECEDENT						-		1		
D.C.	ITY			TOWN OR LOCA HINGT(10d. INSIDE CITY LIMITS? 1X YES 2 NO
100. STREET AND NUMBER 643 14TH STRE	ET N.E.			10	r. ZIP CODE				S.A	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAI	YES 2/ NO	ED	If yes, s	CENDENT OF HIS pecify Cuban, Mar S 2 NO Spo	rican, Pu		_		- American Indian, White, etc.
15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5+)	16a. DECE (Give life. De	OENT'S US kind of work to NOT use n	BUAL OCCUPATI k done during m wtired.)	ON ost of working		16b. KIND OF BI	JSINESS/IN	OUSTRY	
12TH		HOU	SEKE	EEPER						
17. FATHER'S NAME (First, Middle, Lest) JAMES HERRY	WHITNEY				VIRGI	NAME (F	rst, Middle, Maide C • E I	PS		
19a. INFORMANT'S NAME (Type/Print) DANIEL FIELD:					and Number or Ru				p Code)	
20a. METHOD OF DISPOSITION 1/ Burlat 2 Cremation 3 Re		20b. PLACE ANI	DDATEOF	DISPOSITION (N	REET 1			OCATION -	City or To	wn, Stata
4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	I WENGEE			Loo Marie o	NO ADDRESS OF	5.00				
4	LICENSEE			ZZ. NAME A	NO ADDRESS OF					
23. PART I. Effer the diseases, or shock, or heart failure	r complications that on. List only one ceus	caused the dest	h. Do not	225	OR'S I	JRI	ERAL S	W. L	JASH	Approximets interval Batwe
shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	s. List only one cous	caused the destine on each line. RALAE OR AS A CONSEQUE		225	MISSOU	JRI	ERAL S	W. L	JASH	Approximets Interval Batwe
iMMEDIATE CAUSE (Fins) disease or condition	s. DUE TO (C	e on each lina.	ENCE OF):	225	MISSOU	JRI	ERAL S	W. L	JASH	Approximets Interval Batwe
shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s. DUE TO (C	PAR AS A CONSEQUENCE AS	ENCE OF):	All	MISSOT oda of dying, a SST	JRI such ss	ERAL S. AVE N. cerdiac or real	N AUTOPSY PRIMEO?	VASH rest,	Approximets Interval Batwe Onset and Da- Onset and Da- WERE AUTOPSY FINDIN AMALABLE PRIOR TO
shock, or heart failure IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant equality 25. WAS CASE REFERRED TO MEDICAL	s. DUE TO (C b. DUE TO (C c. DUE TO (C) d. Ona contributing to d	PAR AS A CONSEQUENCE AS	ENCE OF):	225 anter the me	MISSOT oda of dying, s .SST And	JRI such ss	AVE N. Cardiac or real 24a. WASA PERFO 1 YES	N AUTOPSY PRIMEO?	VASH rest,	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
shock, or heart failure immeDiATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant equalities	B. List only one ceuse B. DUE TO (C. DUE TO	OR AS A CONSEQUI	ENCE OF): ENCE OF): ENCE OF):	225 anter the mo	MISSOT oda of dying, a SST And ag cause given Commenced	JRI Huch ss	AVE N. Cerdiac or real AVE N. Cerdiac or real I. 24a. WAS A PERFC 1 □ YES	N AUTOPSY PRIMEO?	VASH rest,	Approximets Interval Batwe Onset and Da- Onset and Da- WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
shock, or heart failure IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant equalities 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 MES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending	B. List only one ceuse B. DUE TO (C. DUE	PR AS A CONSEQUENT AS A CONSEQ	ENCE OF): ENCE OF): ENCE OF):	225 anter the months and the underlying the underly	MISSOT oda of dying, a SST Au ig cause given extra cor Death ne 5 Raalden JURY AT ORK?	IRI Huch ss In Part (Check on	AVE N. Cerdiac or real AVE N. Cerdiac or real I. 24a. WAS A PERFC 1 □ YES	N AUTOPSY PAMED?	VASH rest,	Approximets Interval Batwe Onset and Da- Onset and Da- WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
Shock, or heart failure IMMEDIATE CAUSE (Finsi disease or condition resulting in daeth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST PART II. Other significant equalities PART II. Other significant equalities EXAMINER? 1	B. List only one ceuse B. DUE TO (C. B. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C.	PR AS A CONSEQUI	ENCE OF): ENCE OF): ENCE OF): ODA 4 200. TIME OF INJURY	225 anter the months and the underlying the underly	MISSOT oda of dying, a SST Au ig cause given cause of Death no 5 Realden JURY AT ORK? YES 2 NO	IRI such ss in Part (Check once 8 = 28d.	I. 24a. WAS A PERFC 1 YES Other (Specify)	N AUTOPSY PIMED? INJURY OC and Number and N	Z4b.	Approximets interval Batwe Onset and Da- Onset and Da- Were Autopsy Findin Anal, able Prior To Completion of Cause OF GEATH? 1 Yes 2 No
Shock, or heart failure IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant equality 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	B. List only one ceuses B. DUE TO (C. DUE T	PR AS A CONSEQUENT OF AS A CONSE	ENCE OF): ENCE OF): ENCE OF): ENCE OF): O DOA 4 20b. TIME C INJUR o, farm, stre	225 anter the months and the underlying the underly	MISSOT oda of dying, a SST APP ag cause given cause	in Part (Check on 28d.)	I. 24a. WAS A PERFC 1 YES Ny one) Other (Specify) DESCRIBE HOW LOCATION (Street) couse(a) and m	N AUTOPSY PAMED? INJURY OC and Numbe	24b.	WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant equalition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	B. List only one ceuse B. DUE TO (C. B. DUE TO (C. DUE TO (C.	PR AS A CONSEQUENT OF AS A CONSE	ENCE OF): ENCE OF): ENCE OF): ENCE OF): O DOA 4 20b. TIME C INJUR o, farm, stre	225 anter the months and the underlying the underly	MISSOT oda of dying, a SST APP Ing cause given CACE OF DEATH me 5 Realden JURY AT ORK? YES 2 NO	In Part (Check on 28d. 28f. 28f.	I. 24a. WAS A PERFC 1 YES Ny one) Other (Specify) DESCRIBE HOW LOCATION (Street) couse(a) and m	N AUTOPSY PIMED? INJURY OC and Number)	24b.	WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

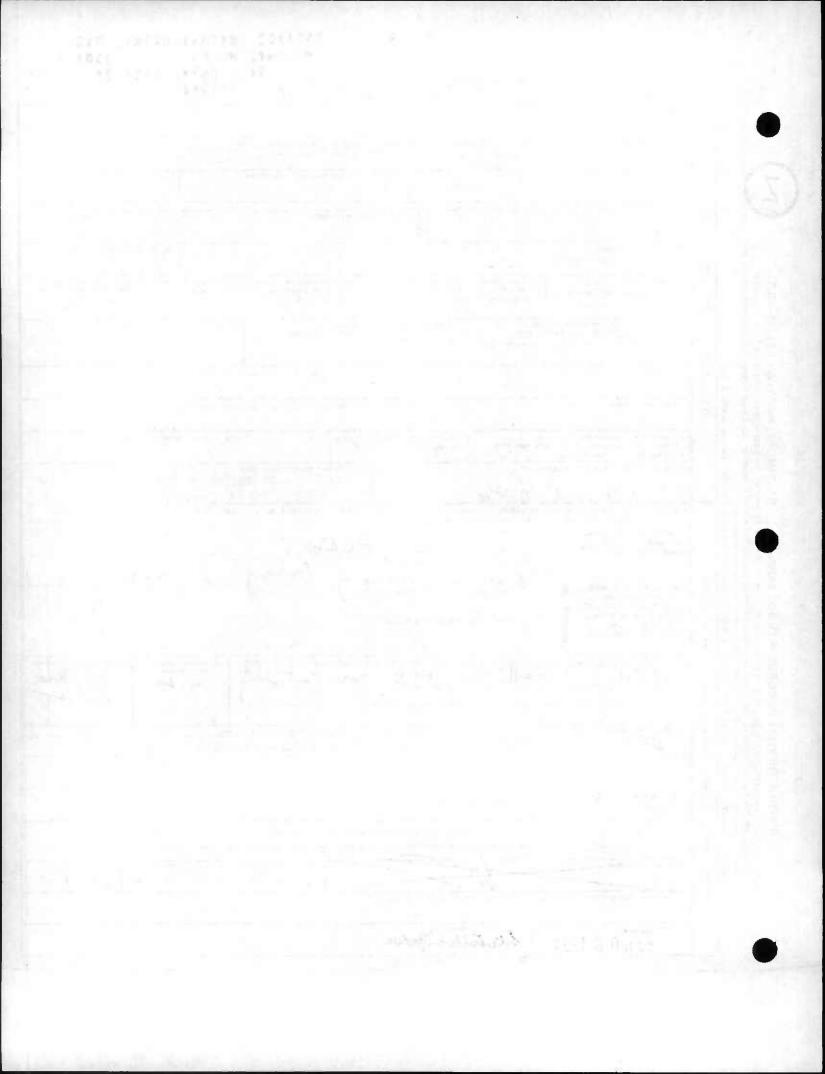
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and located leads to the following the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Page 16 miles within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burlal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

STANISH STANIS

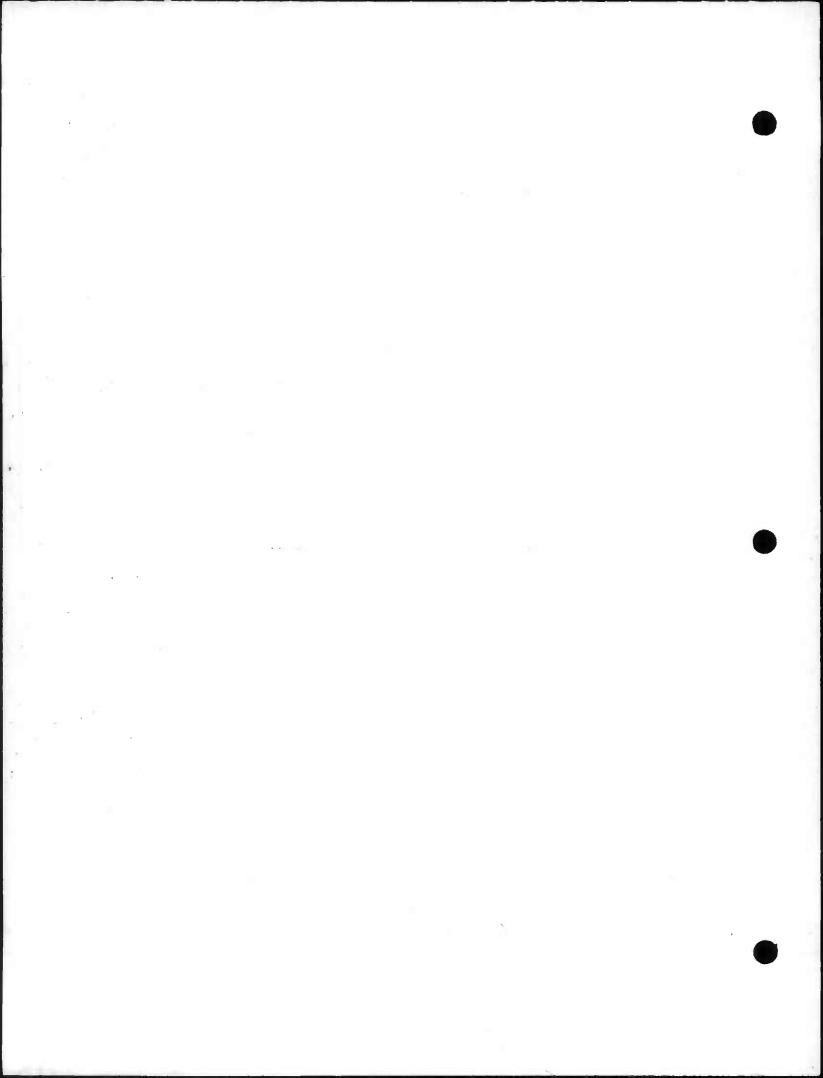
DIVISION OF VITAL RECORDS, P.O. BOX 68760,



760 BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician.	/TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Part befiled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certifi	/TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

E STRAR	STATE (F MARYLAND /	DEPARTMENT ERTIFICATE			MENTAL	HYGIEN REG. NO	
HT'S NAME (First, Middle, Last)	1	M	TADI	11	7	2. DATE O	F DEATH	DAY

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		IENT OF HEALTH AI		TAL HYGIENE REG. NO.	9	4 05678
	1. DECEDENT'S NAME (First, Middle, Last)	A. M	CFAR	LAND	MO	TE OF DEATH DAY		3. TIME OF DEATH P
ATT	4. SOCIAL SECURITY NUMBER 579-50-0862	1 № 14 2 🗆 F 62		UNDER 1 YEAR IF UNDER 24 NTHS DAYS HOURS &	7. DA	TE OF BIRTH	Lu	HATHPLACE (Stete or Foreign Country) LONDURG, Va.
TOR	99. FACILITY NAME (If not institution, give at 1103 Southview RESIDENCE OF DECEDENT			Oxon Hill			9c. COUNTY PG	OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY	PG		own on Location				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1103 Southv	iew DRive #	101	10f. ZIP CODE 20745	5			OF WHAT COUNTRY?
B≺	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 XYES IF YES, GIVE WAR OR DATE US Army	2 NO	13. WAS DECENDENT OF H If yes, specify Cuben, & 1 YES 2 NO	Aexicen, Puer			RACE — Americen Indian, Black, While, stc. Specify: Black
COMPLETED	15. DECEOENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 12 Yrs	CATION		JAL OCCUPATION done during most of working tired) ion Officer		16b. KIND OF BUSI	NESS/INDUST	RY
BE COM	17. FATHER'S NAME (First, Middle, Last) Vernon McFarla	nd				st, Middle, Meiden S Live	urneme)	
TO B	Jeffery A. M		7009 N	DRESS (Street end Number or layfair Road)	, Laur	el, Md.	, 2070	7
6	20e. METHOD OF DISPOSITION 1 CBurlal 2 \to Cremetion 3 \to Remote 4 \to Donation 5 \to Other (Specify)	oval from State Mail	Y Tandy Na	fonal Memor	ial Pa		rel, M	d
	21. SIGNATURE OF FUNERAL SERVICE LIC	Lumn	ree	22. NAME AND ADDRESS	OF FACILITY			es Co., Inc. NE, DC 20017
CERTIFICATION	IMMEDIATE CALIFE (Final	e. July one cause on each of the court of th	ch line.					Interval Between
PHYSICIAN: MEDICAL CI	PART II. Other significent condition	e contributing to deeth bu	t not resulting in t	he underlying ceuse give	en in Part i	24a. WAS AN A PERFORM	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE/REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEAT	M (Check onl)	y one)		
HYSI	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa		Nursing Home 5 Resid		ther (Specify) DESCRIBE HOW IN	ILIBY OCCUPI	50
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		. 1	DEGOTIOE TOTAL	30111 000011	
	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY - building, etc. (Specil	— Al home, ferm, stre-	reel, factory, office 28f. LOCATION (Str. City or Town, St			reet and Number or Rural Route Number, tete)	
COMPLETED		CIAN: To the best of my knowle						use(e) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	ele na	epuly A	LE 29c, LICENS	S79	7	29d. DATE SIG	35 1994
)	10. MANE AND ADDRESS OF PERSON WHI	EMD. 1070	TH (ITEM 27) (Type, Pri	Tow DR.	LAK	60, MI	20	772
	FEB 8 1994	32. HE ISTRARY SIGNA	TURE Ander		- 1			



1. DECEDENT'S NAME (First,	Middle, Last)	Rox - Ch	illiam	II.	eal		•		DATE OF DEATH	DA7/2/	94	3. TIME OF DEATH
KOL	1		ian			120	al	-	teb -	2	94	9P
4. SOCIAL SECURITY NUMBER 233-42		5. SEX 1 M 2 F	6. AGE (In yrs. Is 63	et birthday) YRS.	MONTHS	DAYS	IF UNDER 24 H	RS. 7. 1	Month, pey, Year arch4,	1930	Coun	HPLACE (State or Foreign try) St Virgini
9a. FACILITY NAME (If not ins					9b. CIT		OR LOCATION (F DEATH			JNTY OF I	
10102 Broc		e				Sil	ver Sp	ring		Mi	ontg	omery
	10b. COUNTY		10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?	
100. STREET AND NUMBER	Mon	tgomery			Sil		Spri	ng				1XXYES 2 NO
10102 Broc	k Driv	ve					20903				United States	
11. MARITAL STATUS 1 Never Merried 2 8 3 Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2			If yes, sp	CENDENT OF H ecity Cuban, M 2 X NO S	exican, Pu	RIGIN? (Specify lerto Rican, etc.)	Yea or No-	Blac Spec	E - American Indian, ck, White, etc. chy.Arrican- crican
	DENT'S EDUC highest grade of			W. DO NO! U	work done	during mo	ON ost of working	È	166. KIND OF	BUSINESS/IN	DUSTRY	
17. FATHER'S NAME (First, Mic William O.							Evely		First, Middle, Mak aft	den Surname)		
Stephanie		ohnson							Number, City or Bostoi			2118
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 4 Donation 8 Other	ON 1 3 Remo	val from State	20b. PLACE cemetery, cr	AND DATE	of DISPOS	Crem	ame of atory	2/5		cocation -		
21. SIGNATURE OF FUNERAL	SERVICE LICE	£-7/	Olla.	nd	7 22.	Hine 1180	0 New	ldi Hamp	Funeral shire A	ve Si	lver	Spring MD
23. PART I. Enter the die	SERVICE LICE Seesee, or co ert fellure. L	emplications that class only one cau	Olla	leath. Do	not enter	Hine 1180	s-Rina O New	ldi Hamp	Funeral shire A cordlec or re	epiratory en	lver	Approximate interval Between
23. PART I. Entar the disabock, or ha IMMEDIATE CAUSE (Final disease or condition	service Lici	DUE TO	caused the d	leeth. Do lee.	not enter	Hine 1180	s-Rina O New	ldi Hamp	Funeral shire A cordlec or re	epiratory en	lver	Approximate interval Between
23. PART i. Enter the disahock, pr ha iMMEDIATE CAUSE (Fini disease or condition resulting in death) Sequentially list condition if any, leeding to immedicause. Enter UNDERLYNCAUSE (Disease or injurithet initiated events	service Lici	DUE TO	caused the dise on aach lin COR AS A CONSE	equence o	not enter	NAME AI Hine 1180 The mo	s-Rina O New ode of dying,	ldi Hamp such •••	Funeral shire A cordioc or re	epiratory en	lver	Approximate interval Betwee Onset end De Onset end
23. PART I. Enter the disabock, pr he immediate Cause (Fine disease or condition resulting in death) Sequentially list condition if any, leeding to immediate. Enter UNDERLYIN CAUSE (Disease or injurthet initiated events resulting in death) LAST	DONS, liste ed Conditioned	DUE TO DUE TO Contributing to	caused the dise on aach lin COR AS A CONSE	equence o	not enter	NAME AI HITE 1180 r the mo	s-Rina O New ode of dying,	Idi Hamp such ee	Funeral shire A cordict or re	AN AUTOPSY	lver	o. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART i. Enter the disabock, pr ha iMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition if any, leeding to immed cause. Enter UNDERLYIN CAUSE (Disease or injurthet initiated events resulting in death) LAST	SERVICE LICI	DUE TO	caused the deseron as a constant (OR AS A CONSTANT (OR AS A CONSTA	equence of resulting	not enter	NAME AI HITE 1180 r the mo	s-Rina 0 New de of dying, g cause give	Idi Hamp such ee	Funeral shire A cordict or re	AN AUTOPSY	lver	Approximate interval Betwee Onset end Dei On
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23. PART I. Enter the disabock, pr he immediate Cause (Fine disease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLYING CAUSE (Disease or injurt that initiated events resulting in death) LAST PART II. Other algnificant visual properties of the cause. The cause of the cause o	SERVICE LICI	DUE TO DUE TO	caused the dise on each lin COR AS A CONSE	DOA TIME	OTHE 4 Number of July M	ndarlyln 26. PI R: Indian Horrisa	S-Rina O New Ide of dying, George give ACE OF DEATH THE THE THE THE THE THE THE THE THE THE	Idi Eamp such ee	I. 24a. WAS PERIOD IN THE PERIOD OTHER (Specify)	AN AUTOPSY FORMED?	lver root,	Approximate interval Betwo Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

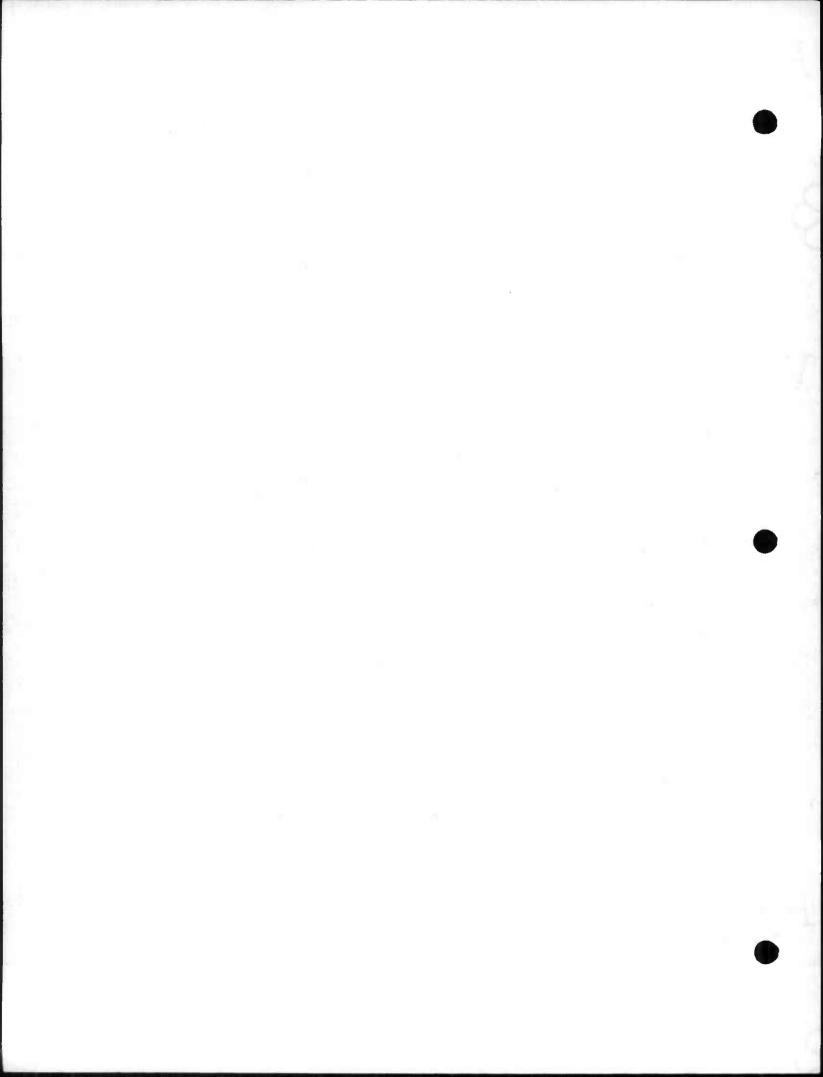
fours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020



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31. DATE FILED (Month, Day, Year) FEB 0 2 1994

		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF H	EALTH AND MEI	NTAL HYGIEN	_	05680	
		1. DECEDENT'S NAME (First, Middle, Last)				2.	DATE OF DEATH	<i>w</i> .	3. TIME OF DEATH	
		Cristina Maria N	Vazario				anuary 1	, 199	YEAR 11:00 PM M	
0		4. SOCIAL SECURITY NUMBER	IF UNDER 24 HRS. 7. I	7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country)						
		213-06-4867	1 M 2 F 25 YRS. MONTHS DAYS HOURS MIN				Sept.8, 1968 Washington, I			
	-	9e. FACILITY NAME (If not Institution, give :	OR LOCATION OF DEATH	PEATH 9c. COUNTY OF DEATH						
L. Pages DIRECTOR		I 95 at mile marker 8Q3 Southbound Abingdon Harford								
		10e. STATE 10b. COUNT	TION			10d, INSIDE CITY				
	뜸	Md Pri	ince George's	Ну	attsv	ille			LIMITS? 1 X YES 2 NO	
-	AL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?	
n. ansit	FUNERAL	7039 Hunter Lane				20782		U.S.A.		
20 yslcia rial-tr	5	11. MARITAL STATUS 1. Never Merried 2 Merried	FORCES? 1 YES 2 NO It y			S DECENDENT OF HISPANIC ORIGIN? (Speed, speedly Cuban, Mexican, Puerto Ricen		or No- 1/	4. RACE — American Indien, Black, White, etc.	
fing ph	BY	3 Widowed 4 Divorced				2 NO Specify:	record, acc.,	Specify. White		
21215-0020 al or attending physic for use as the burial		15. DECEDENT'S EDU	CATION	16a. DECEDENT'S USU	AL OCCUPATION	ON	16b. KIND OF BUS	INESS/INDIA		
2121 lal or atte		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work life. Do NOT use ret	done during mo		TOD. KIND OF BOO	MILOSTINOS	, ini	
Spital Ned 1	뒽	12	5½	Student			College	2		
/LAND by the hospit be detached at once.	COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Maiden	Sumame)		
d by d by	BE (Nazario			Hirsil	la Olive	cia		
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burtal-trannotified at once.	5	19e. INFORMANT'S NAME (Type/Print)		-1-17-5		nd Number or Rural Route				
60 60	-	Joseph (NMI) Na				Lane, Hyati				
ORE, I e 6 may be ector, page must be r		20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	ioval from State 20b.	PLACE AND DATE OF DI Detery, cremetory of other p LITE OF HEAV	SPOSITION (Na				ty or Town, State	
- 0 0		4 Donation 6 Dother (Specify)		ite of Heav		netery 1/2		Silve	er Spring, Md.	
ALTIM death. Page funeral direct.		· Charles F	2000	Sons Fur						
60 -	\square		- //						sville, Md. 207	
5 - 9		23. PART I. Enter the diseases, or shock, or heart failure.	complications that caused List only one cause on as	d the daeth. Do not e ach line!	nter the mo	de of dying, auch as	cardiac or reapi	ratory arrea	Approximate interval Batween	
		iMMEDIATE CAUSE (Final disease or condition	a. Head Inferior DUE TO (OR AS A CONTEQUENCE OF):							
ompletely fille		reaulting in death)								
68760 xecuted with and compler burial, cre-		_		The social of the						
	[흔]	Sequentially list conditions, if sny, lasding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
BOX cate be en hysician a e prior to	3	cause, Entar UNDERLYING	c							
P.O. B th certificate tending phys if Hygiene p or other	띨	CAUSE (Disease or Injury that Infilated eventa DUE TO (OR AS A CONSEQUENCE OF):								
O. the part of	CERTIFICATION	resulting in daath) LAST	d							
the deat y the atte	AL C	PART ii. Other aignificant condition	ns contributing to death be	ut not resulting in th	e underlying	g cause given in Part			24b. WERE AUTOPSY FINDINGS	
~ I > 2 T S	호						PERFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
RECOR	MEDICA						/		1 VES NO	
× 2 2 2 2 2										
	S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	l ax	26. PL	ACE OF DEATH (Check o	nly one)	59-	7-95 at	
F VIT.	YSI	1X YES 2 NO	1 Inpatient 2 ER/Outp	entient 3 DOA 4		e 5 🗆 Residence 8	Other (Specify)	0.30	ulemeran	
PHYSICIAN: this certifica with the St riked, or it	품	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY		RK?	DESCRIBE HOW I	A PLA	The tracer	
ON OI DING PHYS After this death with	BY	2 Accident Investigation	1/1/94/ 92/ M 1 VES 2 ND 286 PLACE OF INJURY — At home, farm, street, fectory, office				281. LOCATION (Street and Number or Rural Route Number,			
DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is mai		3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spec		, fectory, office	261	City or Town, State)	.nd Number or	Rural Route Number,	
DIVI OR AT DIRECT hours a		29e. CERTIFIER	saighbains	195W 80	1 mu	animen				
	COMPLET	(Check only	ICIAN: To the best of my knowl							
TO THE HOSPITAL TO THE FUNERAL SE filed within 72 IMPORTANT: If	8			n end/or investigation, in	my opinion, a			due to the o	ceuse(s) end menner se stated.	
THE F	BE	296. SIGNATURE AND TITLE OF CERTIFIE	/			29c. LICENSE NUMBER			SIGNED (Month, Day, Year)	
2 P & W	0	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUGE OF THE	ATM OTERS OF CO.		DO 1199			115/44	
11		DICHOLD . T. S	O COMPLETED CAUSE OF DEA	AIRI (IIEWI 27) (Type, Prin	2013 7	PAPPE C	HURCH	ROAD	> 11	
(0)	1	31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S SIGN	ATUME .		AKLINGTO	IN, MAR	YLAND	D 2103/-	
		FFR 0 2 199	1 Julia Davi	dson-Randall	-					



0F	MARYLAND / DEPA CERTII	RTMENT OF H		MENTAL HYGIENE REG. NO.	94	03001
е	Army McCla	urin No	len	2. DATE OF DEATH MONTH DAY	2, 199	3. TIME OF DEATH
	8. AGE (In yrs. last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a, BIR	THPLACE (State or Foreign

	1. DECEDENT'S NAME (First, Middle, Lest)	ouise Army	McClauri	n Nolen	2. D.	ATE OF DEATH ONTH DAY	2. 1990 3	TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs.	last birthday) IF U	NDER 1 YEAR IF UNDER	24 HRS. 7. D/	ATE OF BIRTH	a. BIRTHPI	LACE (State or Foreign				
	491-30-7327	1 D M 2 F 83				forith, Day, Year)	Country)					
	Se. FACILITY NAME (If not institution, give stre	et and number)	9b.	CITY, TOWN OR LOCATION	ON OF DEATH		COUNTY OF DEA	sissippi				
DIRECTOR	SOUTHERN MAR	y LAND Hasp		Linton,	ha a	, /	1	GEORGES				
Ĭ,	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION		HETT HITT	11	IOd. INSIDE CITY				
0	Maryland Princ	ce Georges	C1	inton			1	LIMITS?				
A	10e. STREET AND NUMBER 9211	Stuart Lane		101. ZIP CODE		10g	. CITIZEN OF WH	AT COUNTRY?				
E	Wellington Manor N	lursing Home		207	35	U	Inited S	tates				
BY FUNERAL	11. MARITAL STATUS 1 Nover Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMEO X NO	13. WAS DECENDENT O	n, Maxican, Pue	IGIN? (Specify Yes or No rto Rican, etc.)	Black, Specify:	- American Indian, White, etc.				
ED	15. DECEDENT'S EDUCA	ITION 16a.	OECEDENT'S USUA	AL OCCUPATION	T	16b. KIND OF BUSINESS		74411				
E	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work of life. Do NOT use retir	one during most of workingd.)	g							
4	9th grade		Dieti	cian		Hospit	al					
BE COMPLET	17. FATHER'S NAME (First, Middle, Last) Matthew	McC	laurin		ice	rst, Middle, Maiden Surnai		rown				
	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20747											
9	Anna B. Nolen (daughter) 6577 Pennsylvania Avenue, Apt. 203; Forestville, MD.											
	20a METHOD OF DISPOSITION 1/ Aburtal 2 Cremetton 3 Removal from State 4 Donatton 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cametogy or pher place) National Harmony Memorial Park Landover, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AND AGORESS OF FACILITY Latney's Funeral Home								
	Card Salie	- Jolomon	A .	3831 Georg	ia Ave	nue,N.W.;W	lash.D.C					
	23. PART i. Enter the diseases, or co- ehock, or heert fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	ist only one ceuse on each i	ine.					Approximete Interval Between Onset and Death				
	IMMEDIATE CAUSE (Final disease or condition resulting in desth) a. Hypertensive arthrevector curdic - Due to (or as a consequence of): Sequentially list conditions.											
ATION	If eny, leading to immediate											
CERTIFICATION	CAUSE: (Disease or Injury that Initisted events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST											
5	d.											
	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part h. 244. WAS AN AUTOPSY PRODUNGS AMILIABLE PRIOR TO COMPLETION OF CAUSE											
I: MEDICAL	Degradive arthritis Completion of a control of the											
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF D	EATH (Check onl	y one)						
Sic		HOSPITAL:		HER:								
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 6 Pending	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY									
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	t home, farm, street,		261.	81. LOCATION (Street and Number or Rural Route Number, City or Town, State)						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ar hours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29a, CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best

in my opinion, death occured at the time, data and p	place, and dua to the cause(a) and menner as stated.
20c. LICENSE NUMBER D12879	29d. DATE SIGNED (Month, Day, Year) Ful 3, 1994
	29c. LICENSE NUMBER

	44.	11	-	,	1	7 -			_/		4.1				
30	NAME/	MND	ADD	RESS	0F	PERS	он wно	COMP	LETED	CAUSE	OF	DEATH (IT	EM 27) (Type, Prir	10
1	415	C		11	7	11	4	10	11	21	n	701	7	one	
/	0	V	1	76	2	U	110	-	1.0	01	U	101	10	15	4

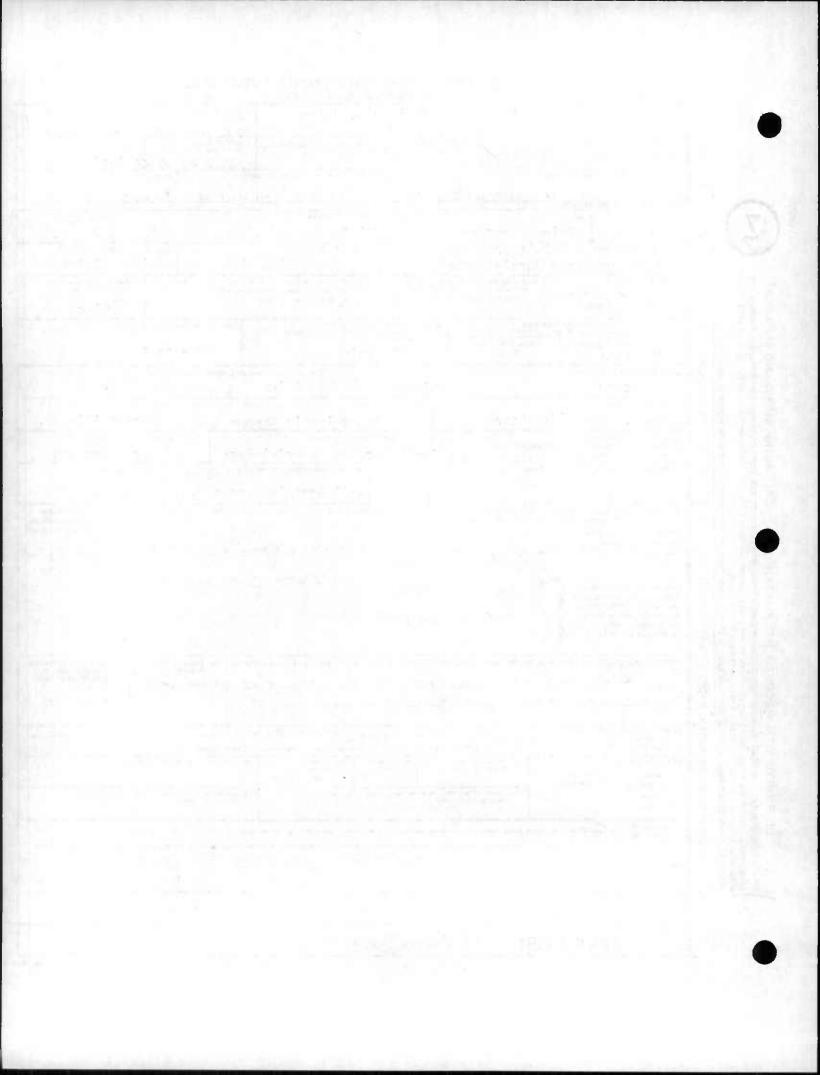
UNIE MD 10701 TRAFTOR

32. REGISTRAGES SIGNATURE

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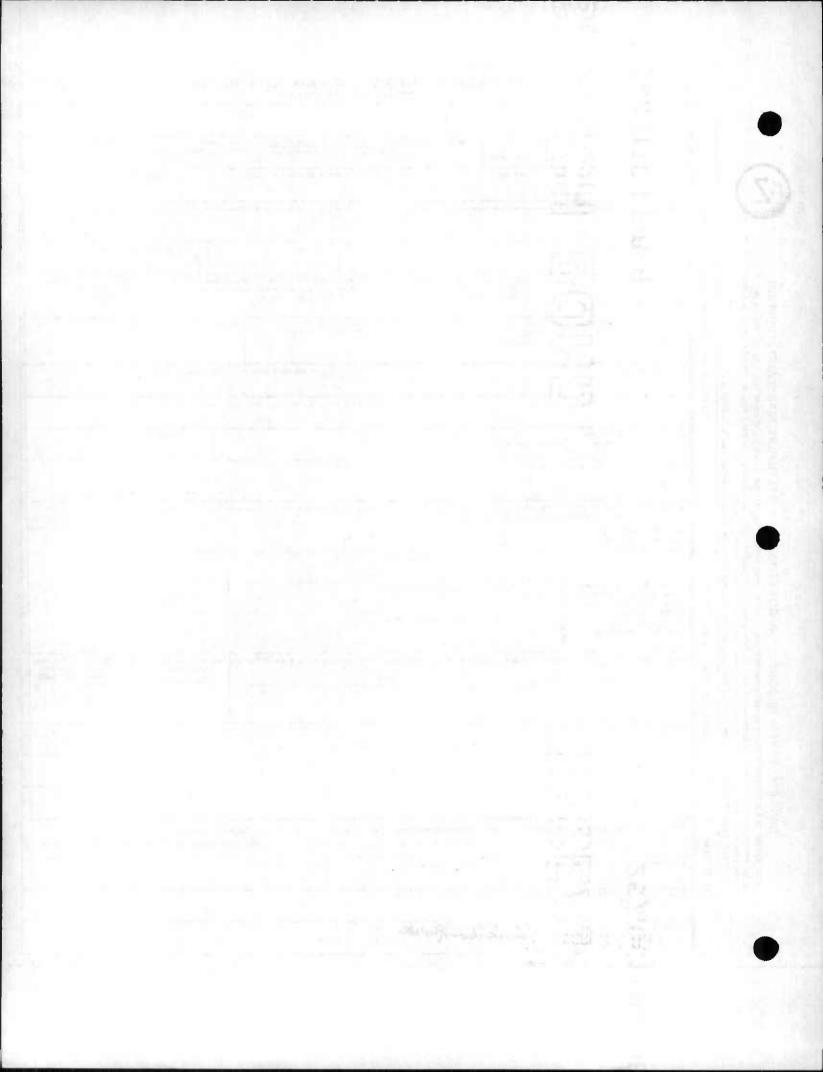
TO BE COMPLETED BY FUNERAL DIRECTOR

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DIVISION
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 05682

		CERTIFIC						
DECEDENT'S NAME (First, Middle, Lest) MAR GARE	TARGARET	G. OWINGS	GS.		2. DATE O MONTH	F DEATH 02/(05/94	3. TIME OF DEATHS: 0525
213-12-1898	1 - M 2 XXF	93 YRS.	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	June	BIRTH Day, Year) 30, 190(Coun	HPLACE (State or Foreign try) yland
. FACILITY NAME (If not institution, give		9	Db. CITY, TOWN O	R LOCATION OF D	DEATH	9c. (COUNTY OF I	DEATH
Hillhaven Nursin	ng Home		Adelphi			Pı	cince	Georges
. STATE 10b. COUNT	TY	10c. CITY,	TOWN OR LOCATI	ON				10d. INSIDE CITY
Maryland Princ	ce Georges	Adel	phi					LIMITS?
. STREET AND NUMBER			101.	ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
2012 Wooded Way				20783		ı	JSA	
MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	8 2 NO	If yes, spe	endent of Hispa city Cuban, Mexic 2 NO Spec	an, Puerto Ric	(Specify Yes or No- can, etc.)	- 14. RAC Spec Whi	•
15. DECEDENT'S EDI	UCATION	18a. DECEDENT'S US			16b. R	IND OF BUSINESS		
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	rk done during mos retired.)	t of working				
1.2	0	Manager	(bakery	7)	Gi	ant Food	Stor	e
FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Mic	ddle, Malden Surnan	ne)	
George William H	iowes			Emma L.				
. INFORMANT'S NAME (Type/Print)						City or Town, State		
Villiam Owings					-	, Maryla		
METHOD OF DISPOSITION Burlel 2 Cremetion 3 Ren	movet from State	b. PLACE AND DATE OF ametery, cremetory or othe	er place)		DATE			
Donation 5 Other (Specify)	A	Arlington 1		L Cemete		Arling	ton,	Virginia
PART I. Enter the diseases, or	Sugar	,	Hines- 11800	-Rinaldi Næw Ha	Fune	ral Home e Ave	Silver	Spring,
MEDIATE CAUSE (Final				0				Interval Batwe
sease or condition suiting in death)	DUE TO (OR AS	cleratic /	heart	diseas	2100			
quantially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events	c	A CONSEQUENCE OF): A CONSEQUENCE OF):	heart DF -	disease the C	e Dvary			
quentially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST	CDUE TO (OR AS	A CONSEQUENCE OF):			Part I. 2	PERFORMED?	-	Onset and De
quentielly list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or Injury at Initiated events suiting in death) LAST	CDUE TO (OR AS	A CONSEQUENCE OF):	ths underlying		i Part I. 2	PERFORMED?	-	Onset and De
quantially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events builting in death) LAST	CDUE TO (OR AS	A CONSEQUENCE OF): but not resulting in	ths underlying	cause given in	heck only one)	PERFORMED?	-	Onset and De
quantially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events builting in death) LAST RT II. Other algnificant conditions WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS d	A CONSEQUENCE OF): but not resulting in	ths underlying 26. PL OTHER: Nursing Home OF 28c. INJU	cause given in	heck only one)	PERFORMED?		Onset and De
quantially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST RT II. Other algnificant conditions WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH Netural 5 Pending	DUE TO (OR AS d na contributing to deeth HOSPITAL: 1 □ inpetient 2 □ ER/Ou	A CONSEQUENCE OF): but not resulting in	26. PLDTHER: A Nursing Homes	cause given in	heck only one)	PERFORMED? VES 2 NO Specify)		Onset and De
quantially list conditions, my, leading to immediate use. Enter UNDERLYING USE (Disease or injury it initiated events utiling in death) LAST HT II. Other algnificant conditions WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO WANNER, OF DEATH Natural Pending Investigation Suicide Record on the conditions Record of the condit	DUE TO (OR AS d	but not resulting in topstient 3 DOA 4 28b. TIME 6 INJUR	26. PLDTHER: Nursing Home THER: WOF M 1 Y	cause given in	heck only one) 6 Other (286, DESC	PERFORMED? VES 2 NO Specify)	OCCURED	Onset and De
Quantially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST RT II. Other algnificant conditions WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 JNO MANNER OF DEATH Natural 5 Pending Investigation 1 Natural 5 Could not be datermined 1 LOCAL EXAMINER OF DEATH Natural 5 Could not be datermined 1 CERTIFFIER (Check only)	DUE TO (OR AS d	but not resulting in tipstient 3 DOA 4 28b. TIME (NJUF TY — At home, ferm, streecity)	26. PLDTHER: Nursing Home OF 28c. INJU WOF 1 Y wor 1 Y set, factory, offica	Cause given in ACE OF DEATH (C) 5	heck only one) 6 Other (28d. DESC 28t. LOCAT City or	PERFORMED? I YES 2 NO Specify) RIBE HOW INJURY TON (Street and Nurr Town, State)	OCCURED mber or Rural etated.	Onset and De
was case referred to medical existing in death) requentially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST HT II. Other algnificant condition WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 JNO MANNER OF DEATH COULD NOT THE COURT OF THE COURT O	DUE TO (OR AS d	but not resulting in tipstient 3 DOA 2 28b. Time (INJUE 27 — At home, ferm, streecity) wiedge, death occurred ton and/or investigation, Mark K.	ths underlying 26. PL OT HER: Nursing Home OF 28c. INJU WOF 1 _ Y eet, factory, offica at the time, data to my opinion, de	Cause given in ACE OF DEATH (C) 5	heck only one) 6 Other (284. LOCAT City or	PERFORMED? VES 2 NC Specify) RIBE HOW INJURY ION (Street and Nur Town, State)	OCCURED mber or Rural stated.	Onset and De



RECORDS, P.O. BOX 68760.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with house after death. Page 6 may be retained by the hospital or attending the account of the property of the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or

	FOR STATE REGISTRAR		STATE OF I	MARYLAND /				HEALTH			HYGIEN REG. NO		L	05683	
	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH	
	HARRY		OLIN							Februa	2777 8	. 19	YEAR Q/i	11:15 A M	
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR	_iF UNDER	24 HRS.	Z DATE OF	ВІЯТН		S. BIRT	HPLACE (State or Foreign	
	060-03-301	11	1 M 2 🗆 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	APRIL	2.0	1909	NEW	YORK , N.Y.	
	9e. FACILITY NAME (If not in		treet and number)			9b. CITY	, TOWN	OR LOCATE	ON OF D				INTY OF I		
E I	Memorial Ho	spita	1			Cumi	ber1	and				Δ11	egan	V	
5	RESIDENCE OF DEC	CEDENT										1111	СБап	· y	
DIRECTOR	10e. STATE	10b. COUNTY	LEGANY			MBER								10d. INSIDE CITY LIMITS?	
	MARYLAND		LEGAN I)LIDE	CLIUM	<i>D</i>						1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER						10	f. ZIP COD						WHAT COUNTRY?	
ij l	637 SHRIVE	R AVEN	IUE					215	002				J.S.	Α.	
5	t1. MARITAL STATUS t Never Merried 2	Marie 4	12. WAS DECEDEN	T EVER IN U.S. AR	MED					NIC ORIGIN? (en, Puerto Ric		or No-	14. RAC	E — American Indian, ck, White, etc.	
В	3 Widowed 4 Divo		WWI I'VE	YES 2 NAR OR DATES			1 YES	2 NO	Speck					WHITE	
	15 DEC	EDENT'S EDU				USUAL O	00118171			T	ni ili				
	(Specify onl	y highest grade	completed)	(Gi	ive kind of Do NOT u	work done	during me	ost of working	ng	100. K	IND OF BUS	SINESS/IN	DUSTRY		
2	Elementery/Secondary (t	3-12)	College (1-4 or 5		ELRY	STOR	RE O	WNER		J	EWEL	RY/RI	ETAI	L	
COMPLETED	17. FATHER'S NAME (First, M	liddle, Lest)							HED'C N	AME (First, Mid					
	ABRAHAM OL								RAH	UNK	CIO, IN GIOGII	Surrente)			
BE	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS	S (Street	and Number	or Rural	Route Number,	City or Tow	n State 7	n Codel		
2	MARVIN KAPL	ON											RYLAND 21502		
	20a METHOD OF DISPOSIT	ION		20b. PLACE	ANDDATE	OF DISPOS	SITION (N	ame of		DATE	7 20c. LO	CATION -	City or To	own, State	
	4 Donetion 6 Other	On 3 🗆 Ram	oval from State	EAST CO					3 9					MARYLAND	
	21. SIGNATURE DE FUNERA	L SERVICE NO	ENSEA	. 1		-	_			FUNER	AT III	OME			
	1	2 4	1119	1-									TD 16	ADMI AND	
-	22 PART I Enter the d	a u.	Hem	^										ARYLAND	
	23. PART I. Enter the d shock, or h	eart feilure.	List only one cer	it ceused the de use on each line	eth. Do i	not enter	the mo	ode of dy	Ing, suc	ch aa cerdla	c or reepi	ratory ar	rest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Fir disease or condition	nel		100			Onset and Death								
	resulting in desth) a.) C. (1) .														
	DUE TO (OR AS A CONSEQUENCE OF): Sequentially liet conditions. b. Sequentially liet conditions.														
CERTIFICATION															
¥	If sny, leeding to imme cause. Enter UNDERLY			, , , , , , , , , , , , , , , , , , , ,	,,,,,,	. ,.	•							İ	
F	CAUSE (Disease or Injuthat initiated eventa	iry	DUE TO	(OR AS A CONSEC	DUENCE O	F):	_							+	
F	reaulting in death) LAS	T	4												
AL	PART II. Other significe	ent condition	s contributing to	deeth but not r	esuiting			8 ceuse			4a. WAS AN PERFOR		248	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
음	- He	4	Kul fr	1 My	0/0	egl	1	N Cli	/ la	leg 1	YES 2	NO		COMPLETION OF CAUSE OF DEATH?	
ME						<u></u>		mo	Low	01-				1 _ YES 2 _ NO	
ä								7.	/100 /	712					
S	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:					LACE OF D	EATH (C)	neck only one)					
YSI	1 TES 2 NO		1 Inpatient 2	ER/Outpatient 3	□ DOA	4 Nun		ne 5 🗆 Re	sidence	6 Other (S	Specify)				
PHYSICIAN: MEDIC	27. MANNER OF DEATH	2000	26e. DATE Of (Month, L		28b. TIN	IE OF JURY		JURY AT DRK?		26d. DESCR	RIBE HOW I	NJURY OC	CURED		
BY		Pending Investigation				М	1 🗆	YES 2	ND						
		Could not be determined	28e. PLACE (building,	OF INJURY — At ho atc. (Specify)	me, term,	atreet, laci	lory, offic	a			ON (Street of Town, Stete)	and Numbe	r or Rural	Route Number,	
E		detarmined													
COMPLETED			CIAN: To the beet of												
S S	one) 2 MED	ICAL EXAMINE	R: On the beele of e	xamination and/or i	nveatigatio	on, in my o	pinion, d	death occur	red at the	time, data en	d place, an	d due to t	he cause(e) end manner se stated.	
BE C	29b. SIGNATURE AND TITLE	OF CERTIFIE	1/1	. / /	2			29c. LICE	NSE NU	MBER		29d. DAT	E SJÓNES	Month, Day, Year)	
- 11		- 1	10011/16	n A-1	1			D	233	34		12	181	94	
2	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CALL	SE OF DEATH //TEN	A OTO /E	Dist						_	-		

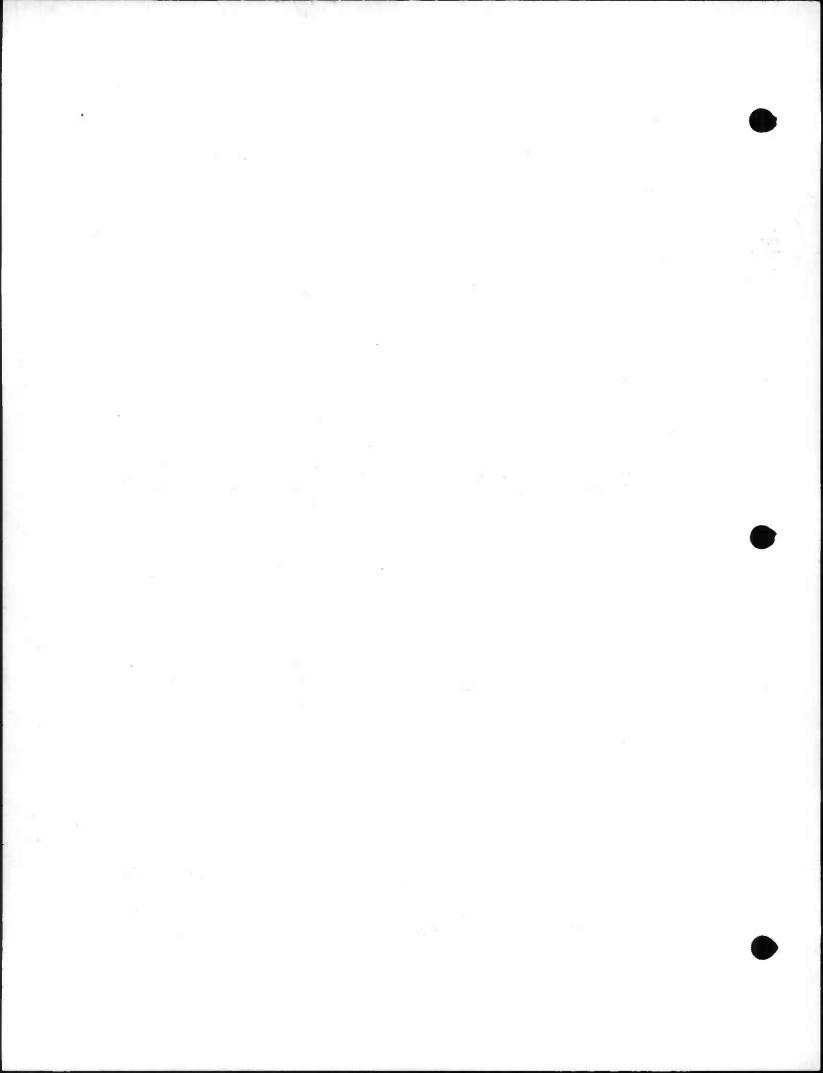
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. D.

31. DATE FILED (Month, Day Year) FEB 1 0 1994

Shah, P.O. Box 131, Pinto, MD

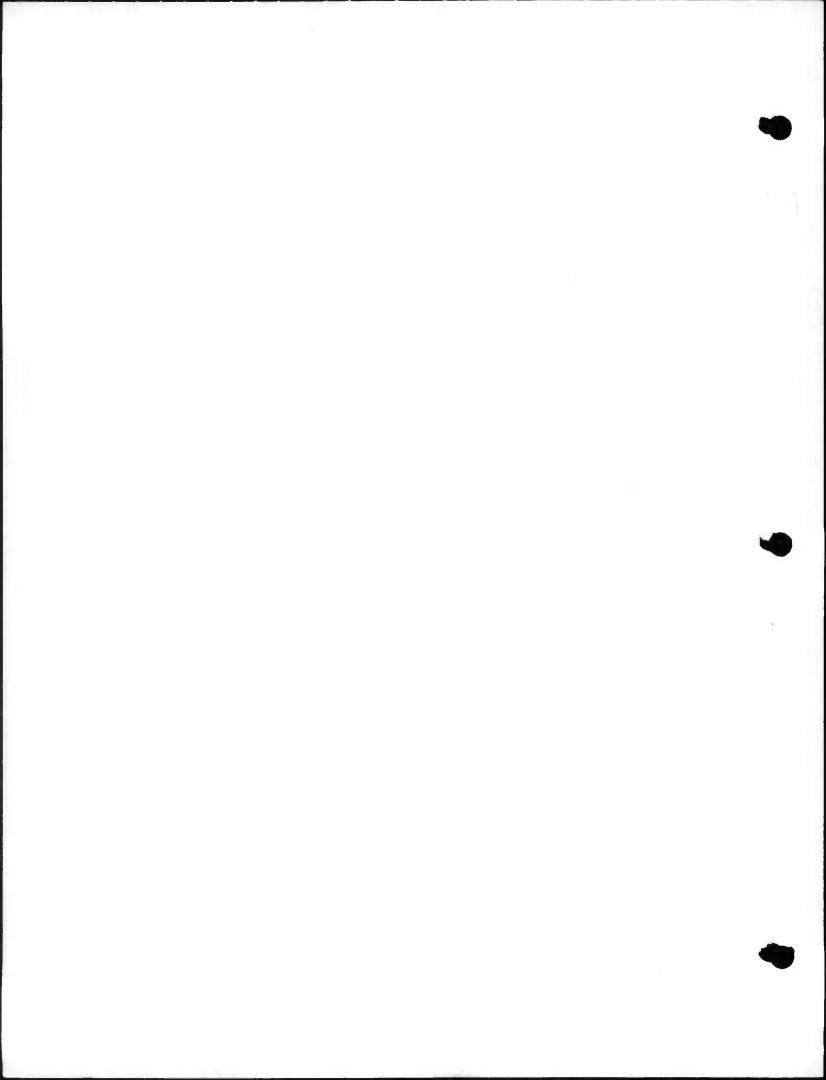


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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 yours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burbe filled within 72 hours after death with the State Deat, of Health and Mental Hotiene prior to burlal, cremation, or removal.	INDOCTING His marked or them 22 shows one laters or other territories the medical security of the medical security of the second or security or security or second or
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05684 94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND DEATH	MENTA	L HYGIEN	400	L	05684
	1. DECEDENT'S NAME (First, Middle, Last)	0	0			2. DATE	OF DEATH	AY	YEAR 3	. TIME OF DEATH
	Jerome		1			2	- 4		74	3:27PH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II	in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH	- 1	Country)	ACE (State or Foreign
- 5	019-16-3374 9a. FACILITY NAME (If not Institution, give si	**	69 YRS.		A.1292		h 11,			achusetts
Œ					OR LOCATION OF E	9c. COUNTY OF DEATH				TH
DIRECTOR	Montgomery Gener	al Hospital		Olney				Mont	gome	ry
REC	10e. STATE 10b. COUNTY	1	10c. CITY	, TOWN OR LOCA	ATION				10	Dd. INSIDE CITY
٥		tgomery	Ro	ckville					1	YES 2 NO
FUNERAL	100. STREET AND NUMBER	101. ZIP CODE						10g. CITIZE	N OF WH	AT COUNTRY?
	14313 Blackmon				20853	United State				tates
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 X YES	2 NO	13. WAS DE	CENDENT OF HISPA pecify Cuban, Mexic	NIC ORIGIN	17 (Specify Yes	14. RACE — American Indian, Black, White, etc.		
BY	3 Wildowed 4 Divorced	World War or DA			S 2X NO Speci			Specify: White		
ED	15. DECEDENT'S EDUC	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					. KIND OF BU	SINESS/INDU:	STRY	WIIICE
Fi.	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of we life. Do NOT use	ork done during n retired.)	nost of working					
AP.		4	Contrac	t Offic	cer		C.I.A.			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, A	Viddle, Meiden	Surname)		
BE	Edmond Power				Julia	There	esa Do	novan		
2	19a. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number of						per, City or Tow	n, State, Zip C	ode)	
	Barbara A. Power	2	14313	Blackmo	on Drive,	Roc	kville	, Mary	land	20853
	20a. METHOD OF DISPOSITION 1 N Burial 2 □ Cremation 3 □ Remo	oval from State came	PLACE AND DATE Of	or place!			E 20c. LO			
	4 Donation 5 Other (Specify)	Ga	te of He	aven Ce	emetery 2	19/94	4 Sil	ver Sp	princ	, MD
	54.7	12/1		Rober 22. NAME A	t A. Pum	phrey	Fune	ral Ho	me/R	ockville, Inc.
	Michael	· Shoon	M00846	Rocky	ille, Ma	rylar	id Ave	nue 850-28	305	inc.
	23. PART I. Enter the diseases, or c shock, or heart failure.	omplications that caused	the death. Do no	ot enter the m	ode of dying, suc	ch as card	lec or reap	iratory arres	it,	Approximate
İ	IMMEDIATE CAUSE (Final									Interval Between Onset and Daath
	disease or condition resulting in death) A (UTE MYOCARDIAL INFARCTION									24HR.
	DUE TO (OR AS A CONSEQUENCE OF):									
ON	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
AT	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A	CONSEQUENCE OF	•						
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	:						
CERTIFICATION	resulting in desth) LAST				y pile					5 y R.
ÄL	PART II. Other aignificant conditions	s contributing to death but	it not resulting in	the underlying	ng cause given in	Part i.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
ă			7			— I	1 YES 2	NO	CC	OMPLETION OF CAUSE F DEATH?
M	Emphyse	~ 0							1	☐ YES 2 ☐ NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL									
CI	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (C					
14S	27. MANNER OF DEATH	1 ☑ Inpetiant 2 ☐ ER/Outpe	28b. TIME		ne 5 🗆 Residence					
	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY W	ORK? YES 2 NO	28d. DEŞ	CRIBE HOW I	NJURY OCCU	RED	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	- Al home, farm, st			284 1.004	ATION (Street a	and Number or	Propi Paul	n Musebas
	4 Homicide 8 Could not be determined	building, etc. (Specif	(y)	,,,			or Town, State)	ind Number of	nurai noui	e Number,
COMPLETED	29e. CERTIFIER	CIAN. To the best of the second								
₽ I	(Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of my knowle R: On the basis of examination	end/or immetication	at the time, det	e end place, end du	to the cau	se(e) and mar	ner ee stated		
			- Intercongenion	, army opinion,	-		and place, an	d due to the	cause(a) ar	nd manner se stated.
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER D 2 3 6 3 0 D 2 - 4 - 9 4										
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) /Time 1	Print)						,
	FRANK J. M.	140, MD	16220	FREDE	ERICK,	RD A	213.6	AZTH	. MI	20877
	FRANK J. M., 31. DATE FILED (Month, Day Visy) EER 0 (1994	12 PEGISTRATISISIGNA	Ivandell				,			
	FEB 0 1994	American most								



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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN ERTIFICAT			MENTAL HYGIEN		05685	
	1. DECEDENT'S NAME (First, Middle, Last)	Pearl				2. DATE OF DEATH MONTH DA		3. TIME OF DEATH	
	045-12-6937	SEX 6. AGE (in yrs. les 69	YRS. IF UNDE		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	C	HETHPLACE (State or Foreign ountry) NEW JERSEY	
OR	9a. FACILITY NAME (If not institution, give stree SUBURBAN HOSPITAL	t and number)	9b. CIT	P, TOWN OR BETH	LOCATION OF DE		9c. COUNTY OF DEATH MONTGOMERY		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY								
	MARYLAND MON	TGOMERY	ROCKV	ILLE	TIP CODE		1 YES 2 NO		
FUNERAL	14413 BAUER DRIVE			101, 2	20853			OF WHAT COUNTRY? O STATES	
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 W YES 2 NO IF YES, GIVE WAR OR DATES ARMY WWII			. WAS DECEN If yes, spec 1 YES 2	RACE — American Indian, Black, White, atc.				
ETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	CEDENT'S USUAL (ive kind of work done Do NOT use retired.	during most	RY					
MPLE	Elementary/Secondary (0-12)	2011ege (1-4 or 5+)	BROKER			REAL	ESTATE		
COMPL	17. FATHER'S NAME (First, Middle, Last) DAVID PEARL					ME (First, Middle, Maiden			
BE	19a. INFORMANT'S NAME (Type/Print)	198	. MAILING ADDRES	SS (Street and		VIA ZENDLE			
은	ELAINE PEARL (WIFE) 14				CKVILLE, M			
	1 Se METHOD OF DISPOSITION 1 Service 2 ☐ Cremation 3 Remove 4 ☐ Donation 5 ☐ Other (Specify)	KING	OAVID OF DISPO				LLS CHU	Or Town, State ORCH, VA	
	21. SIGNATURE DI FUNERAL SERVICE LICEN	JEE.				BERG MEMO			
	23. PART i. Enter the diseases, or com	plicetions that caused the de t only one cause on each line	eth. Do not ente					Approximata	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	CARDIACA	HREST					interval Batween Onset and Death	
z	DUE TO (OR AS A CONSEQUENCE OF): MYOCAR DIAL INFARCTION Sequentially, list conditions b.								
OIT	If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
FIC	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEC	DUENCE OF):		-				
CERTIFICATION	resulting in death) LAST	LUNG- AB	SCESS						
AL C	PART II. Other significant conditions c	ontributing to death but not re	esulting in the u	nderlying (cause given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS	
MEDICA	PSEUDOMONAS BNG DISEASE, METAST	SUMONIA, SEVE	RE OBS	TOZUC	TIVELUN	PERFOR	440	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
	WISEASE, METHON	MILLANDENOY					.	1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	1421VUTIK(1101	V, UHSTI		E OF DEATH (Ch	DESTRUCTION Sek only one)	<u> </u>		
SIC		OSPITAL: inpatient 2 - ER/Outpatient 3	DOA 4 Nu	R:		6 Other (Specify)			
	27. MANNER OF DEATH 1 2 Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJUR	(?	26d. DESCRIBE HOW IT	JURY OCCURE	0	
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At hor	me, farm, street, fed	1 YE	8 2 NO	261. LOCATION (Street a	nd Number or Ru	iral Route Number	
ETE	4 Homicide datarmined	building, atc. (Specify)				City or Town, State)			
COMPLETED		N: To the best of my knowledge, decorate the bests of examination and/or in						re(a) and manner as stated.	
BE C	AND TITLE OF CERTIFIER	BER A40	29d, DATE SIG	NED (Month, Day, Year)					
5	ME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITEM	A 27) (Type. Print)		1265	71 MD	1/5	194	
	The Edition of the Control of the Co	413 CEDAR LANE		BETHE	SDA, MD	20814			
	FEB 0 1994	22. RESISTRAP'S SIGNATURE	2		-		-		

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ORE, MARYLAND 21215-0020	6 may be retained by the hospital or attending physician	detached 1
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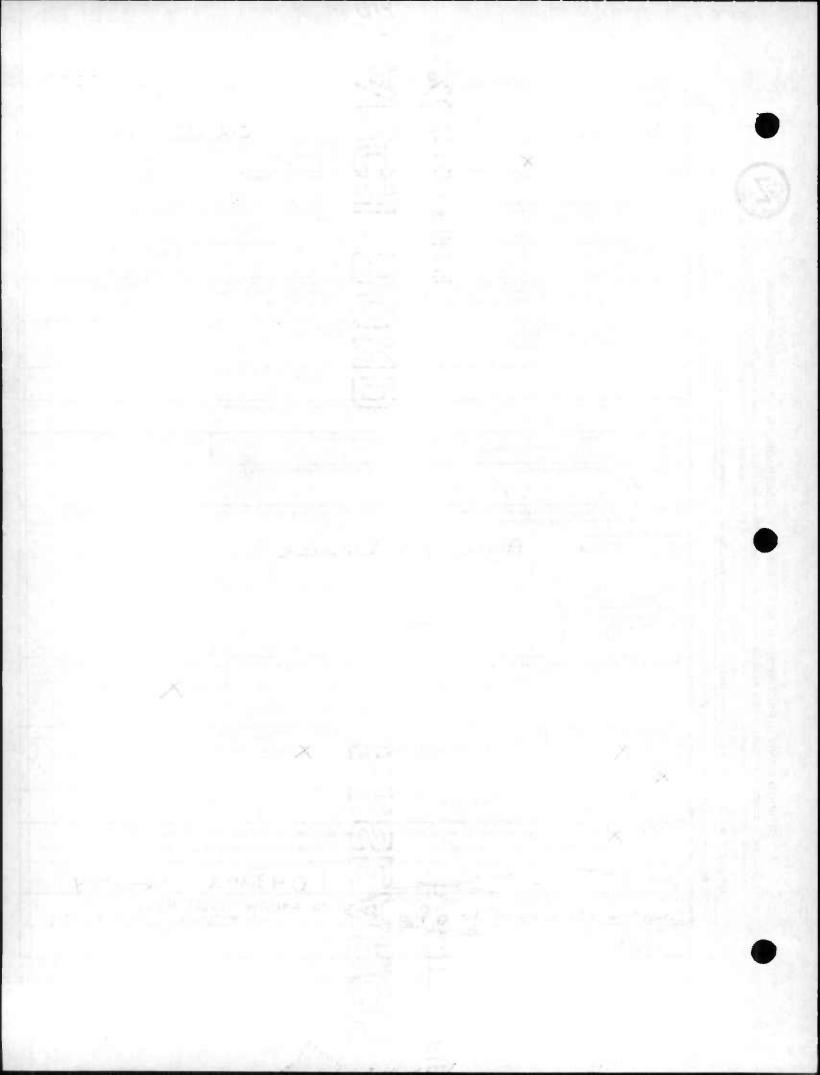
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIM	A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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VISION OF VITAL RECORDS, P.O. BOX 68760,	paccuted
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OF	HYSICI
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S	TTE
>	~

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within minours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	Wal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
iours at	filled in by	son, or rem	the medic	
e executed within	an and completely	be filed within 72 hours after death with the State Lept, of Health and Mentar Hygiene prior to burial, cremation, or removal.	IT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examine	
leath certificate b	attending physici	mai rrygiene prior	y, or other tra	
quires that the d	n signed by the	r Hearth and Mei	ows any Injur	
AN: The law re	lificate has bee	e State Dept. o	r Item 23 sh	
VDING PHYSICI	. After this cert	death with the	Is marked, o	
TAL OR ATTEN	AL DIRECTOR	72 hours affer	If Item 28	
TO THE HOSPI	TO THE FUNER	be filed within	IMPORTANT	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 05686

	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTI	MENT OF H	EALTH AND P	MENTAL	HYGIEN REG. NO.	E 94	05	5686
	1. DECEDENT'S NAME (First, Middle, Last) William		tor			2. DATE O	OF DEATH	5/94	74	HIS PA
	4. SOCIAL SECURITY NUMBER 092-12-5445	1) M 2 □ F 78	YRS.	F UNDER † YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		Day, Year)	1915	Country	ecticut
TOR	98. FACILITY NAME (If not institution, give st Group Home RESIDENCE OF DECEDENT	96. CITY, TOWN OR LOCATION OF Deerwood				Montgomery				
DIRECTOR	10a. STATE 10b. COUNTY	tgomery		OCKV111					-	I. INSIDE CITY LIMITS? XYES 2 \(\) NO
FUNERAL	8 Ingleside Cou	ırt		101	20850			10g. CITIZEN OF WHAT COUNTRY? United States		
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 TYPES IF YES, GIVE WAR OR DATE 1942-1945			ENDENT OF HISPAN Holly Cuban, Maxican 2 NO Specify	n, Puerto Ri		or No- 14.	Black, Wh	American Indian, hile, etc. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	ompleted) (Give kind of work done during most of working				16b. KIND OF BUSINESS/INDUSTRY Shipping			
BE COM	17. FATHER'S NAME (First, Middle, Last) Henry Pastor	I E	51.	18. MOTHER'S NAME MOLLY			Surname)			
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Richard Pastor 8 Ingleside Court, Rockville, MD 208:									
	IMMEDIATE CAUSE (Final	complications that ceused the List Dnly one ceuse on each	he death. Do not	Hines 11800		Fune Pshir				ring MD Approximate Interval Between Onset and Death
CERTIFICATION	disease or condition resulting in death) a. A Reimers Disease Due to (or as a consequence of): b. Due to (or as a consequence of): b. Due to (or as a consequence of): cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of):									
₹	PART II. Other algorificant condition	diona contributing to death but not resulting in the underlying cause given in Part I.				Part I.	24a. WAS AN PERFOR	MED?	AMA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpeti		THER:	ACE OF DEATH (Ch					
3У РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y WO	URY AT RK? /ES 2 NO	28d. DE\$6	CRIBE HOW I	NJURY OCCUR	ED	
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stre	eet, factory, offic			TION (Street : Town, State)	and Number or	Rural Route	Number,
COMPLETED	anal and	CIAN: To the best of my knowled R: On the basis of examination a							ause(a) an	d manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	3			29c. LICENSE NUN	ABER AO	2	29d. DATE 3	GNED (Mo	nth, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WHO	ne-BENKford	d mas	73305 i	u. Leiss	TE W	Sorial Soria	BING	60	0906
	31. DATE FILED (Month, Day, Year)	34 RECOMPANISHMAN	URA CONTRACTOR					2.		



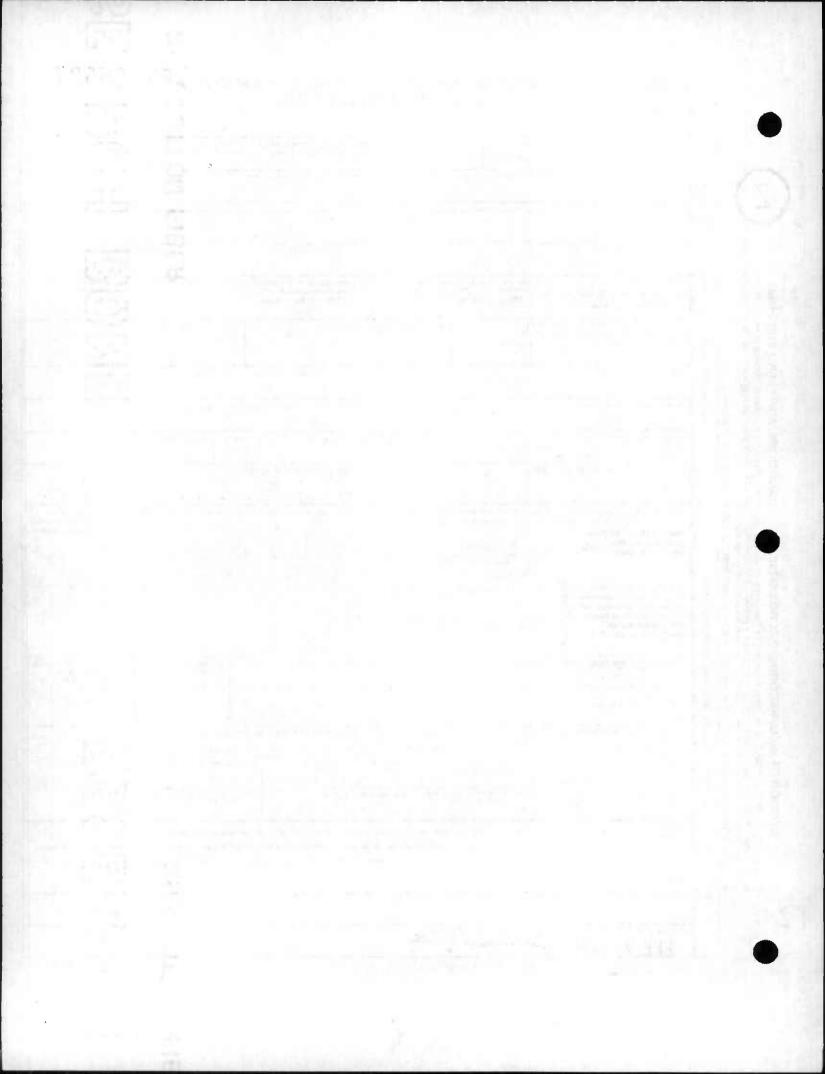
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94

1. DECEDENT'S NAME (First, Middle, Li				- IOAII	- 01	DLA		2. DATE OF	DEATH DA	W	YEAR	3. TIME OF DEATH
VICTOR L. PALME					R				FEB. 1,1994 YEAR 4:40 P.			
4. SOCIAL SECURITY NUMBER 088-03-9448	5. SEX 1. M 2 F	6. AGE (In yrs. Is 81	8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8.1 YRS. MONTHS DAYS HOURS MIN.			7. DATE OF (Month, D	mr Manri	912	Country	PLACE (State or Foreign		
9a. FACILITY NAME (If not institution, g	ve street and number)			9b. CITY	, TOWN (PR LOCATI	ON OF O				NTY OF DE	
Lorien Nursing	Center			Colu	Columbia Howard							
RESIDENCE OF DECEDENT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c CIT											
Lorien Nursing RESIDENCE OF DECEDENT 10e. STATE 10b. COL				y, town o			D. 0	J.				10d. INSIDE CITY LIMITS? 14 YES 2 NO
10e. STREET AND NUMBER 400(11. MARITAL STATUS 1 Never Married 2 V Married					101. ZIP CODE 10g. CITIZEN OF WHAT							
4000 Massachusetts Ave. N			. W.		20016 U. S. A.					. A.		
3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 XYES 2 NO				If yes, sp	ENDENT (ecify Cuba 2 🛐 NO	n, Mexica	NIC ORIGIN? (S an, Puerto Rica y:	specify Yes n, etc.)	or No-	14. RACE Black Specifi	- American Indian, White, etc.
15. DECEDENT'S (Specify only highest g	DUCATION	16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON .		16b. Kil	ND OF BUS	INESS/IN	DUSTRY	
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)	Ma On MOT				rork done during most of working entired.) Moving & Storage							
17. FATHER'S NAME (First, Middle, Last)		Da.	res E	Aecu	CIVE		15010 11	ME (First, Midd			orage	
								Flyr		Sumame)		
19a. INFORMANT'S NAME (Type/Print)		1 44	Oh MAN NO	ADDRESS	(Street					Cont. Ti	o Codel	
					G ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) Mass. Ave. NW #1201 Washington, DC 20016							
20a. METHOD OF DISPOSITION 1 Disposition 3 Removal from State 4 Donation 5 Other (Specify)					ITION/N	ame of		2/4			City or Tov	
21. SIONAPURE OF FUNERAL SERVICE LICENSES						ches	rer;	14.1				
> Henry Da	Jan D			JO	SEPI	I GAW	LER'	S SON		WAS		0016 TON, D.C.
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that intitated expense or injury that intitated expense.												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	mer minerar avenue											
	PART II. Other algnificant conditions contributing to death but not resulting in				derlyln	ying cause given in Part I. 24s. WAS AN AU PERFORME				24b.	WERE AUTOPSY FINDIN	
PART II. Other algorificant condi	1 □ YES 3½□ NO						OF DEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH					26. PI	ACE OF D	EATH (Ch	neck only one)				
EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Nun		6 5 R	sidence	6 Other (S	pecify)			
27. MANNER OF DEATH 1. X Netural 5 Pending 2 Accident Investigati	28a. DATE OF		28b. TIM		28c. INJ WC			28d. DESCR	-	NJURY OC	CURED	9
2 Accident Investigati 3 Suicide 6 Could not 4 Homicide datermine	be 26a. PLACE (OF INJURY — At h	ome, farm,	street, fact	ory, offic	•		28f. LOCATIO	ON (Street a bwn, State)	ind Number	r or Rural R	oute Number,
	IYSICIAN: To the bast of											and manner as stated
#9b. SINNATURE AND TIPLE OF CERTIFIER 29c. LICENSE NUMBER D 20708 D 2/2/94												
WM FLOWERS, M	.D. 1105	5 LITT	LE P		KEN	r PK	WY	COLUM	BIA	MD.	210)44
FEB 0 7 1994	32. REGISTR	AR'S SIGNATURE	œ								Ò	

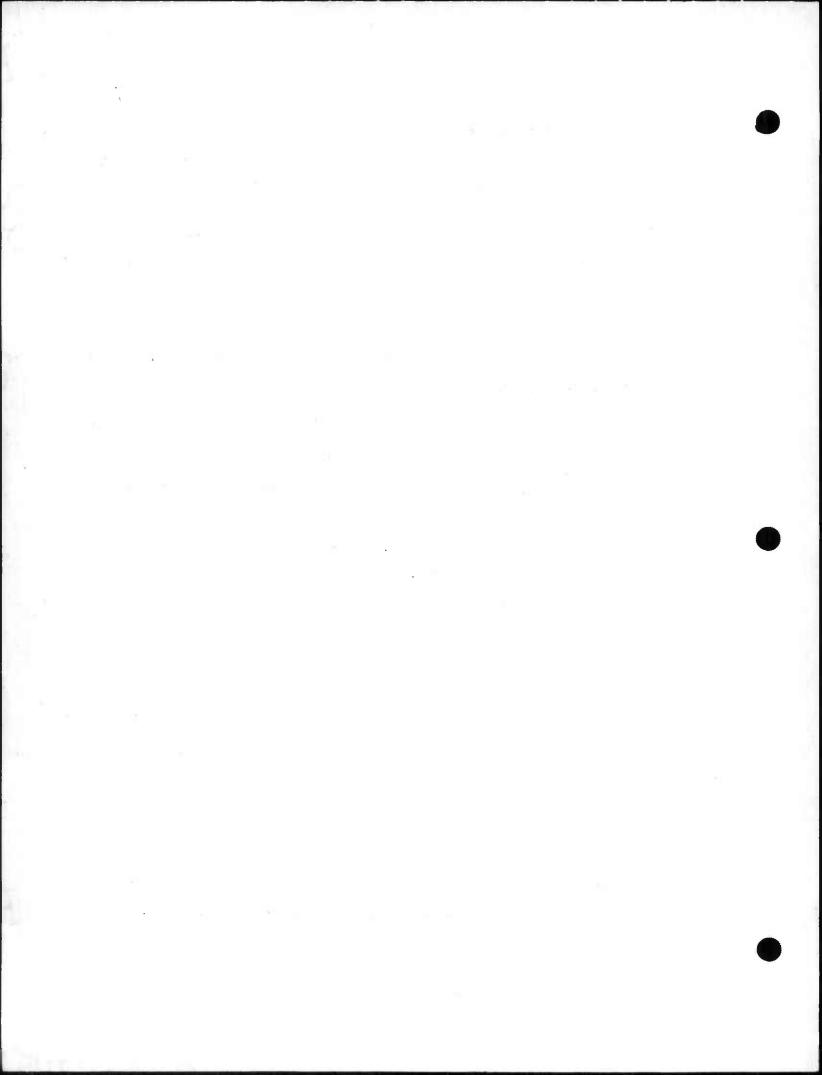




,	-0020	ing physician.	the burial-transit permit.	
	BALTIMORE, MARYLAND 21215-0020	r death. Page 6 may be retained by the hospital or attent	e funeral director, page 5 should be detached for use as al.	examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760	IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	IMPORTANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	NIG	THE HOSPITAL OR A	TO THE FUNERAL DIRECTOR TO HOURS	IMPORTANT. If item

STATE	OF MARYLAND /	DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
	CE	ERTIFICATE	OF	DEAT	TH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH		ENTAL HYGIEN		4 05688	3
	1. DECEDENT'S NAME (First, Middle, Last)			-	- 2	2. DATE OF DEATN		3. TIME OF OEATH	
	Robert Edward F	otter. Jr.				February	1. 199	4:20 A.	м
	4. SOCIAL SECURITY NUMBER		The state of the s			7. DATE OF BIRTH	8.6	SIRTNPLACE (State or Foreign	
	216-50-7176 1 XM 2 F 47 YRS. MONTHS DAYS HOURS M 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION ((Month, Day, Year) August 21		North Carolin	ıa
DIRECTOR	Doctors Communi			Lanham, MD	ON OF OCA	Prince Georges			
낊	10a. STATE 10b. COUN	TY	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY		
5	Maryland Pri	nce George's	New	Carrollton				LIMITS?	
	10a. STREET AND NUMBER			10f. ZIP COD			10g. CITIZEN OF WHAT COUNTRY?		
	6428 Inlet Stree	t		207	20784 United States				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT (ORIGIN? (Specify Yes		RACE — American Indian.	-
	1 Never Married 2 Merried	FORCES? 1 YES		If yes, specify Cubi	ırı, Mexican, I			Black, White, etc. Specify:	
BY	3 Widowed 4 Divorced			· · · · · · · · · · · · · · · · · · ·				ite	
	15. DECEDENT'S ED (Specify only highest grad	UCATION in complete()	18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working			16b. KIND OF BUS	SINESS/INDUST	RY	
ᄪᅵ	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use ret	fe. Do NOT use retired.)					
N P	12	2	System	s Analysis	3_	I.C.C.	Regula	tions	
COMPLET	17. FATNER'S NAME (First, Middle, Last)			ts. MOT	NER'S NAME	(First, Middle, Meiden	Surname)		
BE	Robert E. Pott	er, Sr.			Mary	Bower			
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	PRESS (Street and Number	r or Runal Rou	ute Number, City or Town	n, Stete, Zip God	le)	
-	Sandra Potter		6428 In	let Street	. New	Carrollt	on, Ma	ryland 20784	
	20e. METHOD OF DISPOSITION 1 □XBurlel 2 □ Cremetion 3 □ Rer		PLACE AND DATE OF Di	SPOSITION (Name of			CATION — City		
	4 Donation 5 D Other (Specify)			Cemetery F	eb 4.	1994 Whe	aton.	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE-L	09909///		22. NAME AND ADDRE	SS OF FACIL	Lee Fur	eral H	ome, Inc 663	3
	11011	41/2/		Old Alexan	nder F	Terry Rd,	Clinto	n, Maryland	
	23. PART I. Enter the diseases, or	complications that caused	the deeth. Do not	enter the mode of dy	ing, such a	as cerdiec or reapi	ratory arrest,	Approximate	\exists
	immediate cause (Finel	. List only one ceuse on ea	ch line.					Interval Batween	
	disease or condition and disease or condition as disea								
- 1	DUE TO (OR AS A CONSEQUENCE OF)								
z	Sequentially list conditions to Respiratory facilities								
E	equentially list conditions, any, leeding to immediate								
2	CAUSE (Disease or injury	a Wilean	CONSEQUENCE OF):	X Sele	ely	~			
	that initiated events resulting in death) LAST	DOE TO (OH AS A	CONSEQUENCE OF):	10.01	-1.				
CERTIFICATION		a. V Cles	uxu	ad the	zhu	4			-
١	PART II. Other algnificant condition	ns contributing to deeth bu	it not resulting in th	e underlying ceuse	given in Pa	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS	s
Š						_ t YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Ä								1 YES 2 NO	
PHYSICIAN: MEDIC									
동	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL		26. PLACE OF D	EATN (Check	k only one)			
is	1 YES 2 NO	HOSPITAL: 1 Enpatient 2 ER/Ouipa		HER: Nursing Home 5 A	esidence 8	Other (Specify)			
E	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	2	esd. DEŞCRIBE NOW II	NJURY OCCURE	D	٦
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2	□ NO				
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY - building, etc. (Specia	— At home, farm, stree	t, factory, office	2	ter. LOCATION (Street e City or Town, Stete)	and Number or A	tural Route Number,	\neg
립		SICIAN: To the best of my knowle	edge, death occurred at	the time, date end place	, end due to	the ceuse(e) end men	ner ee stated.		
3 Suicides 4 Nomicides 4 Nomic								use(s) end manner ee stated.	П
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ER		29c. LIC	ENSE NUMBI	EA	29d. DATE \$10	GNED (Month, Day, Year)	╛
2	Redect (D 00	(1)				► 5/1/	94	
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	11 4		NA	1 4 4	1.	
)	446 44	- TVC	ausou	u the	le	0/179	to th	.4	\Box
	FEB 994	32. BEGISTRAMS SIGNA Grima Davids	on-Mandall						

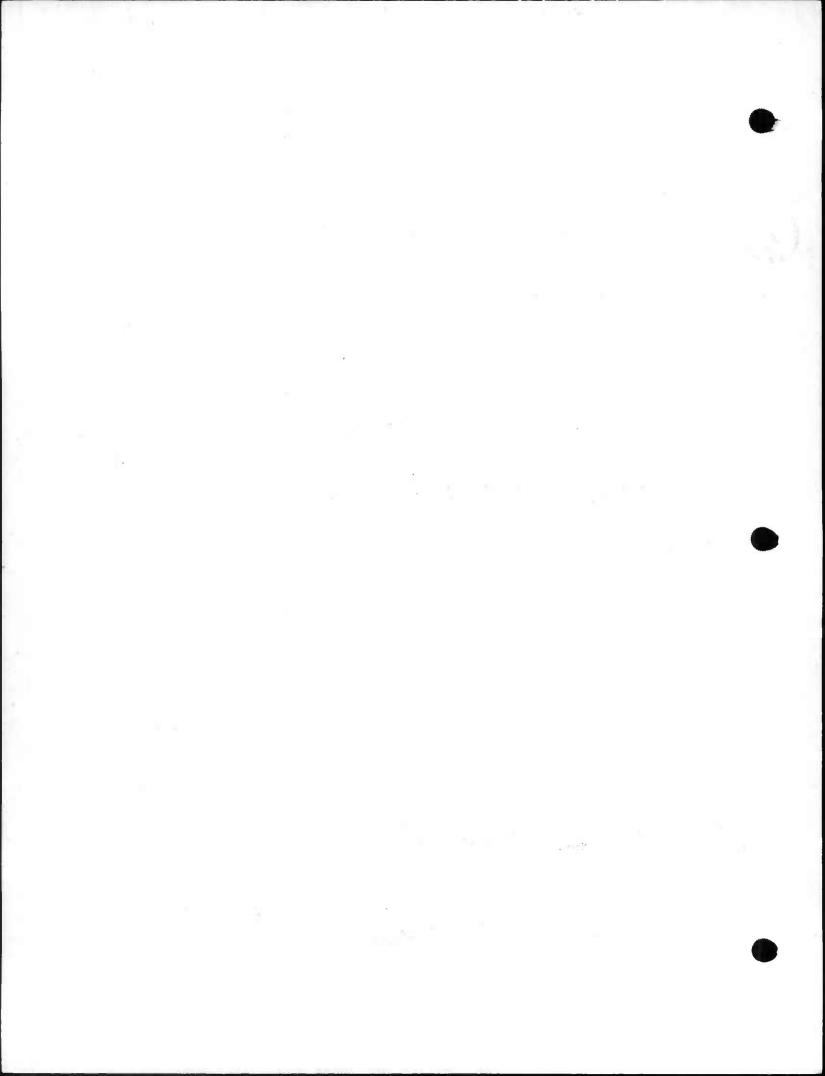


est to	4 %		2, 3 should
200	_		1,2
(BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the bunal-transit permitten in
	шî	A pe	age
	MOR	age 6 may	director, p
	EJ	eath. P	uneral
	BA	after di	by the

at once.

ORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-002	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a play ours after death. Page 6 may be retained by the hospital or attending play. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the human to the funeral director, page 5 should be detached for use as the human to the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the human to the funeral director.	aith and Mental Hygiene prior to burial, cremation, or removal. any Inlury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AE HUSPITAL, OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within	be filed within 72 hours after death with the State Dept, of Heatth and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	REGISTRAR		CEN	ITICATI	= Ur	DEA	I IT		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH	DEATH		YEAR	3. TIME OF DEATH
	HAZEL		POLA	ND				02	13		94	4:45 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birth	-		IF UNDER		7. DATE OF (Month, L			8. BIRTH Countr	PLACE (State or Foreign
	217-10-5430	1 🗆 M 2 🖵 F	78 Y	RS. MONTHS	DAYS	HOURS	MIN.		18. 1	015		" IV
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY	, TOWN	R LOCATION	ON OF DE				NTY OF D	
OR	MEMORIAL HOSPITA	L & MEDI	CAL CENTER	cu Cu	MBE	RLAND	, MA	RYLAN	D	AL	LEGA	NY
5	RESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNTY		1	CITY, TOWN								10d. INSIDE CITY LIMITS?
	WV Miner	ral	W.	iley 1	For	i						1 YES ZX NO
A	10e. STREET AND NUMBER				101	. ZIP CODI				10g. CIT	IZEN OF Y	NAT COUNTRY?
FUNERAL	Route 1 Box 2					26	767			USA		
ا ۾	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED					IC ORIGIN? (or No-	14. RACE	— American Indian,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced		AR OR DATES X			2X NO			en, mc.)		Speci	
			· · · · · ·									te
TED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDE	NT'S USUAL O ed of work done IOT use retired.)	during mo	ON st of workin	ng	16b. K	ND OF BUS	INESS/IN	DUSTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5 i) III. DO N	or use reinea.)								
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Lconi	ng dej	ot.					til.	<u>e</u>	
	17. PATHEN'S NAME (FIRST, MIGGIE, Last)							ME (First, Mid				
H	Burzolis H. Gar	noe						Belle				er
2	19a. INFORMANT'S NAME (Type/Print)		19b. MA	ILING ADDRES	S (Street a	nd Number	or Rural R	loute Number,	City or Town	n, State, Zip	Code)	
		Poland		Route			Wile	y Fo	_			
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramo 2 Donation 8 Dither (Specify)	oval from State	20b. PLACE AND D cemetery, cremator		SITION (Na	me of		DATE	20c. LO	CATION —	City or To	wn, Stata
			Three Cl	nurches	. Ce	netei	cy	2/16/	Th:	ree (Churc	ches WV
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Λ			D ADDRES		unera	1 H	nme		
	tanas 7	XICa	roll					Mary			1502)
	23. PAUT I. Enter the diseases, or c	omplications the	caused the deeth.	Do not enter	the mo	de of dy	ing, suct	as cardle	c or reapi	ratory an	rest,	Approximate
	shock, or heart fallure. I	Liat only one ceu	se on each lina.									interval Between Onset and Daath
	disease or condition	Sol	uic.									Pares
	resulting in death)	DUE TO	(OR AS A CONSEQUEN	CE OF):								augi
_		,										· ·
CERTIFICATION	Sequantially list conditiona, if any, leading to immediate	DUE TO	OR AS A CONSEQUEN	CE OF):								
S	Cause. Entar UNDERLYING CAUSE (Disease or injury											
	that initiated eventa	DUE TO	OR AS A CONSEQUEN	CE OF):								
	reauiting in deeth) LAST	i										
	PART ii. Other significent conditions	a contribution to	double how and account	Une to About	4							
EDICAL	1 11		Syndrem		idariyin	g causa g	given in i	Part I. 2	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	Organic Af	eeve.	synarion					1	YES 2	NO		OF DEATH?
								_				1 YES 2 NO
ž												
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF D	EATH (Che	ck only one)				
XSI	1 TYES 2 NO	1 ☐ Inpatient 2 ☐	ER/Outpetlant 3 🗆 D			a 5 🗆 Ra	aldenca	8 🗌 Other (S	ipecity)			
PHYSICIAN: M	27. MANNER OF DEATH	28a. DATE OF (Month, D		TIME OF INJURY	28c. INJ WO	URY AT RK?		28d. DESCF	NBE HOW II	NURY OC	CURED	
E S	1 Netural 5 Pending 2 Accident Investigation			M:		ES 2	NO					
	3 Suicide 6 Could not be	28a. PLACE O building,	F INJURY — At home, fo atc. (Specify)	arm, street, fact	ory, offic	n .			ON (Street a	nd Number	or Runsi F	loute Number,
# 1	4 Homicide detarmined											
7	29a. CERTIFIER (Check only	CIAN: To the best of	my knowladga, daeth o	ccurred at the t	lme, data	and place.	, and dua	to the cause	(a) and man	ner as ata	led.	
COMPLETED	one) 2 MEDICAL EXAMINER) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	11	7			29c 1 ICE	ENSE NUM	RED		20d DAT	E SIGNED	(Monta, Day, Year)
BE		H	untomo	_						290. DAI	SIGNED	(Mornin, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	1 4	(Type, Print)		ע .	33280	<u>J</u>			7/7	7/77
	DR. SUNIL GUPTA,				BU	ILDI	NG. (CUMBER	RLAND	, MAI	RYLAI	ND
1							,					
- 1	31. DATE FILED (Monte Ban) 5	199	R'S SIGNATURE	menti								
1												



TO BE COMPLETED BY FUNERAL DIRECTOR

TANAMAKEL

1 - STATE REGISTRAR	STATE OF N	/ MARYLAND / CE			IT OF HE E OF D			MENTA	REG. NO.	E			
1. OECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH	
	VERNON	C.			EARCE			Feb	ruary	9,19		6:45 a m	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDE	7	IF UNDER	24 HRS.	(Monti	OF BIRTH n, Day, Year)		Country	PLACE (State or Foreign	
214-07-4596	1 X M 2 □ F	77	YRS.						.16,1			yland	
9a. FACILITY NAME (If not institution, give s				9b. CIT	Y, TOWN OR			EATH		sc. COUNTY OF DEATH Allegany			
Memorial Hospit	aı				Cumb	eri	AI	Tega	ny				
10a. STATE 10b. COUNT	Y		10c, CIT	Y, TOWN	OR LOCATIO	N						10d. INSIDE CITY	
Maryland Ali	legany		C	umb	erlar	ъđ						LIMITS?	
10e. STREET AND NUMBER						IP CODE				10g. CITI	ZEN OF W	THAT COUNTRY?	
157 N. Mechani	ic Stree	et			1 2	2150	2			U	.S.A		
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13	. WAS DECEN	DENT OF	HISPAN	IIC ORIGIN	? (Specify Yea	or No-	14. RACE	— American Indian,	
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2X N	10		If yes, speci 1 YES 2						Specif	, white, etc. y: White	
15. DECEDENT'S EDU		18e, DE	CEDENT'S	USUAL (OCCUPATION				KIND OF BUS	UNESS/IND	LISTRY	WILLE	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(Gi	ve kind of a Do NOT us	work done	during most	of working	7	100.	AIND OF BOX	MACOSTINO	OSTAT		
Unknown	conege (1-4 of 5 4		tor	v W	orker	-		B	ethle	hem	Ste	el	
17. FATHER'S NAME (First, Middle, Last)							ER'S NA		Aiddle, Maiden		000		
Henry Pearce						Cla	ris	ssaN	orris				
19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRES	SS (Street end				er, City or Town		Code)		
Marian Taylor		1	2718	3 B	owlin	ig S	st	-Bow	ling	Gree	en.M	D 21502	
20e. METHOD OF DISPOSITION 1 → Burlet 2 □ Cremetion 3 □ Rem	oval from State	20b. PLACE A cemetery, crer	NDDATE	OF DISPO	SITION (Name			DATI	20c. LO	CATION —	City or To	wn, State	
4 Donation 5 Other (Specify)	CENSEE	Suns	et 1	Memo	orial	ADDRES	rk S OF FAC	CILITY	44 C	umbe	erla	nd, MD	
Mende 9	Yearhin	ckl										e, P.A.	
23. PART I. Enter the diseases, or o	complications the	caused the de	eth. Do r	not ante	0.2 GY	of dyir	ig. aucl	h as cerd	Cumbe	ratery arr	nd, M	D 21502	
shock, or heart fellure. IMMEDIATE CAUSE (Final	Liat only ons cau	sa on sach Ilna.					7.1				,	Interval Between Onset and Death	
disease or condition resulting in death)	a. /-	Neuno	mea									Olisat and Death	
	DUE TO	OR AS A CONSEC	DUENCE OF	F):									
Sequentially list conditions,	b	(OR AS A CONSEC	UENCE O	n.									
If any, leading to immediate cause. Enter UNDERLYING		(02.1102 0.	,.									
CAUSE (Disease or Injury that Initiated svents	DUE TO	OR AS A CONSEC	UENCE O	F):								-	
reaulting in dasth) LAST	d.												
PART II Other elevities to an distant		distribution in the second	4-4										
PART II. Other significant condition	s contributing to	death but not re	asulting I	In the u	inderlying o	suse gi	ivan In	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
Havarea	a sem	reported.							1 - YES 3	NO		COMPLETION OF CAUSE OF DEATH?	
								_				1 TES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		E OF DE	ATH (Che	eck only on	0)				
1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2				irsing Home		idenca						
1 Natural 5 Pending	28a. DATE OF (Month, De		28b. TIM INJ	URY M	28c. INJUR WORK	?		28d. DES	CRIBE HOW II	NJURY OCC	URED		
2 Accident Investigation	28 PLACE OF	F INJURY — At hor	ma farm a	teres to des	1 YES	5 2 📋	NO	001.100	7.0		2 12		
3 Suicide S Could not be determined	building,	etc. (Specify)		M1001, 101	ctory, ornice				ATION (Street a or Town, Stete)	na Number	or Hurai H	oute Number,	
29e. CERTIFIER 1 CERTIFYINO PHYSI	CIAN: To the heat of	my knowledge de-	th occur	ard ast asta-	time deta	d alone	and du	to the second	entel ecit ::				
(Check only one) 2 MEDICAL EXAMINE												and manner ea stated.	
296. SIGNATURE AND TITLE OF CERTIFIER					2	9c. LICE	NSE NUN	MBER		29d. DATE	SIGNED	(Month, Day, Year)	
It the	ula					D :	2891	.0	ļ	▶ 2	19	40	
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITEM	1 27) (Type,	Print)						-	1	7	
Dr. H.C. Merric				Medi	ical B	uil	ding	g-Cum	berlar	nd, M	D 2	1502	
31. DATE FILED (Month, Day, 1994	REGISTE	B'S SIGNATURE	سالماء										

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with polymental process. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pen be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day,

.

3. TIME OF DEATH

7:07 P

2. DATE OF DEATH DAY FEBRUARY 14 1994

Pruitt

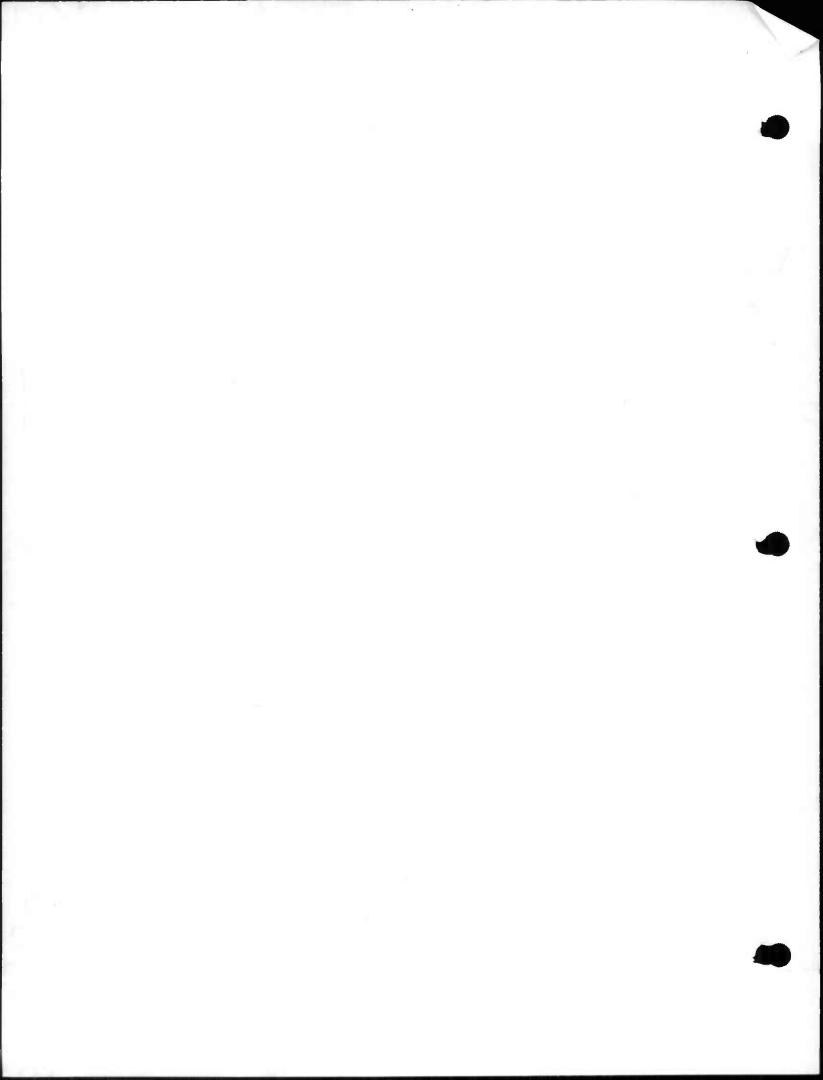
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George

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

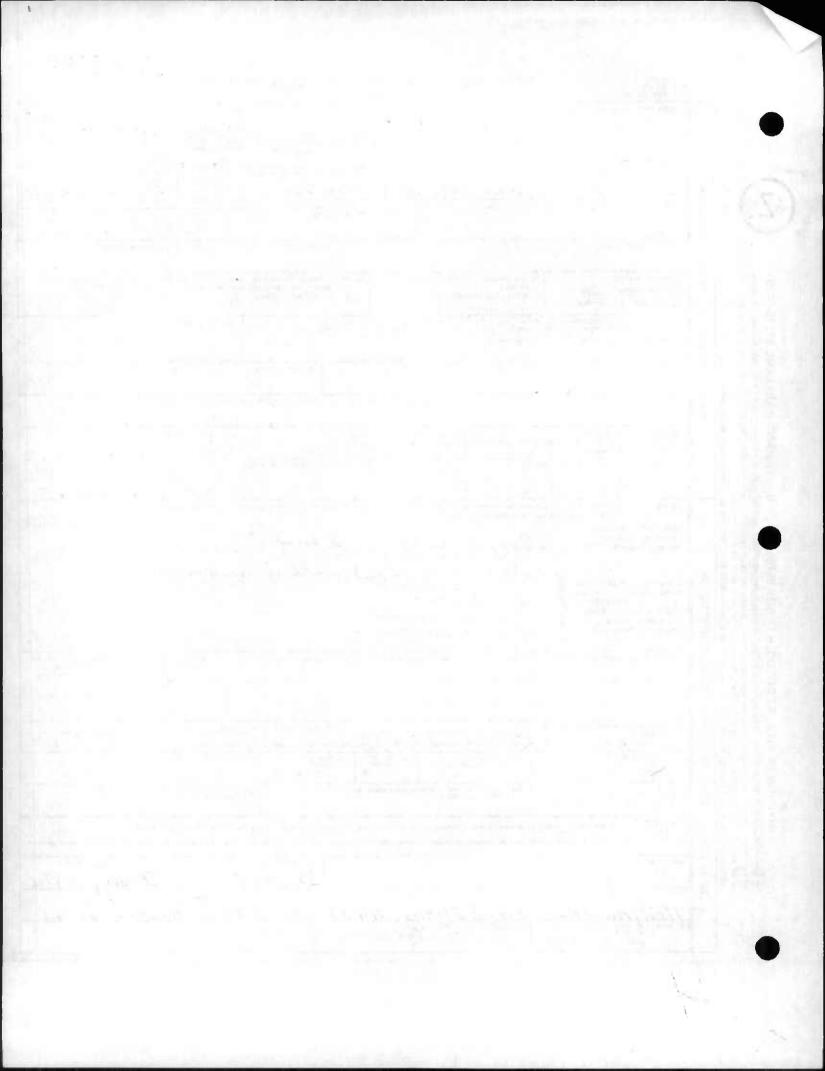
	4. SOCIAL SECURITY NUME	SEH	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 Y		R 24 HRS.	7. DATE	OF BIRTH		8. BIRTHPI	LACE (State or Foreign
	213 14 134		1 XM 2 - F	70	YRS.	MONTHS D	HOURS	MIN.		Day, Year)	1923	Md (
_	9a. FACILITY NAME (If not in					9b. CITY, TO	WN OR LOCAT	ION OF DE	EATH		9c. COU	NTY OF DEA	тн
DIRECTOR	Berlin Nur	sing F	lome			Berlin	1				Wor	rceste	er
5	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN OR L	OCATION					1	IOd. INSIDE CITY
ā	Md	Worce	ester		Be	rlin						1	LIMITS?
M	10e. STREET AND NUMBER						101. ZIP COC	Œ			10g. CIT	IZEN OF WH	IAT COUNTRY?
FUNERAL	10035 Frie	ndship					21811				US	A	
E	11. MARITAL STATUS 1 Never Merried 2 🔀	Married	FORCES? 1	T EVER IN U.S. ARI		13. WAS	DECENDENT s, specify Cub	OF HISPAN	NIC ORIGIN on, Puerto F	? (Specify Yes	or No-	14. RACE - Black,	- American Indian, White, etc.
B	3 Widowed 4 Divo		IF YES, GIVE V	MAR OR DATES		1 🗆	YES 2 XNO	Specify	y:			Specify: Whi	
9		EDENT'S EDUC		16a. DE6	CEDENT'S	USUAL OCCU	PATION	· · ·	16b.	KIND OF BUS	SINESS/INC		te
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	ife.	Do NOT us	e retired.)	g most of work	ng					
MP	8			Tru	ick (driver				<u>trucki</u>			
	17. FATHER'S NAME (First, M	-1.								fiddle, Maiden	Surname)		
BE	Carlton E.			196	MAILING	A CODESS /S	reet and Numbe		d Bo		- Cana Ti	- 0- 4-1	
임	Irma Pruit						dship						11
	20a. METHOD OF DISPOSIT	ION	(Caronaea)	20b. PLACE A	ND DATE (OF DISPOSITIO		Ttout	OATI			City or Town	
	1 Gaurtal 2 Cremetto 4 Donation 5 Other	(Specify)		Sunse	t Me	morial	Park	2	2/17/	94 Be	rlin,	Md.	
	21. SIGNATURE OF FUNESA	SERVICE LIC	ENSEE				E AND ADDRE	SS OF FA	CILITY				
	¥ 11.5%	11/5	Julas			Bur	bage i rlin, N	-une	ral F 2181		108	Willia	ms Street
	23. PART I. Enter the di	iseases, Dr C	omplications the	t caused the da	nth. Do n	ot antar the	moda of dy	ring, auc	h aa card		ratory an	rest,	Approximate
	IMMEDIATE CAUSE (Fir		List only one cau				,						Onset and Daath
	disease or condition	+ ,	in.	enta	/ /	110/	1616	nc	7				13mily
			DUE TO	(OR AS A CONSEC	WENCE OF	7-0	10 1	,	1	-	`		
o N	Sequantially list conditi		OUE TO	(OR AS A CONSEC	LIENCE OF	D.	a p	nn	/ (2			
ξI	If any, leading to immed cause. Enter UNDERLY!	NG		(OII NO A CONSEC	DENCE OF	,.	-						
Ĕ	CAUSE (Disease or Inju that initiated events	· •	OUE TO	(OR AS A CONSEQ	UENCE OF	7):							1
CERTIFICATION	resulting in death) LAS	T L	ı										ļ
	PART II. Other significa	nt conditions	contributing to	death but not re	sulting I	n tha unda	lying cause	given in	Part I.	24a. WAS AN	AUTOPSY	24b, V	VERE AUTOPSY FINDINGS
CIAN: MEDICAL	Vers	este	ent	Fe	0	en	r .	74		PERFOR		C	MAILABLE PRIOR TO COMPLETION OF CAUSE
	0/05	tni	dion	0,	1.		OXX	vi 1	7-		ZE NO		F DEATH?
z	n	ルらり	3 - 6	.6 Ld	1	_							
등	25. WAS CASE REFERRED TO EXAMINER? V		HOSPITAL:			OFHER:	8. PLACE OF E	EATH (Ch	eck only on)			
PHYSI	1 TYES 2 A NO		1 Inpatient 2	ER/Outpatient 3	□ DOA	4 Nursing	Home 5 🗆 R	esidenca	6 🗌 Other	(Specify)			
	27. MANNER OF OEATH 1 X Netural 5	Pending	28a. OATE OF (Month, D		28b. TIMI	URY	WORK?	7	28d. OEŞ	CRIBE HOW I	NJURY OC	CURED	
B	2 Accident	Investigation	28e, PLACE O	F INJURY — At hor	ne ferm s		YES 2	_ NO	284 1 00	TION (Comme	and Months		
		Could not be determined	building,	atc. (Specify)	,, .	wiest, lactory,	onice		City	ATION (Street to or Town, State)	ING NUMBER	OF HURBI HOL	ite Number,
COMPLETED	29e. CERTIFIER 1 CERT	IFYING PHYSIC	CIAN: To the best of	my knowledge des	ith occum	of at the time	data and place	and due	In the cour	notes and man			
8	one) 2 MEOI	CAL EXAMINER	3: On the besie of e	xamination and/or is	rveatigatio	n, in my opini	on, death occu	red at the	time, date	and place, an	d due to th	ne ceuse(s) r	Ind manner as stated.
	296. SIGNATURE AND TITLE				7			ENSE NUN					Month, Day, Year)
10 BE	1		10				D	0202	6		•	211	
	30. NAME AND ADDRESS OF Federico (FERSON WHO	completed caus	SE OF DEATH (ITEM 1622A	^{27) (7уре,} Осеа	Print) an Pin	es Be			21811	41	0-641	-6363
0	31. DATE FILED (Month, Day, APR 16 19	94	32. REGISTRA	A'S SIGNATURE	L					_			
		1											



DHMH-16 Rev 1/89

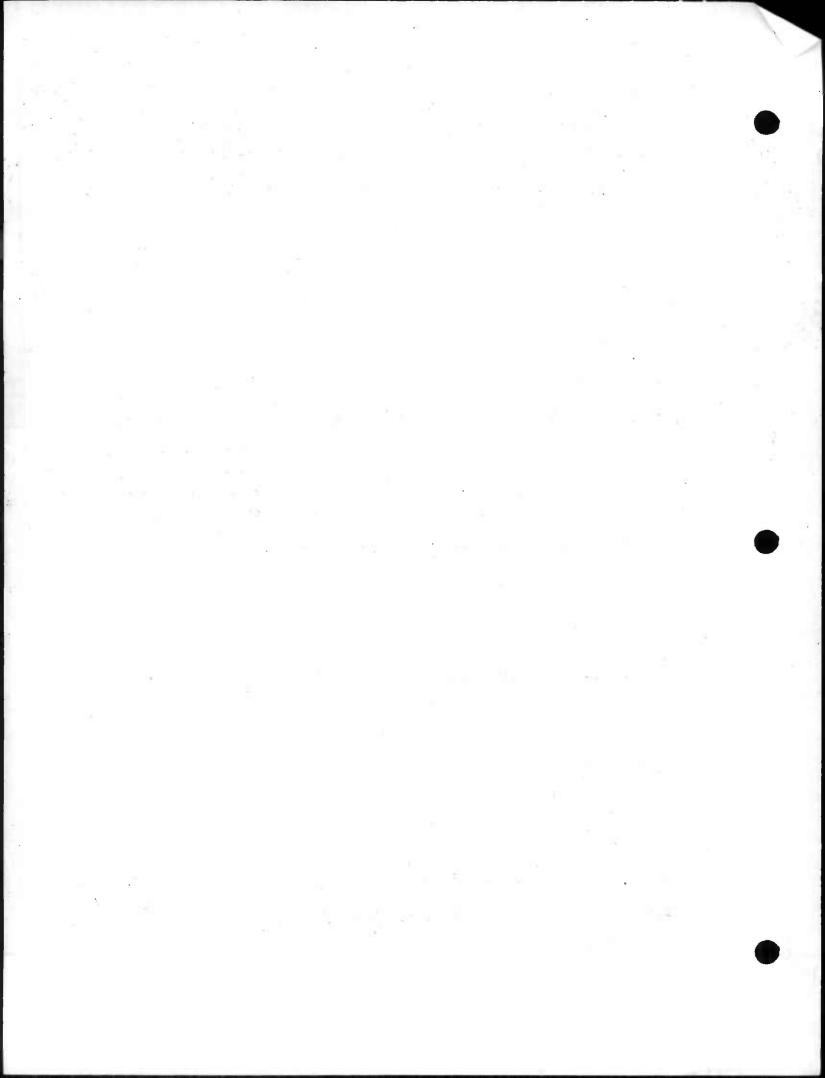
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	notified	
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	must	1
di.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once	
the State Dept. of health and mental hygiene prior to borial, diefination, or removal,	medicai	ľ
E C	the	ı
, crema	event,	ı
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אלופווב ה	other	ı
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	REGISTRAR		CERTIF	ICALE	: UF	DEAL	н	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) GERALD GE	Tald Pay	e, Jr.					2. DATE OF DEATH MONTH DI	" / /	YEAR /994	3. TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign
	578-18-2526 1 XX	2 🗆 F 77	YRS.	MONTHS	DAYS	HOURS	Mill.	(Month, Day, Year) Sept. 29,	191	6 Wa	shington,DC
	Ba. FACILITY NAME (If not institution, give street and nu					R LOCATIO		ATN	9c. COU	NTY OF DE	EATN
DIRECTOR	SOUTHERN MANYING	two this	PITAL	6	he	2700	V		PA	-INC/	E GEORGES
m	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY
	Maryland Prince Geo	rges	Dis	trict	-		_				LIMITS? 1XX YES 2 NO
Z	10e. STREET AND NUMBER				101	ZIP CODE			10g. CITI	ZEN OF W	VHAT COUNTRY?
6	7105 Halleck Street					2074	47		USA		
FUNERAL	11 MARITAL STATUS 12 WAS I	DECEDENT EVER IN U.	S. ARMED			ENDENT O	F HISPAN	IIC ORIGIN? (Specify Yes		14. RACE	- American Indian,
BYF	1 Never Married 2 X Married IF YES	ES? 1 YES	XXX			2 XXXX	Specify	n, Puarto Rican, etc.)		Specif	t, White, etc. ly: ite
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16	Se. DECEDENT'S				a	16b. KIND OF BUS	INESS/IND		
LET	Elementary/Secondary (0-12) College	(1-4 or 5+)	life. Do NOT us	e retired.)				Bureau		rinti	ing and
COMPL	17. FATHER'S NAME (First, Middle, Lest)		Electr	ician				Engravi			
_								ME (First, Middle, Malden	Sumame)		
BE	Gerald Payne, Sr.		19h MAILING	ADDRESS	(Street o			Hogue Route Number, City or Tow	n State 7in	Code	
입	Margaret Payne							District H			m 207/7
	20a. METHOD OF DISPOSITION	20h. PL	ACE AND DATE				و ما څ		CATION -		
	XXX Yurial 2 Cremation 3 Removal from 3	Stale cemete	ry, crematory or o	ther place!			0	1/31/94 B			
	21. SIGNATURE OF FUNERAL SEPTICE LICENSEE	11/	11	22. 1	NAME A	D ADDRES	S OF FA	Lee Fu	nera	1 Hor	me
	MIL	72	7	663	3 0	1d Al	Lexa	nder Ferry			
	23. PART I. Enter the diseases, or complicate abook, or heart failure. Liet only IMMEDIATE CAUSE (Final disease or condition resulting in death)	one cause on each	ilne.					h as cardiac or reapi			Approximate Interval Between Onset and Death
,		A A TOUR AS A CO	C CAP	F):	1	icl	ui	relin	one	ar	_
CATION		DUE TO (OR AS A CO	DISEQUENCE OF	F):							
<u>5</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury	eses									
	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF	F):							E E E LIVE
삥	a. T	nacen	NO II								
ا پَ	PART II. Other aignificent conditiona contribu	uting to deeth but	not resulting	in the un-	derlyin	cause g	lven in	Part I. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
ੂ								PERFOR	. /		AVAILABLE PRIOR TO COMPLETION OF CAUSE
NED I									5000		OF DEATH? 1 YES 2 NO
-											
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DE	EATN (Ch	eck only one)			
is	i ingari	TAL: tient 2 - ER/Outpatk	ent 3 🗆 DOA	OTHER		e 5 🗆 Re	sidence	6 Other (Specify)			
PHYSICIAN: M		DATE OF INJURY (Month, Day, Year)	26b. TIM	E DF IURY	28c. INJ	URY AT		28d. DESCRIBE HOW I	NJURY OC	CURED	
BY	1 Seletural 5 Pending 2 Accident Investigation		1 200	М		/ES 2 [NO :				
	6 Could not be	PLACE OF INJURY — building, etc. (Specify)	Al home, farm,	street, facto	ory, offic	•		281. LOCATION (Street a City or Town, State)	and Number	or Rural R	loute Number,
	4 Nomicide detarmined										
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the MEDICAL EXAMINER: On the base of the control of) and manner as stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICE	NSE NUM	MBER	29d. DAT	E SIGNED	(Month, Day, Year)
OB	Maleger	eur'				DI	08	68	> J7	ANUA	Ly 26 199K
-	MA HARMAN ADDRESS OF PERSON WIND COMPLE	TED CAUSE OF DEATH	(ITEM 27) (Type		17	DI		BLANCH	mpl	15 1	HILLS
	31. DATE FILED, (Month, Day, Year) 1 32. F	REGISTRAR'S SIGNATU	JRE DRE		0/	UL		SILIFICIT I	TVE	VUE	2014-8
	EED 0 1 1994	Jedia Davidso	V-Nadan	Olia							ALL THE



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置	THE	filed	80
ID THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hosp	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF I	MARYLAND / CI	UEPAI ERTIF	ICATE	E OF I	ALIH DEAT	AND I	MENTAL HYGIE REG. N		با (05693
	t. DECEDENT'S NAME (First, Middle, La	•	Par	ka					2. DATE OF DEATH MONTH	DAY 94	YEAR	2. TIME OF DEATH M
	4. SOCIAL SECURITY NUMBER 224-66-4364	5. SEX	6. AGE (In yrs. les	of birthday)	IF UNDER		IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH 5 (Month Day Year)	1	a. BIRT	HPLACE (State or Foreign Carolina
	9e. FACILITY NAME (If not institution, gi		70		9b. CITY	r, TOWN OR	LOCATE	ON OF DE		9c. COU	NTY OF I	
OR	Prince Georges	General H	lospital		Che	ever1	y, 1	Mary]	Land	Pr	ince	George
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COU			10c. CIT	Y, TOWN (OR LOCATIO	ON .					tod, INSIDE CITY
	Maryland P	rince Geor	rge	C	apito	ol He	ight	ts				t YES 2 NO
FUNERAL	too. STREET AND NUMBER 5711 Dade Stre	at					0743			WHAT COUNTRY?		
SNE	11. MARITAL STATUS	12. WAS DECEOEN	IT EVER IN U.S. AR	MED	13.				IC ORIGIN? (Specify Y		J.S.	E — American Indian,
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1	MAR OR OATES			If yes, spec t TYES 2	Ify Cube	n, Mexica	n, Puarto Rican, atc.)		Spec	ck, White, atc.
	15. DECEDENT'S 8 (Specify only highest gr		/G	CEDENT'S live kind of Do NOT u	work done	CCUPATION during most	of working	ng	16b, KIND OF B	USINESS/INI	DUSTRY	
COMPLETED	6th Grade	College (1-4 or 5	+)	ouse	,				None	Э		
BE CON	tr. FATHER'S NAME (First, Middle, Last) King Solom						18. MOTI		ME (First, Middle, Maide (Unavaila)			
10 B	190. INFORMANT'S NAME (Type/Print) Lillie Mae Y	oung							itol Heig			20743
	20e METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 R 4 Donation 5 Other (Specify)	lemoval from State	20b. PLACE, cemetery, cre Harm	matory or o	ther place!	sition(Nam		ζ.	DATE 20c. L	ocation – andov		
22. NAME AND ADDRESS OF FACILITY Vann & Will 4804 Georgia Ave., N.W., Wash.							liam	s F. H.				
H	23. PART I. Enter the diseases,	et caused the de	eeth. Do				_	•		,	Approximate	
	ahock, pr heart failu iMMEDIATE CAUSE (Final disease pr condition resulting in death)	re. List prily one car Reflection a	use on each line	rules	stu				nal dis			Interval Batween Onset and Death
NO	Sequentially list conditions,	ь										
CAT	if any, leeding to immediate cause. Enter UNDERLYING	002.10	(OR AS A CONSE	OUENCE O	r):							j
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	d	(OR AS A CONSE	OUENCE O	F):							
	PART II. Other significent condi	tions contributing to	death but not i	resulting	in the ur	nderlying	cause (gíven in	Pert i. 24s. WAS A	N AUTOPSY	24	b. WERE AUTOPSY FINDINGS
MEDICAL	End Stack	end dia	lyna						1 TES	2 MIO	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		_			28 DI A	CE OF O	EATH /Ch	ock only one)			
SICI	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHEI	R:			6 Other (Specify)			
Y PHYSICIAN:	27. MANNER OP DEATH 1 Natural 5 Pending Investigation	26e. QATE OF (Month, L		26b. TIN		28c. INJU WOR	RY AT		28d. OESCRIBE HOW	INJURY OC	CUREO	
TED BY	2 Accident Investigation 3 Suicide 8 Could not determined	26e. PLACE (OF INJURY — At he, atc. (Specify)	ome, ferm,	street, fac	tory, office			261. LOCATION (Stree City or Yown, Stat	t end Numbe	r or Rumi	Route Number,
OMPLET		IYSICIAN: To the beat of	f my knowledge, de	with occur	ed at the t	time, date e	nd placa	, and due	to the cause(s) and m	anner es ate	ited.	
COM	one) 2 MEDICAL EXAM	MINER: On the basis of a	xamination and/or	Investigation	on, in my o	opinion, de	ith occur	red at the	time, data end place,	and dua to t	he couse((a) end menner ea stated.
BE	296. SIGNATURE AND TITLE OF CHAPT	Dente	MK)			295 LICE	L/ L	BER 30	1	70	D (Month, Day, Year)
٩	30 JAME MO ADDRESS OF PERSON	WHO COMPLYTED CAN	E OF OEATH (ITE	M 27) (Type	, Print)) "			17	00	74
	31. DATE FILED (Month, Day, Year)	Jodhym	2MP.	50	19 /	ay	ren	01	Co. Sn	c.M	17	0748
	FEB 0 1 1994	The Day	HOSON-PONK	della		/						



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BALTIMORE, MARYLAND	SICIAN: The law requires that the death certificate be executed within a nours after death. Page 6 may be retained by the host	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache I the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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F VII AL RECORDS, P.O. BOX 68760,	withi	certificate has been signed by the attending physician and completely filled in by the the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.
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31. DATE FILED (Mopth, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Peterson

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

		Gudrun		render							Jan	. 26	1994	TEAR	9:50 PM M
		4. SOCIAL SECURITY NUME 578 46 9966		5. SEX 1	6. AGE (In yn	s. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Monti	OF BIRTH	20	Country)	
1	4	9e. FACILITY NAME (If not in			/3		9b. CITY	TOWN (OR LOCATI	ON OF DE		9 102		Germa	
(7)	TOR	Anne Arunde	1 Med	ical Cent	er			Ann	apo1:	is			Ann	e Ar	undel
V	DIRECTOR	100. STATE Maryland	10b. COUNTY	r	ge's	t0c. CIT	Bowi		TION					- 1	LIMITS?
permit	1 1	10e. STREET AND NUMBER							. ZIP COD	E			10g. CITIZ		IAT COUNTRY?
SE	FUNERAL	3005 Tanbar	k Lane						207					ited	States
or attending physician.	BY	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 2000		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	□ NO		f yes, sp		n, Mexice	n, Puerlo	i? (Specify Yes Rican, etc.)	or No-		- American Indian, White, etc. : : : White
pital or attended for use as	COMPLETED	15. DEC (Specify only Elementary/Secondary (C 1.2	EDENT'S EDU y highest grade 1-12)	CATION completed) Coffege (1-4 or 5	+)	Give kind of life. Do NOT u	work done as retired.)	during mo	ON ost of worldi	ng	16b	KIND OF BUS			
the hospital detached for once.	NO.	17. FATHER'S NAME (First, M	iddle, Last)						ta. MOT	HER'S NAI	ME (First,	Middle, Meiden	Surname)		
# 6 6 6 E	BE	Wilhelm Sie		vonZitz	ewitz				E1	eono	re H	elm			
retained to 5 should notified	5	Robert Gre				196. MAILING 14115						ber, City or Town Bowie		2071	.5
6 may be ector, page		20e. METHOO OF DISPOSIT		oval from State		ACE AND DATE		ITION (N	ame of		OAT	E 20c. LO	CATION —	City or Tow	n, State
E ect e		1 Donation 5 Other 21. SIGNATURE OF FUNERA				tropol	itan		emato		i	A	lexa	ndria	Virginia
unera unera		Rober	t E	Eran	e P	Que.	E	eal:	1–Eva	ans I	Tune	ral Hor			and 20715
poor our street of the street		23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure. iel	List only one cau	use on aach	lina.	not enter	the mo	de of dy	ing, suci	h as can	diac or respi	ratory arr	est,	Approximate interval Between Onset and Daath
th certificate be ending physician I Hygiene prior to	CERTIFICATION	Sequentially list condit if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Inju that initiated events resulting in death) LAS	diete ING Iry	с		NSEOUENCE O									
requires that the deen signed by the of Health and Mer	4	PART II. Other algolitics	nt condition	s contributing to	death but n	not resulting	In the ur	derlyln	g cause	given in	Part I,	24s. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF GEATH? I YES 2 NO
PHYSICIAN: The law this certificate has to with the State Dept arked, or Item 23	SICIA	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF D	EATH (Che	ck only or	ne)			
Ctan: ertification the St	HYSI	1 TYES 2 NO		1 28e. DATE OF		nt 3 DOA	4 🗆 Nur	sing Horr	ne 5 🗆 Re	eeldence					
NG PHYS fer this cath with	BY PI	1 Natural 5	Pending investigation	(Month, E			JURY M	WC	IURY AT ORK? YES 2 [NO	28d, DE:	CRIBE HOW II	NJURY OCC	CUMED	
TTENDI TOR: A after de	Œ	a Deviate	Could not be datermined	28e. PLACE C building,	OF INJURY I , etc. (Specify)	At home, ferm,	atreel, fact	ory, offic	:0			ATION (Street e or Town, Stete)	and Number	or Rural Ro	ute Number,
TAL OR VAL DIRE	COMPLET			CIAN: To the best of											end menner ee stated.
THE HOSPITAL THE FUNERAL filed within 72 i		29b. SIGNATURE AND TITLE								ENSE NUM		und piece, en			Month, Day, Year)
TO THE TO THE De filed	0 BE	Ruh	110	Elen	7					2 Y			>		>- 54

600

32. REGISTRAR'S SIGNATURE
Suha Davidson-Rondala

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

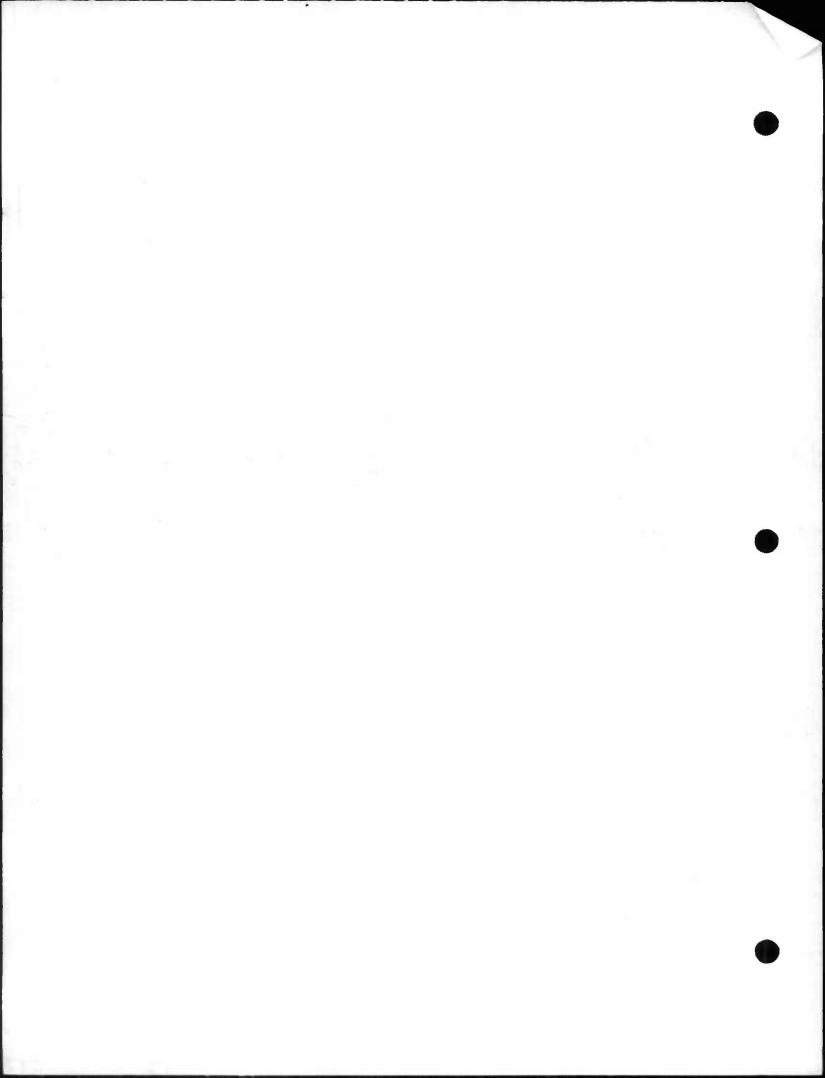
DHMH-18 Rev 1/89

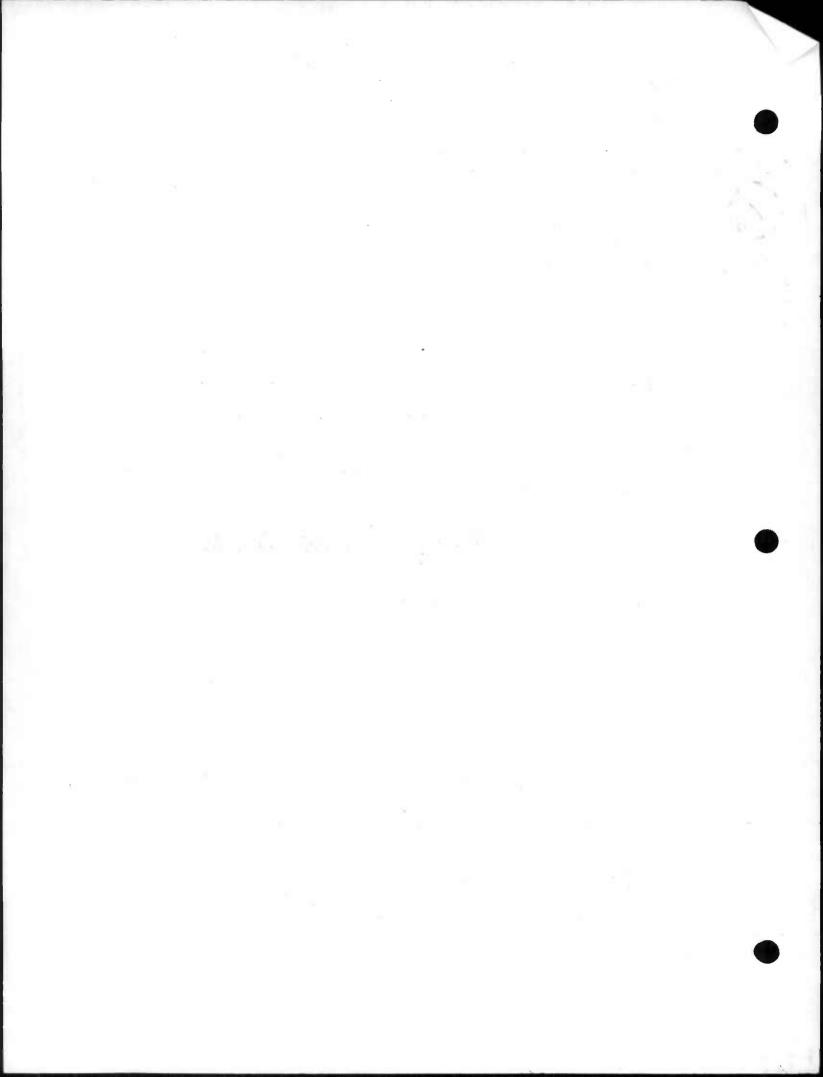
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3. TIME OF DEATH

94

2. DATE OF DEATH



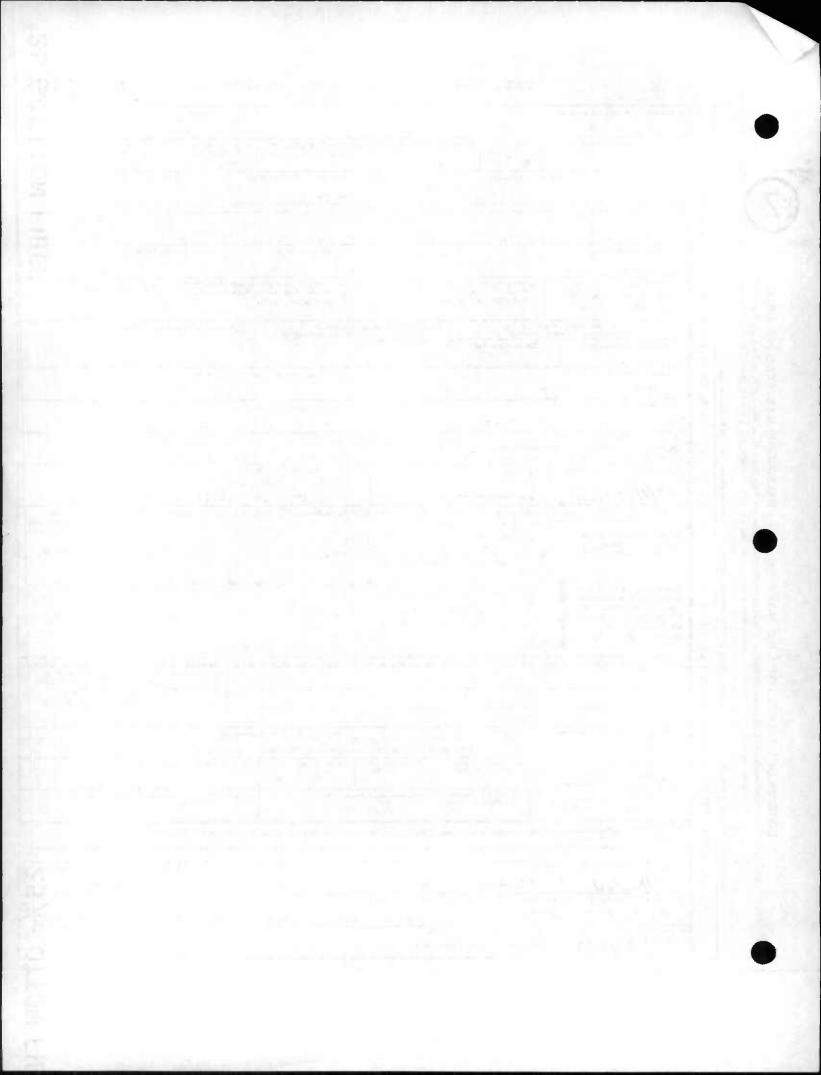


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15-00	tending p	as the b	
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LANI	y the hos	oe detache	rt once.
MARY	retained b	S should t	offfied a
BALTIMORE, MARYLAND 21215-0020	і тау ре	tor, page	ust be n
TIMO	th. Page 6	eral direct	miner m
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	Jours	filled In tion, or re	the med
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89 XC	be execu	clan and ior to buri	raumatic
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AL RE	aw requ	has been Dept. of I	23 sho
: VIT	ICIAN: The	ertificate the State	or item
NO NO	NG PHYSI	fter this c	marked,
310			
<u>\$</u>	ATTEND	RECTOR: A	m 28 ls
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL DR ATTEND	IERAL DIRECTOR: A in 72 hours after d	T. If item 28 is
DIVIS	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

30. NAME ARIU DE LA STREET STR

	1 - FOR STATE REGISTRAR	STATE OF MA			E OF DEATH	MENTAL HYGIEN	NE 9	4 05696	
	1. DECEDENT'S NAME (First, Middle, Last)			241450				3. TIME OF DEATH	
	Pau	Leon 5. SEX 6.	. AGE (In yrs. lest i	PALMER		-	8 91	1	
	215-07-4262	1 M 2 F		YRS. IF UNDER	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give str		74		Y, TOWN OR LOCATION OF	Apr. 16, 19	919 M	aryland	
TOR	Washington County				Hagerstown	DEATH		SHINGTON	
DIRECTOR	10a. STATE 10b. COUNTY Maryland Washi	ngton		10c. CITY, TOWN				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
	10a. STREET AND NUMBER	HUTOH		nage	rstown 10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	111 Grove Ave.				21795			USA	
S	11. MARITAL STATUS	12. WAS DECEDENT E			WAS DECENDENT OF HISPA	ANIC ORIGIN? (Specify Ye	ns or No- 14.	RACE - American Indian.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 K			If yes, specify Cuban, Maxie 1 — YES 2 NO Spec			Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a, DECI	EDENT'S USUAL O	OCCUPATION during most of working	16b. KIND OF BU	SINESS/INDUST		
E	Elementary/Secondary (0-12)	College (1-4 or 5+)		The second second					
MP	8		Sno	op Porte		Truck N		turing	
	17. FATHER'S NAME (First, Middle, Last) Harry Edgar	Pal	mer			IAME (First, Middle, Melder			
BE	19a. INFORMANT'S NAME (Type/Print)	1 61		MAII INO ADDRES	S (Street and Number or Rura			ills	
2	Hilda M.Palmer					lliamsport,			
	20s. METHOD OF DISPOSITION			ND DATE OF DISPOS	SITION (Name of		OCATION - City		
	1 Suriel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) Green lavin Memorial Park Feb. 21, 1994 Williamsport, MD 21795								
19	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE			OSBORNE FUL	NERAL HOME			
	22 PART I See the diseases of C	A Culture that a	numb	th Dr. ant enter	P.O.Box # 3	348 Willian	sport,	MD 21795	
	23. PART I. Enter the diseases, or contact failure. L	Jat only one ceuse	on each line.	th. Do not enter	the mode of dying, su	ich as cardiac or reap	Piratory arrest	Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	2.	, /	2.	1			Onset and Death	
	resulting in death)	DUE TO (OF	RAS A CONSECU	UENCE OF):	lune			2 weeks	
z					where Pula	no sum di	100.0	men ve	
10	Sequentially list conditions, If any, leading to immediate	DUE TO (OF	R AS A CONSEQU	JENCE OF):	J.V.	7	71-71	Tracky years	
S	CAUSE (Disease or Injury		Imonau	my RI	دادم ط			nony your	
	that initieted events	DUE TO (OI	R AS A CONSEQU	JENCE OF):					
Ē	regulting in death) LAST								
ERTIFICATION	resulting in death) LAST								
O	4	contributing to de	eth but not res	sulting in the ur	nderlying cause given is	n Part I. 24a. WAS AI		24b. WERE AUTOPSY FINDINGS	
O	PART II. Other algnificant conditions	contributing to de	eth but not re	sulting in the ur	nderlying cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
O	4	contributing to de	eath but not re	sulting in the ur	nderlying cause given in	n Part I. 24a. WAS AI PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
O	4	contributing to de	eath but not re	sulting in the ur	nderlying cause given i	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
O	4		eth but not re		28. PLACE OF DEATH (C	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
O	PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Contributing to de		OTHE	28. PLACE OF DEATH (C	1 YES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Millural 5 Pending	HOSPITAL:	R/Outpetlent 3 [OTHE	28. PLACE OF DEATH (CR:	1 YES	RMED? 2 (2 HO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Impatient 2 En 28a. DATE OF IN. (Month, Day,	R/Outpetlent 3 DJURY Year)	DOA OTNEI	26. PLACE OF DEATH (CR: reing Home 5 CR: Residence 26c. INJURY AT WORK? 1 YES 2 NO	PERFO 1 YES Check only one) 6 Other (Specify)	INJURY OCCUR	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Nitural 5 Pending Investigation 2 Accident Notice N	HOSPITAL: 1 Propertient 2 El 28a. DATE OF III. (Month, Day, 28a. PLACE OF II building, atc	R/Outpetient 3 Superior Start	DOA OTNEI DOA 4 Nur 26b. TIME OF INJURY M ne, farm, atreet, fact	26. PLACE OF DEATH (CR: rsing Home 5 Residence 26c. IND WORK? 1 YES 2 NO	heck only one) 6 Other (Specify) 28d, DESCRIBE HOW 28f, LOCATION (Street City or Town, State	INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER CERTIFYING PHYSIC Check only	HOSPITAL: 1 Impetent 2 El 28a. DATE OF IN. (Month, Day, 28a. PLACE OF II building, atc	R/Outpetient 3 Superior Start	DOA OTHEL 20b. TIME OF INJURY M ne, ferm, atreet, fact	26. PLACE OF DEATH (CR: rsing Home 5 Residence 26c. INPUT AT WORK? 1 YES 2 NO	PERFO 1 YES Check only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State Lee to the cause(a) and many control of the cause(a) and cause(a) and cause(a) and cause(a) and cause(a) and cause(a) and	INJURY OCCUR and Number or i	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER CERTIFYING PHYSIC Check only	HOSPITAL: 1 Impetent 2 El 28a. DATE OF IN. (Month, Day, 28a. PLACE OF II building, atc	IR/Outpetient 3 USPY Year) NJURY — At home and a second s	DOA OTHEL 20b. TIME OF INJURY M ne, ferm, atreet, fact	26. PLACE OF DEATH (CR: rsing Home 5 Residence 26c. INPUT AT WORK? 1 YES 2 NO	PERFO 1 YES Check only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State se to the cause(a) and make time, data and place, a	INJURY OCCUR and Number or i	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO Rural Route Number,	

DHMH-16 Rev 1/89



STATE 0	F MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	0	F DEAT	TH		REG NO

REGISTRAR				F DEATH	REG. N	0.	4 05697
1. DECEDENT'S NAME (First, Middle, Le		. PHIL			2. DATE OF DEATH MONTH		year 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220-34-0983 90. FACILITY NAME (If not institution, gi	5. SEX 8. AGE (In yrs. lest birthday) 83 YRS.	IF UNDER 1 YEAR	S HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Veer) MAY 6, 1	910	BIRTHPLACE (State or Foreign Country) MICHIGAN
WASHINGTON COUNTRESIDENCE OF DECEMENT	NTY HOSPITAL		96. CHY, 10V	HAGERSTO			shington.
10e. STATE 10b. COU			onsbor				10d, INSIDE CITY LIMITS? 1 YES 2 NO
8507 Maplevi 11. MARITAL STATUS 1 Never Merried 2 Merried	11e, Rd.	U.S. ARMED		21713 DECENDENT OF NISPAL specify Cuben, Mexico			U.S.A. 4. RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced		IF YES, GIVE WAR OR DATES 1 ☐ YES 2 🖔 NO Spec				I ISINESS /INTA IS	Specify: WHITE
(Specify only highest gr Elementary/Secondary (0-12) 10		(Give kind of life. Do NOT u	work done during	most of working	TOOL KIND OF B	OWN H	
17. FATNER'S NAME (First, Middle, Last) FRANKLIN CHESTE	ER KAETZEL				AME (First, Middle, Meiden Surname) H. WELLS		
19e. INFORMANT'S NAME (Type/Print) MARVIN W. PHILI 20e. METHOD OF DISPOSITION 1 © Burlel 2 □ Cremetton 3 □ R	206.	232 S	OUTH P	et end Number or Rural LEASANT, I	ODI, CALI	FORNIA	95240
21. SIGNATURE OF FUNERAL SERVICE	John H	., Bast	22. NAM	E AND ADDRESS OF FA	HOME 76	06 Old	VILLE, MARYL National Pi o, MD 21713
23. PART I. Efter the diseases,	or complications that caused						
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	consequence of	DE:	inim	h as cardiec or res		Interval Betw Onset and De
IMMEDIATE CAUSE (Final disease or condition	B. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE CONSEQ	orp:	inter	m spour	- in inp	Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A A DUE TO (OR AS A A	CONSEQUENCE CONSEQ	In the under	my Arab	March Depart 1. 24a, WAS A	IN AUTOPSY ORMED?	Interval Betw Onset and Do Few Maria 2-3 da 2-3 da 24b. WERE AUTOPSY FINDI AMBLABLE PRIOR TO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A A DUE TO (OR AS A A DUE TO (OR AS A	CONSEQUENCE CONSEQ	In the underlastic	my Arab	Part I. 24a, WAS A PERFEL 1 YES	IN AUTOPSY ORMED?	Interval Betw Onset and De Ferral Manager 2-3-day 2-3-day 2-4b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in the condition of	B. DUE TO (OR AS A DUE TO (OR	CONSEQUENCE CONSEQ	OTHER: 4 Nursing I	PLACE OF DEATH (Children 5 Residence Insurance Work?	Part I. 24a, WAS A PERFEL 1 YES	IN AUTOPSY ORMED?	2-3 do 2-3 do 2-4b. WERE AUTOPSY FINDIO AMRABLE PRIOR TO COMPLETION OF CAUS OF DEATHY 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigated in Nomicide 6 Could not determined	B. DUE TO (OR AS A DUE TO (OR	CONSEQUENCE CONSEQ	OTHER: 4 Nursing I	PLACE OF DEATH (Children 5 Residence Insurance Work?	Part I. 24a, WAS A PERFIT 1 YES	AN AUTOPSY DRIMED? 2 DANG VINJURY OCCU	Interval Betw Onset and Do Few Man 2-3 d 2-3 d 2-4b. WERE AUTOPSY FINDH AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions in the condition of	B. DUE TO (OR AS A DUE TO (OR	consequence of the consequence o	OTHER: 4 Nursing ME OF 28c. JURY M 1 street, factory, of	PLACE OF DEATH (Chorne 5 Residence INJURY AT WORK? YES 2 NO	Part I. 24a, WAS A PERFIT 1 YES 1 Other (Specify) 26d, DESCRIBE NOW 26t, LOCATION (Street City or Town, Stell	IN AUTOPSY DRIMED? 2 JANO I INJURY OCCU Int end Number or The individual of the	Interval Betw Onset and Do Few Man 2 - 3 do 2 - 3 do 22-3 do 24b. WERE AUTOPSY FINDH AMRIABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condit Vertical Cause (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condit Vertical Cause (Disease or Injury that Initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Accident Investigation on Cause (Check only one) 1 CERTIFYINO PROPERTY (Check only one) 2 MEDICAL EXAMINERS) 29b. SIGNATURE AND TITLE OF CERTIFYINO PROPERTY (Check only one) 2 MEDICAL EXAMINERS)	B. DUE TO (OR AS A DUE TO (OR	consequence of the consequence o	OTHER: 4 Nursing ME OF 28c. JURY M 1 street, factory, of	PLACE OF DEATH (Chorne 5 Residence INJURY AT WORK? YES 2 NO	Part I. 24a. WAS A PERFE 1 YES Other (Specify) 28d. DESCRIBE NOW 28t. LOCATION (Street City or Town, State of the cause(e) and more time, date and place, MBER	AN AUTOPSY ORMED? 2 DAYO INJURY OCCU Int end Number or the one of the order 2 Pd. DATE:	Interval Betwo Onset and De Few Man 2-3 de 2-3 de 2-4b. WERE AUTOPSY FINDIN AWALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO RED

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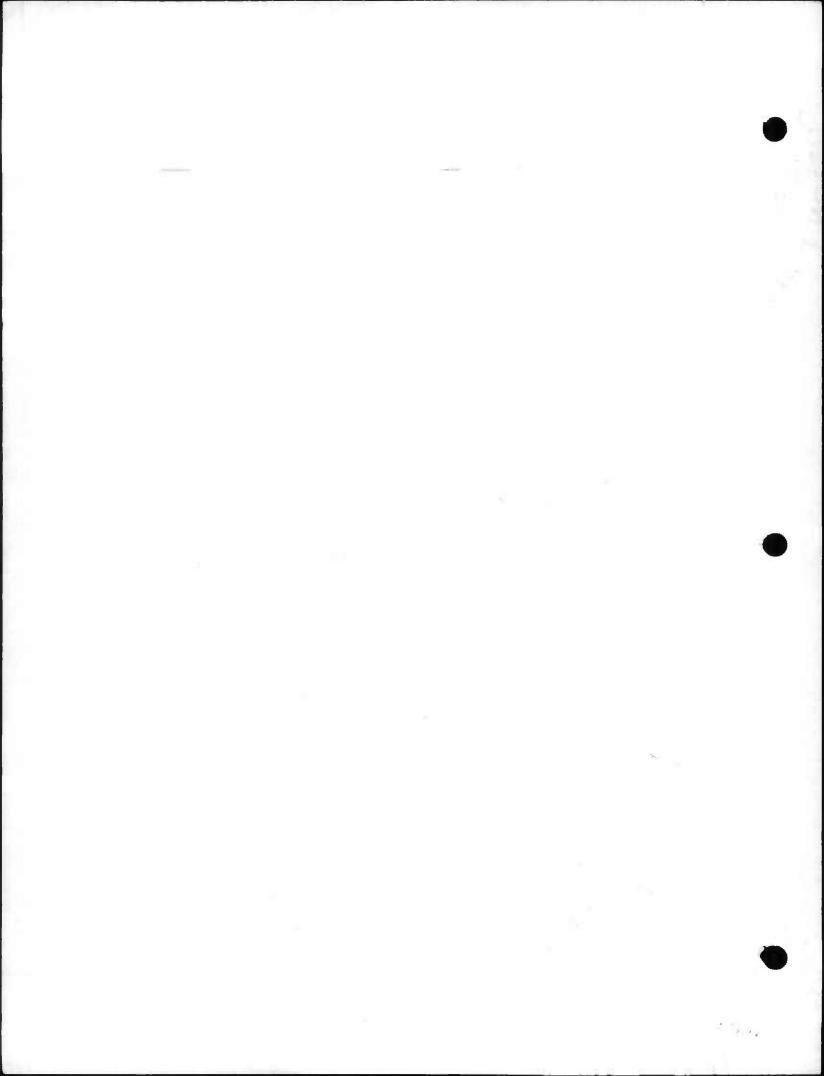
G .	0000	physician.	burial-transit per	
	BALTIMORE, MARYLAND 21215-0020	hospital or attendin	tached for use as the	ce.
	E, MARYLA	be retained by the	ige 5 should be det	no tiffled at on
	ALTIMORE	death. Page 6 may	e funeral director, pa	examiner must l
(TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pente filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ificate be executed v	physician and com; ne prior to burial, c	her traumatic evi
	ORDS, P.O	that the death cert	ed by the attending th and Mental Hygie	any injury, or ot
	IITAL REC	N: The law requires	ficate has been sign State Dept. of Heal	Item 23 shows
	SION OF V	TENDING PHYSICIA	OR: After this certif	8 is marked, or
	DIA	HOSPITAL OR AT	FUNERAL DIRECT within 72 hours a	TANT: It Item 2
		TH 01	TH OT HE	IMPO

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) HANNAH E. PETERS 4. SOCIAL SECURITY NUMBER 287-09-6982 11 30. FACILITY NAME (If not institution, give street the Momewood RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	■ M 2 X F	CERTIFI rs. lest birthdey) 90 yrs.	F UNDER 1 YEAR MONTHS DAYS		REG. NO	AY YEAR 1994 903 8. BIRT	3. TIME OF DEATH 10:25 P M HPLACE (State or Foreign		
4. SOCIAL SECURITY NUMBER 287-09-6982 10 9a. FACILITY NAME (If not institution, give street the street of the stre	■ M 2 ☑ F Substitute of the substitute of the	rs. lest birthdey) 90 YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN	IF UNDER 24 HRS. HOURS MIN.	2. DATE OF DEATH MONTH D. FEBRUARY] 7. DATE OF BIRTH (Month, Day, Vasi)	AY YEAR 1994 903 8. BIRTY Coun	10:25 P M HPLACE (State or Foreign		
4. SOCIAL SECURITY NUMBER 287-09-6982 10 9a. FACILITY NAME (If not institution, give street the street of the stre	■ M 2 ☑ F Substitute of the substitute of the	90 YRS.	9b. CITY, TOWN	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	903 BIRT	HPLACE (State or Foreign		
Homewood RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY		OR LOCATION OF D			hio		
10a. STATE 10b. COUNTY	ngton	10c, CITY		liamspor		Washi			
☐ Maryland Washin			Hagers				10d. INSIDE CITY LIMITS? 1 YES 2 3 NO		
Too. STREET AND NUMBER 20002 Cherry Hill 11. MARITAL STATUS 1 \(\backsquare \) Merried 12.	Circle						USA		
3 🖫 Widowed 4 🗆 Divorced	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 7 YES 2 No.			CENDENT OF HISPAI pecify Cuben, Mexica S 2 2 NO Specif	FHISPANIC ORIGIN? (Specify Yes or No. 14. RACE — American Ind Black, White, etc.				
8 8	ON 16 16 16 16 16 16 16 1	usual occupat ork done during m retired.) f reade	lost of working	16b. KIND OF BUSINESS/INDUSTRY Air Force Federal Governmen		rnment			
Thomas Woodhouse	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surnam								
Marcus O. Peters	19a. INFORMANT'S NAME (Type/Print) Marcus O. Peters 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20002 Cherry Hill Circle, Hagerstown, Md. 21742								
4 Donation 5 Other (Specify)	1 Suriet 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)				Lon	ndon, Oh:	A - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		
21. SIGNATURE OF FUNERAL SERVICE LICENSI	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACRITY MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740								
23. PART I. Enter the diseases, or compshock, or heart fallure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	plicetions that ceused the only one ceuse on each Out C	Ilne.	ot enter the m	ode of dying, suc	h as cardiac or respi	iratory arreat,	Approximate Interval Between Onset and Death		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other significant conditions co	22/22/20/20/20/20								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	EXAMINER? HOSPITAL: OTHER								
27. MANNER OF DEATH 1				GC. INJURY AT WORK? 1 YES 2 NO		NJURY OCCURED			
	26a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, st	treet, factory, offi	281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,			
3 Suicide 6 Could not be determined 4 Homicide 6 Gould not be determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: One) 2 MEDICAL EXAMINER: Or	i: To the best of my knowledg						s) and manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIER	5			29C UCENSE NUI		29d. DATE SIGNED	Million of the property of		

PLETED CAUSE OF DEATH (ITEM

32. REGISTRAR'S SIGNATURE FEB 1 6 1994

DHMH-16 Rev 1/89



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60,	within
(687	executed
2	20
.O. BC	certificate
C, D	death
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OR	that
REC	requires
_	A.B
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FVI	SICIAN:
0	표
DIVISION OF VITAL RECORDS, P.O. BOX 68760	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2
	DR
-	M

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Deor, of Health and Mental Hydiene brior to burial, cremation, or removal.	SECOND SECTION OF SECT
TO THE HOSPITAL DR ATTENDING PHYSI	TO THE FUNERAL DIRECTOR: After this c be filed within 72 hours after death with	September 16 ton 20 to notice

	FOR 1 • STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF I	HEALTH AND	MENTAL HYGIEN REG. NO	1E 9 4	05699
	1. DECEDENT'S NAME (First, Middle, Last)	ABETH :	T. F	IPER	A1 /	2. DATE OF DEATH MONTH D	7. 199	3. TIME OF DEATH P
	4. SOCIAL SECURITY NUMBER 217-36-9740		(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-12-24	Was	IRTHPLACE (State or Foreign bupty) Shington, D.C.
TOR	9a. FACILITY NAME (If not institution, give so SOUTHEW RESIDENCE OF DECEDENT	MARYIAND T	40SPMAL	96. CITY, TOWN	CATON	EATH	Par.	NCE GEONGE
DIRECTOR	100. STATE 100. COUNTY Jaryland Princ	e George's		ry, town on Local			5.1	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2010 Gaither St.			1.11	1. ZIP CODE 20748		109. CITIZEN O	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	It yes, s	CENDENT OF HISPAI becity Cuban, Maxics 5 2 XXIO Specif	NIC ORIGIN? (Specify Yain, Puerto Rican, etc.)		tACE — American Indian, Black, White, etc. 100c/ly:
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)				1000027 0000	siness/inoustr	Government
BE CON	17. FATHER'S NAME (First, Middle, Last) William Danie	l Bragunier				Me (First, Middle, Melden Magdeline		
TO E	Gino Piperni			as item		Route Number, City or Tox	vn, State, Zip Code)
	20a. METHOD OF DISPOSITION t Burlet 2 Cromation 3 Rem 4 Donation 5 Applier (Specify)	ovet from State	b. PLACE AND DATE metery, crematory or o CSULTECT	other place)		DATE 20c. LC	nton.	
	21, SIGNATURE OF OF ERAL SERVICE LIC			George	nd address of Fage P. Kal	as Funeral Rd. Oxon	l Home	
	23. PART I Enter the diseases, or o shock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	sArcim	d the death. Do each line.	one enter the mo	ede of dying, such	h as cardiac or reap	iratory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS /	A CONSEQUENCE C	F):				
ERTIFIC	CAUSE (Disesse or Injury that initiated events resulting in death) LAST	DUE TO (OR AS a	A CONSEQUENCE O	F):				
PHYSICIAN: MEDICAL C	PART II. Other significent condition	e contributing to death to	put not resulting	in the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	reck only one)		
HYSI	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	28b. Til	4 - Nursing Hon IE OF 28c. IN	JURY AT	8 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCURE	D
B	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	Y Al home, farm,	M 1 🗆	ORK? YES 2 NO	281. LOCATION (Street City or Yown, State,		rral Route Number,
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my know	vledge, death occur	red at the lime, date	and place, and due	to the cause(s) and ma	nner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the beals of examination	on and/or investigati	on, in my opinion,	feath occured at the 29c, LICENSE NUI			ne(a) and manner as stated. NED (Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DI	EATH STEM 27 /3m	- Drint)	1129	06	121	3/94

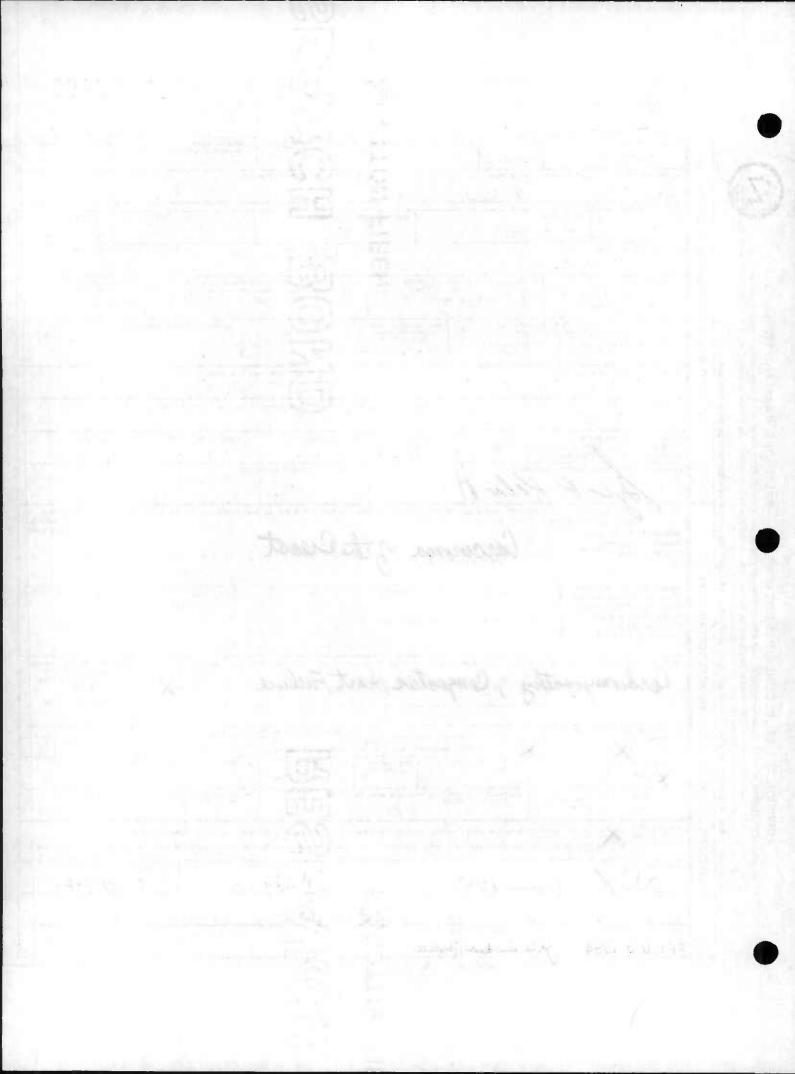
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

FM.AN 8926 WOOD YAND

FMAN 8926

32. REGISTRAR'S SIGNATURE

91. DATE FILED (MONTH, Day, Year)
FFR 0 9 1994



SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birtholy) 7. NATE OF BIRTH 6. AGE (in yrs. lest birtholy) 87. VRS. 87. VRS. 88. VRS. 89	LAWRENCE P.	ETTIE				2. DATE OF DEATH MONTH		YEAR	ME OF DEATH
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S. COLONTY OF DEATH JEAUTE I AUTHOR OF LOCATION OF DEATH JEAUTE I AUTHOR OF LOCATION OF DEATH JEAUTE I AUTHOR PRINCE GO DECEDEATY No. COLONTY	578-28-7223	1X M 2 F	87 YRS.	MONTHS DAYS	HOURS MIN.	1/7/07	М		as.W.
SENDENCE OF DECEDENT THE COUNTY D. C. NA Washington 100, ZIP CODE 20019 101, STREET AND NUMBER TO THE STATUS NOW ARRIVE STATUS NOW ARRIVED STATUS SECONDENT'S EDUCATION SET IN COMPANY ARRIVED STATUS STATUS STATUS STATUS NOW ARRIVED STATUS STATUS NOW ARRIVED STATUS NOW		,				EATH			20/11.
STATE TO NUMBER D. C. N/A	Greater Laurel	-Beltsvil	le Hosp.	Lau	rel		Princ	ce Ge	orge's
D.C. N/A Washington 150 Feb 2 The No. Recorded to Market Street And Distance Street A									
STREET AND HUMBER 5619 Eads St., N.E. 10. LOCATION FOR BUILDING COUNTRY 12. WAS OCCIDENT EVER IN U.S. ANMED PORCESS* 1769 \$ 1 () NR.S OCCIDENT OF HISPANIC ORIGINAT (Specify, Yes or No. 16) (New Yes, Septing) (Others, Manciess, Pursuit Indians, 18) (New Yes, Grey Colors, Manciess, Pursuit) 14. DECEDENT'S EDUCATION (Specify Only Ingine) grow compliancy (Pursuit) 15. Steam Fitter 16. DECEDENT'S EDUCATION (Green of Only Ingine) 16. DECEDENT'S EDUCATION (Green of Only Ingine) 17. Steam Fitter 18. DECEDENT'S EDUCATION (Green of Only Ingine) 19. NEW KIND OF BUSINESS.INNOUSTITY 19. NEW KIND OF BUSINESS.INNOUSTITY 19. NEW KIND OF BUSINESS.INNOUSTITY 19. NEW KIND OF BUSINESS.INNOUSTITY 19. NEW KIND OF BUSINESS.INNOUSTITY 19. NEW KIND OF BUSINESS.INNOUSTITY 19. NEW KIND OF BUSINESS.INNOUSTITY 19. NEW KIND OF BUSINESS.INNOUSTITY 19. NEW KIND OF BUSINESS.INNOUSTITY 19. NEW KIND OF BUSINESS.INNOUSTITY 19. NEW KIND OF BUSINESS.INNOUSTITY 19. NEW KIND OF BUSINESS.INNOUSTITY 19. NEW KIND OF BUSINESS.INNOUSTITY 19. NEW KIND OF BUSINESS.INNOUSTITY 19. NEW STATE OF BUSINESS.INNOUSTITY 19. NEW STATE OF BUSINESS.INNOUSTITY 19. NEW STATE OF BUSINESS.INNOUSTITY 19. NEW STATE OF BUSINESS.INNOUSTITY 19. NEW STATE OF BUSINESS.INNOUSTITY 19. NEW STATE OF BUSINESS.INNOUSTITY 19. NEW STATE OF BUSINESS.INNOUSTITY 19. NEW STATE OF BUSINESS.INNOUSTITY 19. NEW STATE OF BUSINE	711		L. P.		112.7				LIMITS?
MARTIAL STATUS MARTIAL STATUS MOVE MARTIAL STATUS MOVE MARTIAL STATUS MART		N/A		-		T.G.			
MANITUAL STATUS 12. MAS DECEDENT FUETH NUS. ANABED PROPERS? 1 YES 2 Marked 1 YES 2 Marked 1 YES 2 Marked 1 YES 2 Marked Marked YES, GIVE WAN OR DAYES YES, WAS SHIRT OR DAY OR DAYES YES, WAS SHIRT OR DAY OR DAYES YES, WAS SHIRT OR DAYES YES, WAS SHAUTOPSY YES, WAS SHAUTOPSY YES, WAS SHAUTOPSY YES, WAS SHAUTOPSY YES, WAS SHAUTOPSY YES, WAS SHAUTOPSY YES, WAS SHAUTOPSY YES, WAS SHAUTOPSY YES, WAS SHAUTOPSY YES, WAS SHAUTOPSY YES, WAS SHAUTOPSY YES, WAS SHAUTOPSY YES, YES, YES, YES, YES,	CONTRACTOR CONTRACTOR	a- C+ 37 :		'			10g. CITIZE		
Never Married 2 Merried 2 Merried 3 PFORCES? 1 1983 2 NO Merried 3 Divisioned 4 Divisioned 4 Divisioned 4 Divisioned 5 Proceeding 1998 Proceeding 1998 Proceding 1998									
Esementery/Secolary (or 17) College (1-4 or 5 +) Steam Fitter	Never Married 2 Married	FORCES? 1 YE	S 2 NO	If yes,	specify Cuban, Maxica	n, Puerto Ricen, etc.)	es or No— 1	Black, Whi	te, atc.
Elementery/Beading (polity) 8 th FATHER'S NAME (Pint, Middle, Last) Unknown Lucille Scott L			16a. DECEDENT'S	USUAL OCCUPAT	TION	16b, KIND OF B	USINESS/INOUS	STRY	
Steam Fitter U.S. Government Unknown			(Give kind of w	vork done during r	nost of working				
### PATHER'S NAME (First, Middle, Lest) Unknown Lucille Scott Lucille Scott 19b. MALLING ADDRESS (Street and Number) City or Year, Stein, Zip Code) egina E. Henderson 8 0 9 Montrose Ave., Laurel, Md. 20707 8. METHOD OF DISPOSITION "Sourist 2 Greenation 3 Removal from State Superistry cognistory or prime pace) Downston S Other (Specify) ATT JI. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardisc or respiratory strest, intravial Best interval Be			Steam	Fitte	r	II	S. Go	Vern	ment
Unknown Lucille Scott IMPORIANT'S NAME (Type/Prind) Regina E. Henderson Nethod of Disposition Nethod of Dispo	FATHER'S NAME (First, Middle, Lest)				7			ACTIII	
Type MAILING ADDRESS (Street and Number or Rural Poute Number, City or Town, State, Zip Code) RETION BOY DORPOSITION SETHOD OF DISPOSITION NETHOD OF DISPOSITION Name of 2/4/94 OATE 200. PLACE AND DATE OF DISPOSITION (Name of 2/4/94 OATE NAME OF PUREAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY H. S. Washington & Sons, Inc. 4925 Burroughs Ave., N. E. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardisc or respiratory streat, interval Bett Onset and L. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardisc or respiratory streat, interval Bett Onset and L. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardisc or respiratory streat, interval Bett Onset and L. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardisc or respiratory streat, interval Bett Onset and L. PART II. Enter the diseases, or complications contributing in death) BUE TO (OR AS A CONSCOURACE OF): Quentially list conditions, such as a CONSCOURACE OF): Quentially list conditions, and construction of the underlying cause given in Part I. PART II. Other algorithms of contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algorithms of the part of the p	Unknown								
RET II. Other algnificent conditions southfoliage in the underlying cause given in Part I. Due to (or as a consequence of): Due to (or as a			19b. MAILING	ADORESS (Street				ode)	
METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION Manual 2 Cremellon 200. PLACE AND DATE OF DISPOSITION Manual 2 Cremellon 200. PLACE AND DATE of DISPOSITION Manual 2 Cremellon 200. PLACE AND DATE of DISPOSITION Manual 2 Cremellon 200. PLACE AND DATE of DISPOSITION Manual 2 Cremellon 200. PLACE AND DATE of DISPOSITION Manual 2 Cremellon 200. PLACE AND DATE of DISPOSITION Manual 2 Cremellon 200. PLACE AND DATE of DISPOSITION Manual 2 Cremellon 200. PLACE AND DATE of DISPOSITION Manual 2 Cremellon 200. PLACE AND DATE of DISPOSITION Manual 2 Cremellon 200. PLACE AND DATE of DISPOSITION Manual 2 Cremellon 200. PLACE OF DEATH Manual 2 Cremellon 200. PLACE OF DISPOSITION Manual 2 Cremellon 200. PLACE OF DISPOSITION Manual 2 Cremellon 200. PLACE OF DISPOSITION Manual 2 Cremellon 200. PLACE OF DISPOSITION Manual 2 Cremellon 200. PLACE OF DEATH Check only one 200. PLACE OF DEATH	egina E. Hende	erson							
22. NAME AND ADDRESS OF FACILITY H. S. Washington & Sons, Inc. 4925 Burroughs Ave., N. E. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, abock, or heart fellure. List only one ceuse on each line. MEDIATE CAUSE (Final neese or condition suiting in death) DUE TO (OR AS A CONSEQUENCE OF): Quentially list conditions, any, leading to immediate use. Enter UNDERLYING C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF	A. METHOD OF DISPOSITION		06. PLACE AND DATE O	OF DISPOSITION /	Name of 1 / A /	O A DATE 20c. L	OCATION - CI	ty or Town, S	teta
H.S. Washington & Sons, Inc. 4925 Burroughs Ave., N.E. Approximate shock, or heert fellure. Llat only one ceuse on esch line. IMEDIATE CAUSE (Finel seese or condition suffine) But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But Inditated events suffing in death) DUE TO (OR AS A CONSEQUENCE OF): But Inditated events suffing in death) LAST DUE TO (OR AS A CONSEQUENCE OF): But Inditated events suffing in death) LAST DUE TO (OR AS A CONSEQUENCE OF): But Inditated events suffing in death) LAST DUE TO (OR AS A CONSEQUENCE OF): But Inditated events suffing in the underlying cause given in Part I. Consequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Consequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Consequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Consequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Consequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Consequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Consequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Consequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Consequentially list conditions as a consequence of list of lis			aryrand				urei,	Ma.	
Sheet, or heert fellure. List only one ceuse on each line. Interval Better Sease or condition suiting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE	- 1		U	H. 49	S.Washi 25 Burr	ngton & oughs Av			
ART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other algnificent conditions contributing to least a conscious given in Part I. ART II. Other algnificent conditions contributing to least a conscious given in Part I. ART II. Other algnificent conditions contributing to least a conscious given in Part I. ART II. Other algnificent conditions contributing to least a conscious given in Part I. ART II. Other algnificent conditions contributing to least a conscious given in Part I. ART II. Other algnificent conditions contributions giv	ahock, or heert fellure. IMEDIATE CAUSE (Finel sease or condition	List only one ceuse or	esch line.						Approximats Interval Betw Onset and De
WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO	souring in death)	DUE TO (OR A	S A CONSEQUENCE OF	ni Om	- Pa	De Confe			lucen
EXAMINER? 1 YES 2 NO 1 Vegetient 2 ER/Outpetient 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify) MANNER OF DEATH Matural 5 Pending Investigation 3 DOA 2 North Err. 26a. DATE OF INJURY (Month, Day, Year) 26b. Time-OF INJURY WORK? M 1 YES 2 NO 26b. Time-OF INJURY AT WORK? 1 YES 2 NO 26c. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)	rquentisily list conditions, sny, leading to immediate use. Enter UNDERLYING AUSE (Disease or injury at initiated events	COUNTY (OR A	A CONSEQUENCE OF	Ť):	ralar	Persons			twen
1 YES 2 NO 1 Appetient 2 ER/Outpetient 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify) MANNER OF DEATH Natural 5 Pending Investigation 2 Accident 2 Accident 2 Accident 3 Suicide 6 Could not be 2 Could not be Could not be 2 Could not be	equentisily list conditions, sny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury nat initiated events resulting in death) LAST	cDUE TO (OR A:	8 A CONSEQUENCE OF	j: j:		Part I. 24a. WAS A PERFO	N AUTOPSY PRMED?	24b. WERI AMAII COM OF D	E AUTOPSY FINDI ABLE PRIOR TO PLETION OF CAUS EATH?
Month, Dey, Year) INJURY WORK?	equentisily list conditions, sny, leading to immediate hase. Enter UNDERLYING AUSE (Disease or injury lat initiated events suiting in death) LAST	DUE TO (OR A:	8 A CONSEQUENCE OF	r): in the underlyl	ng csuse given in	Part I. 24a. WAS A PERF	N AUTOPSY PRMED?	24b. WERI AMAII COM OF D	E AUTOPSY FINDI ABLE PRIOR TO PLETION OF CAUS EATH?
Z Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident 2 Accident 2 Accident 3 Suicide 6 Could not be building, etc. (Specify) 2 Accident 2 Accid	equentially list conditions, sny, leading to immediate luss. Enter UNDERLYING AUSE (Disease or injury at initiated events suiting in death) LAST	DUE TO (OR A: DUE TO (OR A: Secontributing to death MOSPITAL: 1 Separation 2 ER/O	S A CONSEQUENCE OF	26. OTHER:	ng cause given in PLACE OF DEATH (Ch	Part I. 24a. WAS A PERFO 1 YES eck only one) 6 Other (Specify)	N AUTOPSY PRMED? 2 NO	24b. WERI AMAI COM OF 0	E AUTOPSY FINDIN ABLE PRIOR TO PLETION OF CAUS EATH?
City or Town State)	equentially list conditions, sny, leading to immediate luss. Enter UNDERLYING AUSE (Disease or injury at initiated events suiting in death) LAST ART II. Other algnificent condition WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH	DUE TO (OR A: d	8 A CONSEQUENCE OF but not resulting is consequence of but not resulting is consequence of but not resulting is consequence.	26. OTHER: 4 Nursing Ho	ng csuse given in PLACE OF DEATH (Ch	Part I. 24a. WAS A PERFO 1 YES eck only one) 6 Other (Specify)	N AUTOPSY PRMED? 2 NO	24b. WERI AMAI COM OF 0	E AUTOPSY FINDI ABLE PRIOR TO PLETION OF CAUS EATH?
	was case referred to Medical EXAMINER? 1 Yes 2 No MANNER OF DEATH Netural 5 Pending	DUE TO (OR A: d	B A CONSEQUENCE OF the but not resulting in but not	26. OTHER: 4 Nursing He EVF 28c. URY 1	PLACE OF DEATH (Ch	Part I. 24a. WAS A PERFI 1 YES eck only one) 6 Other (Specify) 28d. DESCRIBE HOW	N AUTOPSY PRIMED? 200 NO	24b. WERI AMAII COM OF 0 1	E AUTOPSY FINDI ABLE PRIOR TO PLETION OF CAUS EATH? YES 2 NO

LAURER

#102

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32. REGISTRARIO SIGNATURE PONDOR

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. nus after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DETTIG

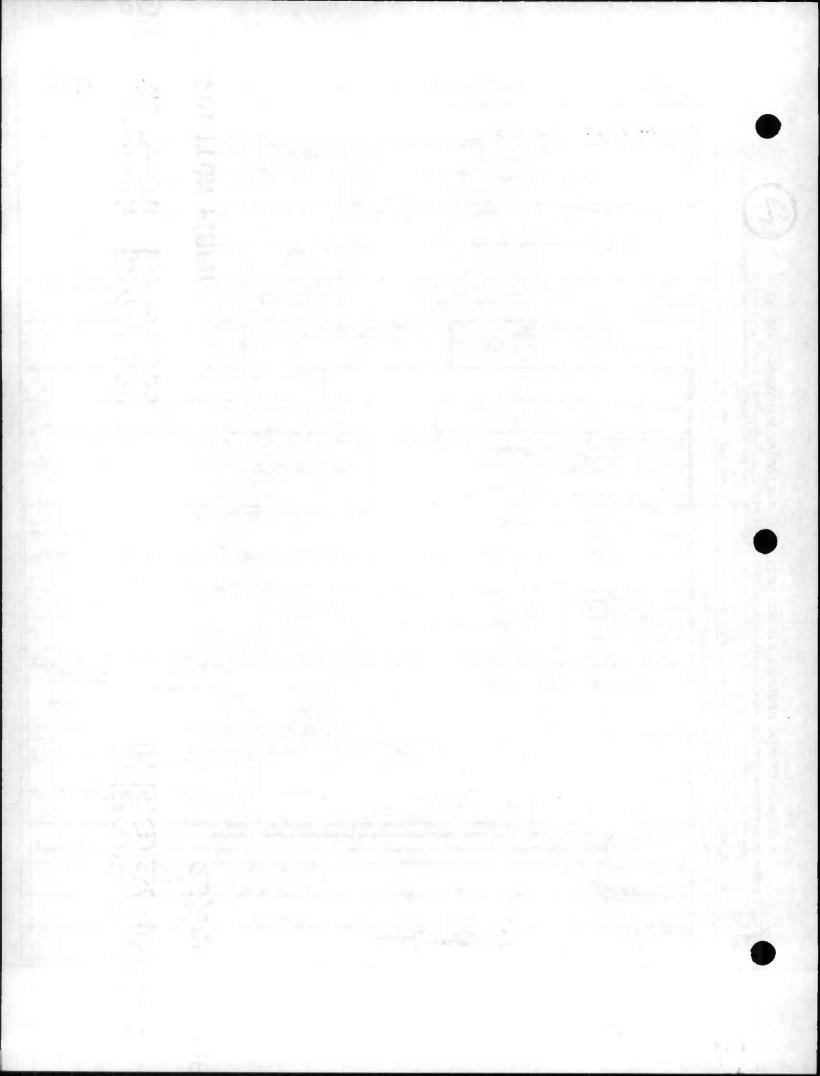
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TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Morath, Day, Year)
FFR 0 8 1994

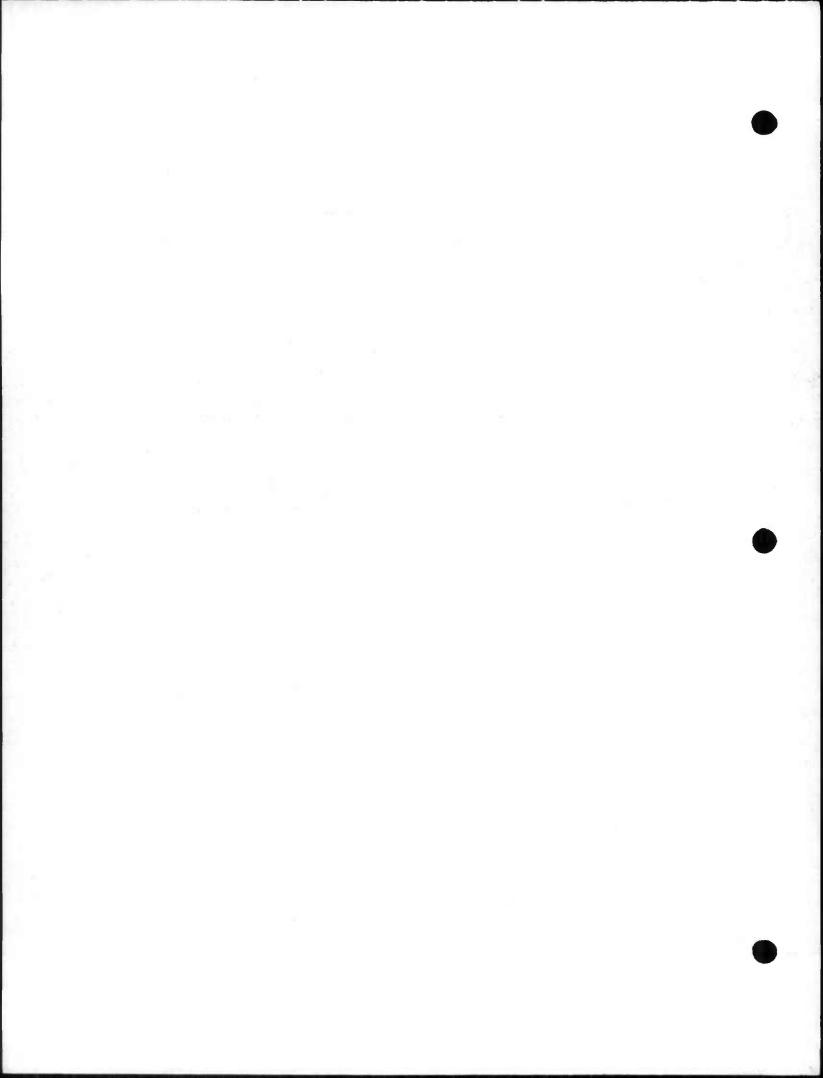


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Incurs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

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affer death with the state Dept. of health and mental hygiene prior to bunal, cremation,	28 is marked, or item 23 shows any injury, or other traumatic event, the	
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	t. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	ARTHU	R	L.	PRAT	HER	S	SR.			монтн 02	04		94	1:52 p M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF			8. BIRTH	IPLACE (State or Foreign
	577-66-741	7	1X M 2 F	49	YRS.	MONTHS	DAYS	HOURS	MIN.	1-24	<u>~49</u>		Was	shington,DC.
	9a. FACILITY NAME (If not in	stitution, give st	4.			9b. CITY	Y, TOWN	OR LOCATE	ON OF DE	ATH		9c. COU	NTY OF D	EATH
<u>e</u>		KWOOD I	DR #104				SILV	ER S	PRIN	G		MON	TGOM	ERY
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY			10c. CIT	Y, TOWN (OR LOCA	TION						10d, INSIDE CITY
뜸	MARYLAND	MONTGO	OMERY		SI	LVER	SF	RING						LIMITS?
	10e. STREET AND NUMBER						10	f. ZIP CODE	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	11435 LO	CKWOOD	DR #10)4				209	04			UNI	TED	STATES
5	1t. MARITAL STATUS	will also	12. WAS DECEDEN FORCES? 1	TEVER IN U.	S. ARMED					IIC ORIGIN? (S		or No-	14. RACI	E American Indian, k, White, atc.
à	3 Wildowed 4 Divo		IF YES, GIVE W	AR OR DATE	S			2 X NO	Specify		.,,			LACK
	15. DEC (Specify onl	EDENT'S EDUC by highest grade	CATION completed)	16	. DECEDENT'S (Give kind of	work done	during mo	ON ost of working	ng .	16b. KII	D OF BUS	INESS/INC	DUSTRY	
COMPLETED	Elamentary/Secondary (0	0-12)	College (1-4 or 5 +	-)	MAINTE	_ ′				Δ.	PARTM	ENT	COME	or.FX
8	17. FATHER'S NAME (First, M	liddle, Last)			1211111	2111111		18. MOTI	HER'S NAI	ME (First, Midd			OOM	BEA
BEC	UNKNOWN									LINE	UNKN			
2	19a. INFORMANT'S NAME (1 VERA PRATH		WIF	E						LVER			,	20904
	20a. METHOD OF DISPOSIT 14 Burial 2 Crematic 4 Donation 5 Other		oval from State		ACE AND DATE			eme of ETERY	7	2/9		TLAN		MARYLAND
	21. SIGNATURE OF TUNERA	L SERVICE LIC	ENSEE			22.	NAME AL	ND ADDRE	SS OF FAC	POPE I	TINER	AT. H	OMES	_M859
	> alley	6.	Yope o	m.			2617	PA.	AVE	SE WA	SH	DC	2002	
		esit tsilure. I	List Drily Drie cau	t caused the	e deeth. Do :	no1 enter	r the mo	ode of dyl	ing, auci	as cardlec	or respir	alory an	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Fir disease or condition	nal	Taxa	alac.		. 1	41	1						Onset and Dsath
	resulting in deeth)	•	DUE TO	OR AS A CO	NSEQUENCE O	0 / F):	14-2	151	011	9				Months
z			DUE TO DUE TO	stat	()	Tu	ber	c4/	051	2				Manthe
CERTIFICATION	Sequentially list conditi if any, leading to imme	dists	DUE TO	(OR AS A CO	NSEQUENCE O	F): /	Λ,		1	/ \	T	1	1	14. 11
<u>S</u>	CAUSE (Disease or Inju		Humai	n Im	MUNO	det	1,016	ncy	· V	1801	S IN	itec	tois	Months
	that initiated eventa resulting in desth) LAS	т	DOE TO	(01 43 4 60	NSECUENCE O	r j:								i
<u> </u>			J											
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	PART II. Other aignitice	ont condition	s contributing to		-		-	g ceuse (given in	Paft 1. 24	e. WAS AN /		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ME	HIV	ent conditions	e contributing to		Soft		-	g ceuse (ndia	Saci		WED?	24b	
	HIVA	ent conditions	o fath		-		-	g ceuse (ndia	Saci	PERFOR	WED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Z	25. WAS CASE REFERRED T	let in	s contributing to		-		ea	1 Ca	ndia	1655	PERFOR	WED?	24b	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN	HIVA	let in	s contributing to	y ,	Sopu	OTHER	26. PI	LACE OF D	ndi'a	eck only one)	PERFORI	WED?	24b	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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- 40	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 M. Netural 5	let in	HOSPITAL:	ER/Outpetle	mt 3 DOA	OTHEI	26. Pi R: raing Horr 28c. IN.	LACE OF D	EATH (Che	eck only one)	PERFORI	MED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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ETED BY	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Accident 3 Suicide 8 Homicide	O MEDICAL Pending Investigation Could not be detarmined	HOSPITAL: 1 Inpatient 2 28a DATE OF (Month, D.) 28a PLACE O building,	ER/Outpetle INJURY sy, 'ber') F INJURY — etc. (Specify)	nt 3 DOA 28b. TIM	OTHER 4 Nur	26. Pi R: rsing Hom 28c. IN. WC 1 —	LACE OF D LACE OF D THE S PR JURY AT ORK? YES 2	EATH (Che isldenca	eck only one) 6 Other (Si 28d. DESCRI 28f. LOCATIC City or R	PERFORI VES 2 Decily) BE HOW IN ON (Street as own, State)	MED? NO NO NO NO NO NO NO NO NO N	CURED or Rural F	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ETED BY	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only) 25. WAS CASE REFERRED TO EXAMINE OF DEATH 27. MANNER OF DEATH 28. CERTIFIER (Check only)	O MEDICAL Pending Investigation Could not be detarmined	HOSPITAL: 1 Inpstant 2 26a. DATE OF (Month, D. 26a. PLACE O building,	ER/Outpetle INJURY ey, Year) F INJURY — etc. (Specify) my knowleds	nt 3 DOA 28b. TIM IN. At home, farm,	OTHE 4 Number of	26. Pl R: rsing Hom 28c. IN. WC 1 tory, office	LACE OF D THE S P RE THE STATE	EATH (Che isldenca	1 Other (Si 28d. DESCRI	PERFORI VES 2 Decily) BE HOW IN ON (Street a) wwn, State)	MED? NO NO NO NO NO NO NO NO NO NO NO NO NO	CURED or Rural R	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only) 25. WAS CASE REFERRED TO EXAMINE OF DEATH 27. MANNER OF DEATH 28. CERTIFIER (Check only)	Pending Investigation Could not be detarmined	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D. 28a. PLACE O building.	ER/Outpetle INJURY ey, Year) F INJURY — etc. (Specify) my knowleds	nt 3 DOA 28b. TIM IN. At home, farm,	OTHE 4 Number of	26. Pl R: rsing Hom 28c. IN. WC 1 tory, office	LACE OF D De 5 PR REJURY AT JURY EATH (Che reidence No no due and due end at the ense NUM	sck only one) 6 Other (S) 28d. DESCRI 28f. LOCATIC City or R	PERFORI VES 2 Decily) BE HOW IN ON (Street a) wwn, State)	MED? NO NO NO NO NO NO NO NO NO N	CURED or Aural F	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,	
ETED BY	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TILLE	O MEDICAL Pending Investigation Could not be detarmined FIFYING PHYSIC ICAL EXAMINED OF CERTIFIER	HOSPITAL: 1 Inpatient 2 28a. DATE of (Month, D.) 28a. PLACE O building. CIAN: To the best of at	ER/Outpetle INJURY ay, Year) F INJURY — etc. (Specify) my knowleds xamination an	nt 3 DOA 28b. TIM IN. At home, farm,	OTHE OF JURY M street, factoring to the total at the total in my continuous transfer to the total at the tota	26. PI R: raing Hon 28c. IN. 1 tory, office	LACE OF D LACE OF D ne 5 PR JURY AT DRK? YES 2 and place, death occur 29c. LICE D 3	EATH (Che reldence NO NO NO NO NO NO NO NO NO NO NO NO NO	28f. LOCATIC City or R 10 the cause(it) 10 the cause(it) 10 the cause(it) 10 the cause(it) 10 the cause(it)	PERFORI VES 2 Decily) BE HOW IN ON (Street a. swm, State) and menuity placa, and	IJURY Oct and Number as stat dua to \$\pi\$ 29d. DAT	cured for Rural for the cause(a E Signed 2 - C	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, and manner as stated.
BE COMPLETED BY	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TILLE	O MEDICAL Pending Investigation Could not be detarmined TIFYING PHYSIC ICAL EXAMINES OF CERTIFIER F PRISON WINCE	HOSPITAL: 1 Inpetiant 2 28a. DATE OF (Month, D) 28a. PLACE O building, CIAN: To the best of at	ER/Outpetle INJURY ey, Year) F INJURY — etc. (Specify) my knowleds kaminstion an	nt 3 DOA 28b. TIM IN. At home, farm,	OTHEL 4 Nurse Nurs	26. PI R: raing Hon 28c. IN. 1 tory, office	LACE OF D LACE OF D ne 5 PR JURY AT DRK? YES 2 and place, death occur 29c. LICE D 3	EATH (Che reldence NO NO NO NO NO NO NO NO NO NO NO NO NO	28f. LOCATIC City or R 10 the cause(it) 10 the cause(it) 10 the cause(it) 10 the cause(it) 10 the cause(it)	PERFORI VES 2 Decily) BE HOW IN ON (Street a. swm, State) and menuity placa, and	IJURY Oct and Number as stat dua to \$\pi\$ 29d. DAT	cured for Rural for the cause(a E Signed 2 - C	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,



4Z2)	DIRECTOR	3417 27th					Hillc	rest Hei	ghts		Prin	ce Ge	eorge's
	<u> </u>	10a. STATE	10b. COUNTY			10c. CITY, TO	WN OR LOCA	ATION				104	d. INSIDE CITY
6		Maryland	Prince	e George's		Hill	crest	Heights				1 [LIMITS?
permit.	1 A	100. STREET AND NUMBER					11	Of. ZIP CODE			10g. CITIZI	EN OF WHA	T COUNTRY?
동	Ë	3417 27th A	venue				20748			U. S. A		١.	
215-0020 attending physician. se as the burial-transit	BY FUNERAL	11. MARITAL STATUS 1 📉 Never Married 2 🖂 3 🗍 Widowed 4 🗍 Divo		12. WAS DECEDENT EVER IF FORCES? 1 TYPES IF YES, GIVE WAR OR D	IN U.S. ARI 2 X X DATES	MED IO	It yes, s	CENDENT OF HISPA pecify Cuban, Mexic S 2 X NO Speci	en, Puerto Rica		or No- 1	4. RACE — Black, W Specify:	American Indian, thite, atc. White
r attend use as	B	15. DEC	EDENT'S EDUC y highest grade	ATION	16a. DE	CEDENT'S USU	AL OCCUPAT	ION	16b, KI	ND OF BUS	SINESS/INOU	STRY	
21 10 10 10	COMPLETED	Elementary/Secondary (I		College (1-4 or 5+)		ve kind of work Do NOT use ret Maker		lost of working	U. S	S. Go	vernm	ent	
LAND the hospitale detached	S S	17. FATHER'S NAME (First, M	fiddle, Last)			_		18. MOTHER'S NA	ME (First, Mide	ile, Maiden	Sumame)		
\$ & & <	i w	Anthony	Pryor					Edna	Curtis	3			
MARY! retained by 5 should be	TO B	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING ADD	DRESS (Street	and Number or Rural	Route Number,	City or Town	n, State, Zip C	Code)	
		Jeanne Zaid	С		3	510 25	th Ave	enue, Hil	.lcrest	Hei	ghts,	Md.	20748
ALTIMORE, leath. Page 6 may be funeral director, page		20a, METHOD OF DISPOSIT		vel from State	b. PLACE A	ND DATE OF DE	SPOSITION /	lame of	DATE	20c. LO	CATION — CI		
MOR ge 6 ma firector, p		4 Donation 5 D Other	(Specify)	R	esur	rectio	n Ceme	etery 02-	08-94	Cli	nton,	Mary	land
BALTIMORI er death. Page 6 may the funeral director, p val.		21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	00	11	22. NAME /	AND ADDRESS OF F	COLUTY Lee	Fun	eral	Home,	Inc.
BALT after death. y the funera noval.		11		1 4	1	1	6633	Old Alex	ander	Ferr	y Rd.	, Cli	nton, Md.
be executed within cours cian and completely filled in brook to burial, cremation, or responsibilities are and the most		IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to immediates. Enter UNDERLY	eart failure. I	omplications that cause on course on	A CONSEC	MENVINO	GIOM		,	or respi	ratory arre	91,	Approximate Interval Betwee Onset and Dea
P.O. B th certificat ending physical I Hygiene p	CAUSE (Disease or injury that initiated events resulting in death) LAST		ary o	DUE TO (OR AS A									
RECORD; requires that the been signed by the control of Health and M change and laft	MEDICAL	PART II. Other signification	ent conditions	contributing to death it	but not n	esulting in th	ne underlyli	ng cause given in		e. WAS AN PERFOR	MED?	CO OF	RE AUTOPSY FINDING ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
TAL F The law atte has be atte Dept.	₹	25. WAS CASE REFERRED T	O MEDICAL				26. F	PLACE OF OEATH (C	neck only one)				
F VITA SICIAN: The certificate h the State f	Sic	EXAMINER?	[HOSPITAL: 1 Inpetient 2 ER/Out	patient 3		HER: Nursing Ho	me 5 🗆 Residence	6 Other /S	oecify)			
O # ##		27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	28b. TIME OF INJURY	IME OF 28c, INJURY AT 28d, OES				d. OESCRIBE HOW INJURY OCCURED				
ISIC TENDI TOR: A after de	<u>.</u>		Could not be determined	28s. PLACE OF INJURY building, atc. (Spe	Y — At ho	me, farm, stree	t, tectory, offi	ce		ON (Street a fown, State)	and Number o	r Rural Route	Number,
₹ 3 € 3	: ₹			CIAN: To the best of my known: C: On the basis of axamination									d menner as stated.
THE HOSPI THE FUNER filed within	BE C	296. BIGHATURE AND TITLE	OF CENTIFIER	and war				29c. LICENSE NU				SIGNED (M	onth, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

MARTHANNE SCHMINERAD SHI MACHRITH BUD MUNISHD C 2006

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

MONTHS

6. AGE (In yrs. last birthday)

69

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

BOUGLAS

Da. FACILITY NAME (If not institution, give street and number)

FFB 0 8 1994

5. SEX

XXM 2 F

4. SOCIAL SECURITY NUMBER

578-50-9659

05702

Minnesota

9c. COUNTY OF DEATH

3. TIME OF DEATH

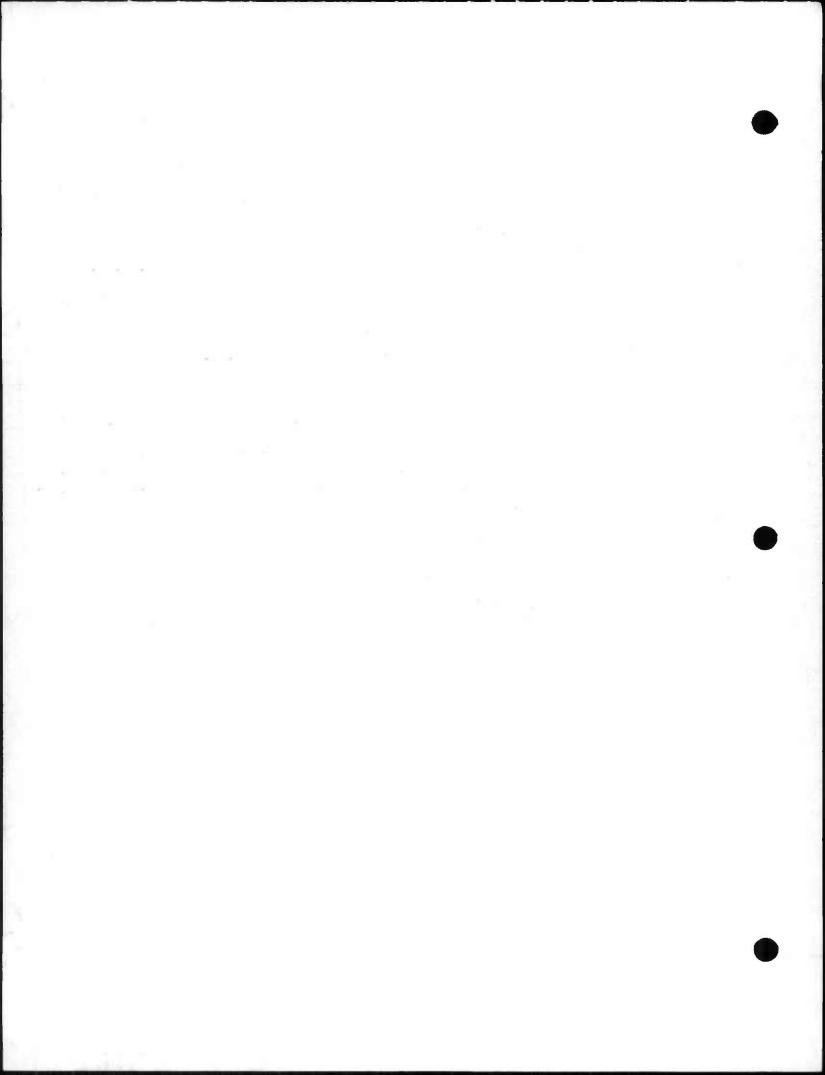
430

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year) August 31,1924



be detached for use as the burial-transit

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within amount after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be fleel within 20 hours after death with the State Dent, of Health and Mental Houses orior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutfled
ay be	page	t be n
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ath. Pa	meral	amine
after de	y the fu	cai ex
Nours	led in b	med
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Dificate	physic ene pric	ther tr
ath cer	thending tal Hvoi	0 00
the de	y the a	Injury
es that	igned b	s amy
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The lav	ate Den	em 23
SICIAN:	the St	, or H
IG PHY	ter this	narked
TENDIA	TOR: Aft	28 Is r
OR AT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the file within 27 hours after health with the State Dent, of Health and Mental thinlese prior to burial, cremation, or removal.	Item :
SPITAL	INERAL TO	NT: H
THE H	THE FL	PORTA
2	21	=

TO BE COMPLETED BY PH

1 Natural
2 Accident
3 Suicide

29a. CERTIFIER (Check only one)

290. SIGNATURE AND TITLE OF CENTIFIE

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Leet)			ERTIF	ICATE	UF	DEAL	П	2. DATE	OF DEATH).		3. TIME OF DEATH
	SAMUEL H. ROS	ENBERG							MONT		AY 19	YEAR 194	9:25
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH	1, 1	S. BIRTH	PLACE (State or For
	168-01-7756	1 M 2 - F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	JUN	E 25,	1913	PIT	TSBURG,
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATH
DIMECTOR	18459 HERITAGE HI				OLNI	Y					MON	TGOM	ERY
OINE DINE	MARYLAND MONTG	OMERY		OLN	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS? 1X YES 2 1
4	10e. STREET AND NUMBER					10f	ZIP CODE	E			10g. CIT	IZEN OF W	VHAT COUNTRY?
티	18459 HERITAGE HI	LLS DR.				2	0832				UNIT	ED S	TATES
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced		NT EVER IN U.S. A I YES 2 X MAR OR DATES		H	yes, spe		n, Mexice	n, Puerto I	i? (Specify Ye Rican, etc.)	e or No	14. RACE Black Speck WHI	
3	15. DECEDENT'S EDU (Specify only highest grade	JCATION completed		Give kind of				-	16b	KIND OF BU	ISINESS/INC		
COMPLEIED	Elementary/Secondary (0-12)	College (1-4 or 5	+) //	ECTRI	se retired.)			9	G	OVERNI	MENT		
5	17. FATHER'S NAME (First, Middle, Leet)		1 222	BOIRE	OIII, I	4.01		HER'S NA		Aiddle, Melder		_	
	DAVID ROSENBERG						SAR	АН Т	TCHT	ENSTE	TN		
3	19e. INFORMANT'S NAME (Type/Print)			96. MAILING	ADDRESS	(Street e				ber, City or Tov		Code)	
2	ROSE L. ROSENBERG			18459	HERI	TAG	E HI	LLS	DR.	OLNEY	MD.	208	32
	20 METHOD OF DISPOSITION 1 Description Burlet 2 Cremation 3 Ren		20b. PLAC	EANDDATE	OF DISPOSI				DAT		OCATION -		
	4 Donation 6 Other (Specify)	TOWN TOTAL STATE	_ JUDE	AN ME	MORIA	L G	ARDE	NS	2/6	OLI	NEY,	MD	
	21. SHOWATURE OF PUNETIAL SERVICE L	CENSEE	1				O ADDRES			160 to 2			
1	1	7911	101										ELS, INC.
H	23. PART I. Enter the diseases, Dr.	complications the	et caused the	leath. Do i	not anter	/U I	de of dvi	DO BUC	S PIR	E: RO	CKVII	LE.	MARYLANI Approxime
	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List Drily ona ca	A 1	De	1					D8.			Interval Be Onset and
	Treating in dailing	DUE TO	(OR AS A CONS	EDUENCE O									1
	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONS	EOUENCE O	F):								
Enlineation	CAUSE (Disease or Injury that initiated events resulting in death) LAST	d.	OR AS A CONS	EOUENCE O	F):								
	PART II. Other algnificant condition	ne contributing to	death but not	resulting	In the un	dariying	cause ç	given in	Part I.	24a. WAS AF PERFO 1 YES	RMED?	240.	WERE AUTOPSY FIN AMAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?
													1 TYES 2 N
	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH (Ch	eck only or	ia)			
	EXAMINER?	HOSPITAL:			OTHER	700		- 100		,			

29d. DATE SIGNED (Month, Day, Year) DOYJ

dge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

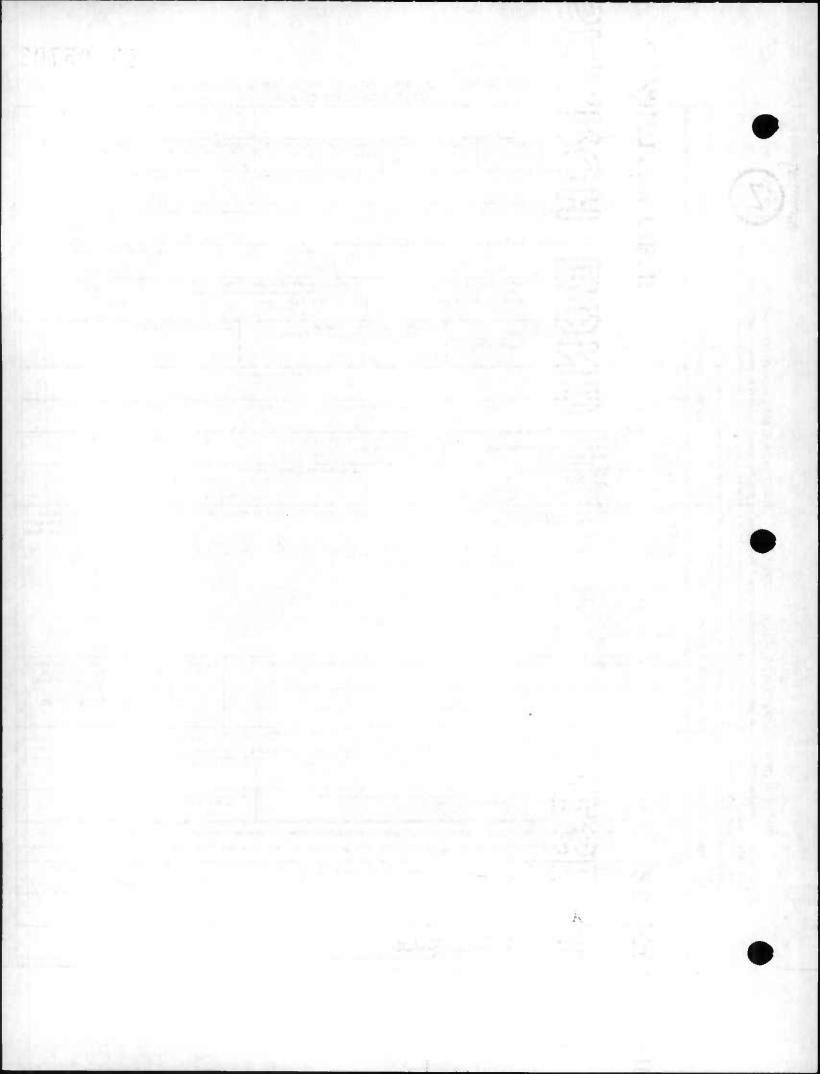
26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ALLAN B. COHAN 13975 CONNECTICUT AVENUE; SILVER SPRING, MARYLAND 20906

26e. PLACE DF INJURY — At home, farm, street, fa building, etc. (Specify)

FEB 0 7 12. REGISTRAR'S SIGNATURE 1994 FEB



burial-transit

296 SICHAPURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO

1994

FRANCLS

31. DATE FILED (Month, Day, Year)
FFR 0 7 19

attending physician.

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the oval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ter death. Page 6 may be retained by the hospital or attending	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending

05704 94 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH KEESE VEAR OD LYNN 11:15 A EB 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🗌 M 2 🕟 F YRS. 220-94-7728 Aug. 21, 1964 Washington, DC 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 125 Watkins Mill Road Apt. A Gaithersburg Montgomery RESIDENCE OF DECEDENT 10b, COUNTY 19c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Gaithersburg 1 TES 2-NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY 125 Watkins Mill Road Apt. A 20879 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25(X)NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)
 Original Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 XX Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 12 Contract Officer General Contractor 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Allen Roy Snowden Helen L. Boone BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Flural Route Number, City or Town, State, Zip Code) 2 Helen Louise Finnelle 9218 Hummingbird Terrace, Gaithersburg, MD 20879 20a. METHOD OF DISPOSITION
1 ☐ Burlal | 2 【XCremation | 3 ☐ Re 206. PLACE AND DATE OF DISPOSITION (Name of 2/9/94) DATE 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland 22. NAME AND ADDRESS OF FACILITY
Robert A. Pumphrey Funeral Home/Rockville,
300 West Montgomery Avenue Inc. 21. BIGNATURE OF FUNERALISERVICE LICENSEE M00846 Enter the diseases, or complications this caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only disease on each line. Rockville, Maryland 20850-2805 23. PART I. Enter the diseases, or complications Approximate Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition HANGING ACUTE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 TES 2 ND OF DEATH? 1 TES 2 THO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: TO YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA se 5 - Residence 6 - Other (Specify) 280. DATE OF INJURY (Month, Day, Year) 2 5 94 27, MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 ND HUNG BELY 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, ter building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be datermined HOME 4 Homicide

29e. CERTIFIER

Chack anily

1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(e) and manner as stated.

10215

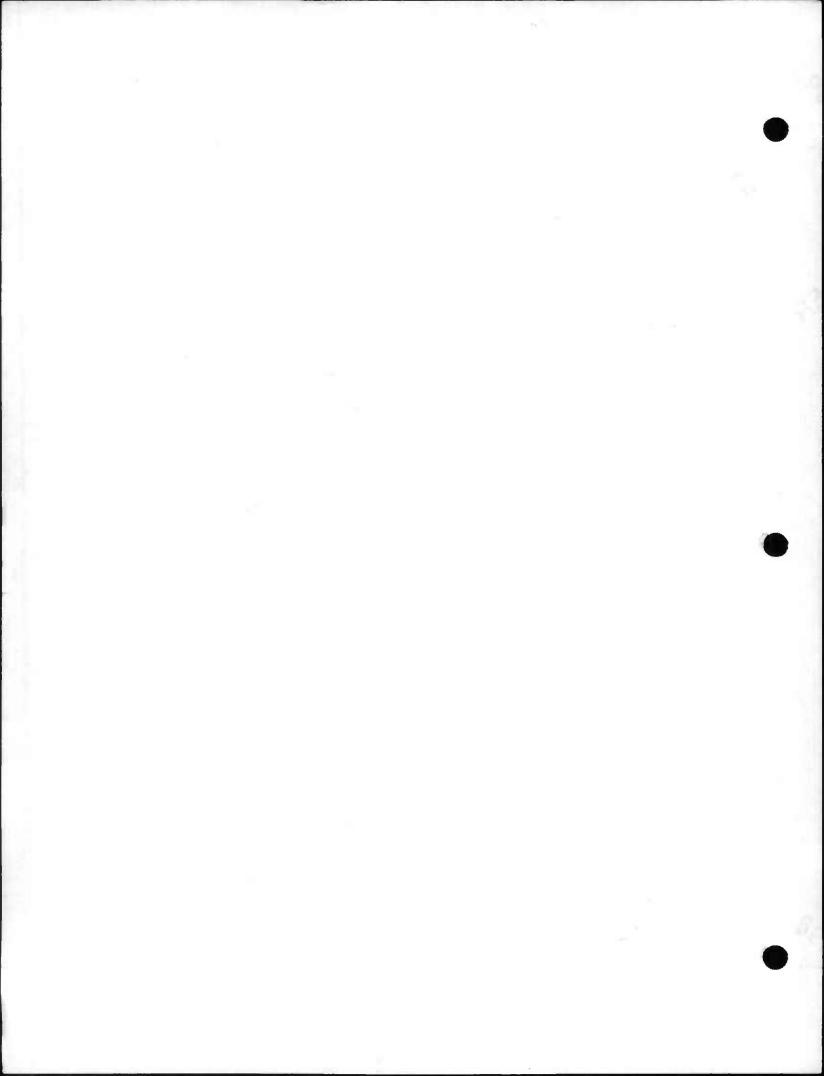
30. REGISTRAR'S SIGNATURE Fisha Davidson-Randalls

I DIMI DICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) and menner ee stated.

29c. LICENSE NUMBER

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DOT 0 FERNWOOD

29d. DATE SIGNED (Month, Day,



1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR CERTIFI		OF HEALTH AND	MENTA	L HYGIEN		14	05705
1. DECEDENT'S NAME (First, Middle, Last)					OF DEATH	. = 11		3. TIME OF DEATH
Clare Roy John R	ogers				Feb	ruary	_ 4	994	12:40 A.
4. SOCIAL SECURITY NUMBER	5. SEX 6. /	NGE (In yrs. lest birthday)	IF UNDER 1		7. DATE	OF BIRTH		8. BIRTHE	PLACE (State or Foreign
103-24-1309	1 🔀 M 2 🗌 F	62 YRS.	MONTHS	DAYS HOURS MIN.		. 4. 1	931		York
Se. FACILITY NAME (If not institution, give	street and number)	0	9b. CITY, T	OWN OR LOCATION OF				TY OF DE	ATH
8 Cleveland Cou	ırt		Roc	ckville			Мо	ntgo	mery
10e. STATE 10b. COUN	TY	10c. CITY	, TOWN OR	LOCATION					10d. INSIDE CITY
MD. Mo	ntgomery	F	lockv	i11e					LIMITS?
10e. STREET AND NUMBER				10f. ZIP CODE	F-912		10g. CITIZ	EN OF W	HAT COUNTRY?
8 Cleveland	Court			20850			1	J.S.	Α.
11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED		AS DECENDENT OF HISPA				14. RACE	- American Indian.
1 Never Merried 2 Merried	FORCES? 1 🔀			yes, specify Cuban, Mexic YES 2 X NO Spec		Ricen, etc.)	-	Specify	, White, etc. y:
3 Widowed 4 Divorced	1953 -	1979							White
15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S		CUPATION ring most of working	168	, KIND OF BUS	SINESS/INDI	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)						
	5+	Offi	cer			U.S.	Army		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	IAME (First,	Middle, Meiden	Surname)		
Roy G.	Rogers				E1	sie A	. Ba	rtho	lomew
19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street and Number or Rura	/ Route Num	ber, City or Tow	n, Stata, Zip	Code)	
Thelma M. Roger	S	8 G1e	velar	nd Court, I	Rockv	ille,	MD. 2	0850	
20e. METHOD OF DISPOSITION		20b. PLACE AND DATE		ION (Name of	OAT	E 20c. LO	CATION — C	Ity or Tox	vn, State
1 Donation 5 Other (Specify)	movel from State	Metropoli	_{her place)} tan C	rematory	2/7	Ale	exand	ria.	VA.
-21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE (- 1	-	AME AND ADDRESS OF	ACILITY				
NI. I	ONC.	. 0 0	1.0	E.Deer Par			l Fune		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF	ancer						8 months
PART II. Other aignificant condition	ona contributing to dea	ith but not resulting i	n the und	arlying cause given i	n Part I.	24s. WAS AN PERFOF 1 YES 2	MED?		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						- 19			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	11000			26. PLACE OF DEATH (C	check only o	ne)			
1 VES 2 NO	HOSPITAL:	/Outpatient 3 🗆 DOA	OTHER:	ng Home 5 Residence	8 🗆 Oth	er (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJI (Month, Day, Y		E OF 2	8c. INJURY AT WORK?	28d. DE	SCRIBE HOW I	NJURY OCC	URED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a PLACE OF IN	JURY — At home, farm, a (Specify)	treet, factor		281. LOC City	CATION (Street or Town, State)	and Number	or Rural R	oute Number,
000)	SICIAN: To the best of my								end menner as stated
296. SIGNATURE AND TITLE OF CONTIF	WMD			29c. LICENSE NI			29d, DATE	Feb.	(Month, Day, Year)
30. NAME AND ADDRÉSS OF PERSON W	ARMY MEL	PICAL LENGE	Print)	Washing	ton	DC.	Ro	ber	T-T-ChRIST

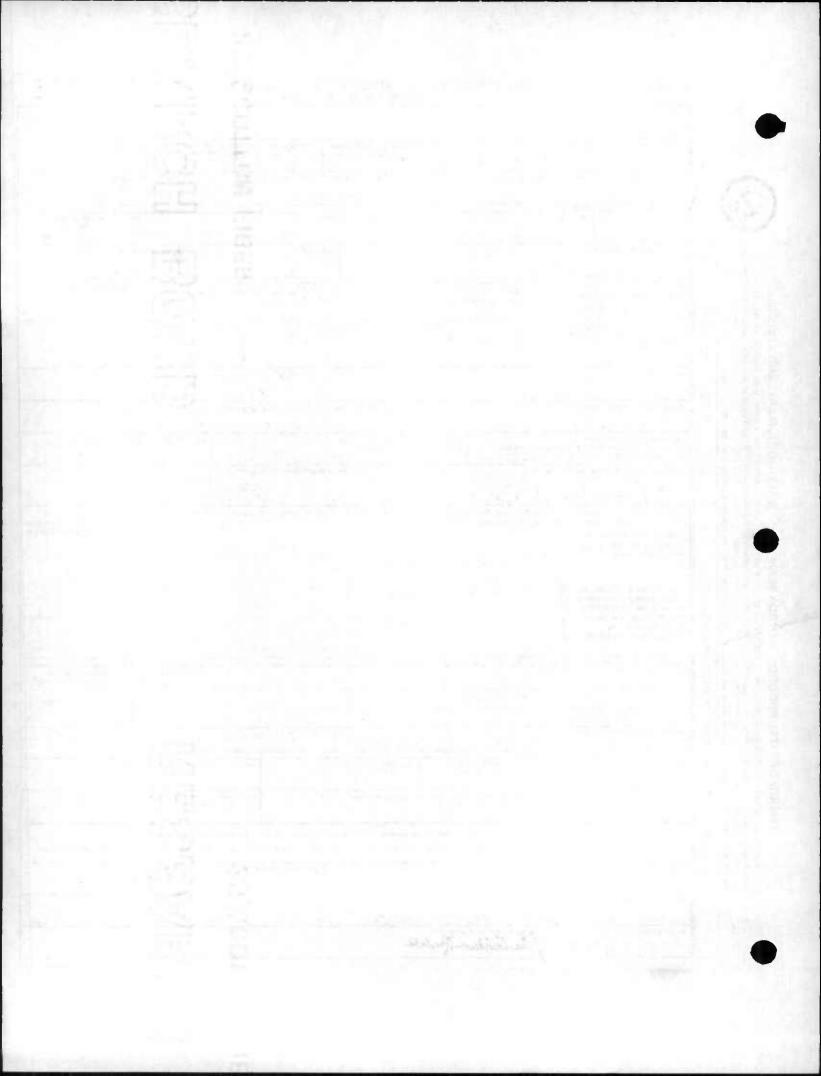
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT, if item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ence.

BALTIMORE, MARYLAND 21215-0020



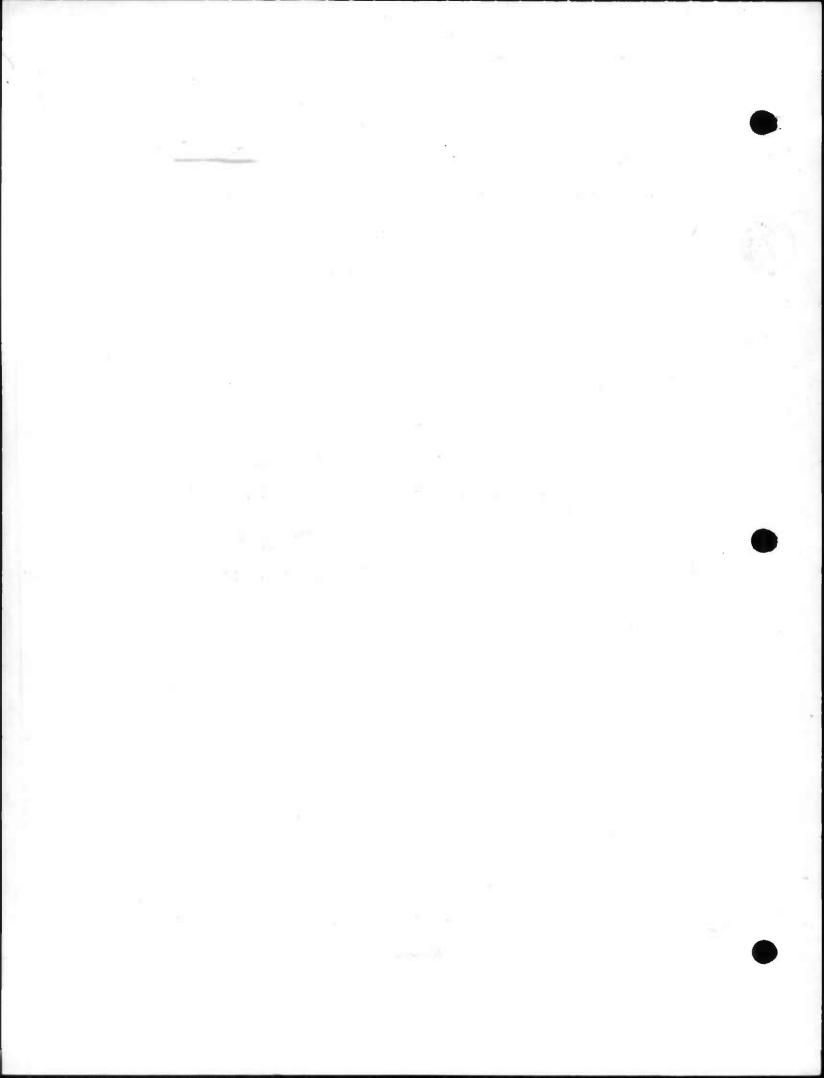
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner be filed within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE				STA	TE OF	MARY	LAND	1	DE
ITEM:	7.	PER	F.H.	FILM	G-71	0 4/16	5/94	t	.t

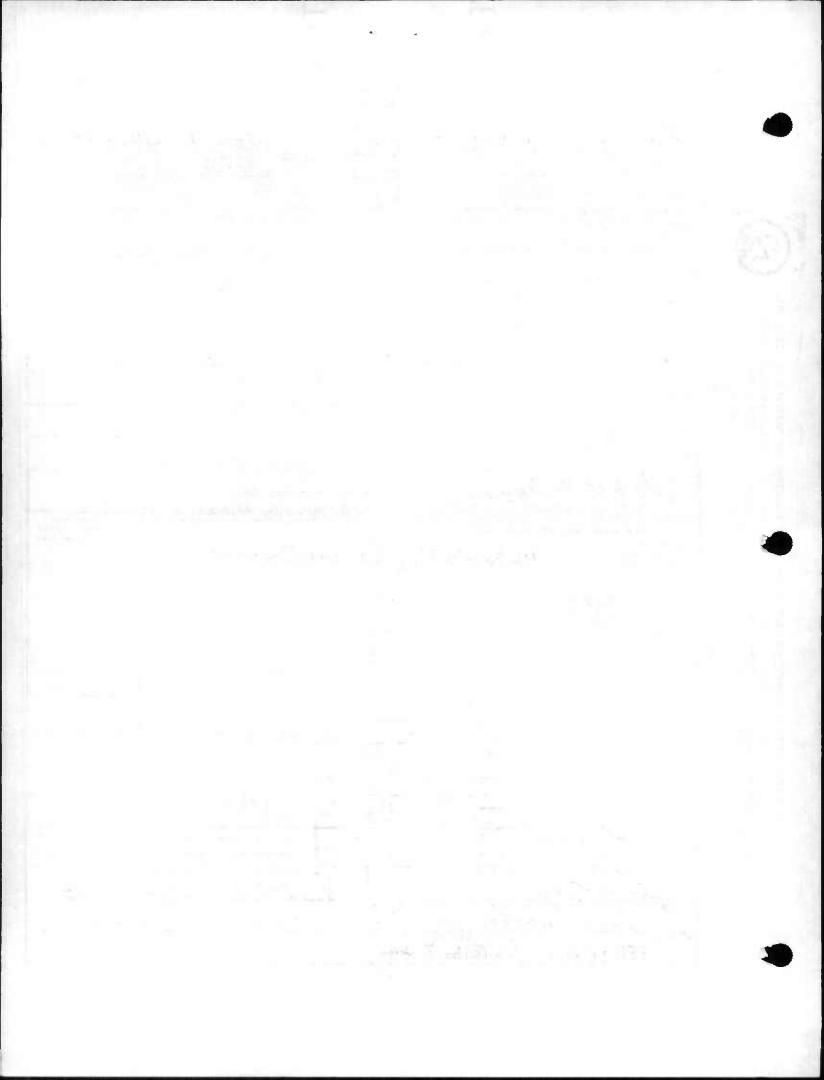
STATE OF MARYLAND / DEPARTMENT OF HE	ALTH AND MENTAL HYGIENE
CERTIFICATE OF I	DEATH DEC NO

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	٥.						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH					
		FLOYD	RO	ACH	JR.	February		10:05 a M					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		UNDER 1 YEAR	IF UNDER 24 HRS.			HPLACE (State or Foreign					
	214-42-0389	¥ M 2 □ F 49	YRS.	ITHS DAYS	HOURS MIN.	Feb. 7, 19	44 MA	.ry)					
	9s. FACILITY NAME (If not institution, give st	ireet and number)	9b.	CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY OF DEATH						
DIRECTOR	Memorial Hospita	al		Cumbe	rland		Allega	nv					
5	RESIDENCE OF DECEDENT						hirega	11 y					
H		0a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											
		egany	Cumb	erland	1			X YES 2 NO					
M	10e. STREET AND NUMBER			10	. ZIP COOE		10g. CITIZEN OF	WHAT COUNTRY?					
Ä	317 Grand Avenue	3			21502		USA						
FUNERAL	11. MABITAL STATUS	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES	ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Y	es or No.— 14. RAC	E — American Indian, ck, White, atc.					
ВУ	Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	a no	1 TYES	NO Speci	en, Puerto Ricen, etc.) /y:	Spec	olf					
								white					
핃	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of work	done during mo	DN ost of working	16b. KIND OF B	USINESS/INDUSTRY						
3	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use rel										
₹	12		former e	зиртох			ware Stor	e					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maide							
BE	Floyd A. Roac					nor Franci							
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To							
-	Floyd A. Roach,	Sr.	317 Grai	nd Ave	nue; Cum	berland, N	1D 21502						
	20a METHOD OF DISPOSITION Burlel 2 Cremation 3 Rame	20b. PLAC	E AND DATE OF D	SPOSITION (N	ame of	DATE 20c. L	OCATION - City or T	own, Steta					
	4 Donation 5 Other (Specify)	Rest1	crematory or other lawn Men	prial	Gard.	02-10 L	aVale, MD						
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	. 1		NO ADDRESS OF F								
- 1	* Change =	2000000		Scar	œlli Fu	neral Home	3						
\rightarrow	23. PART Enter the diseeses, or o	amplications that offerd the		Cumbe	erland,	MD 21502							
	ahock, or heart failure.	List only one cause on each li	ne.		/		piratory srrest,	Approximate Interval Between					
	iMMEDIATE CAUSE (Fine) disease or condition	Malm	Al - Ir	ma /	Corco	uxi's		Onset and Death					
	resulting in death)			/ /	CALL	u an or							
		DUE TO (OR AS A CONS	SEOVENCE OF):	51	1.000	0000	A-	13 mm					
ON	Sequentially list conditions,	· Cuone	UA	C	X) vue	2 mil	5	13 m/11/					
F	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	SECUENCE OF):										
CERTIFICATION	CAUSE (Disease or injury	DUE TO (OR AS A CONS	SOURNOR OF										
Ē	that initiated events resulting in death) LAST	DOE TO (OH AS A COMS	SECULINCE OF):										
與		1											
	PART II. Other aignificent condition	e contributing to death but no	t resulting in th	ne underiyin	g ceuse given in	Part i. 24a. WAS A		b. WERE AUTOPSY FINOINGS					
DICAL						PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
		***				1 🗆 YES	2 NO	OF DEATH?					
Σ						-		1 YES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL												
2	EXAMINER?	HOSPITAL:		HER:	ACE OF DEATH (C								
PHYSICIAN: ME	1 TYES 2 NO 27. MANNER OF DEATH	1' Inpetient 2 ER/Outpetient				8 Other (Specify)							
ᅕ	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	WC	URY AT	28d. OESCRIBE HOW	INJURY OCCUREO						
BY	2 Accident Investigation				YES 2 NO								
	3 Suicide 6 Could not be 4 Homicide datarmined	28s. PLACE OF INJURY — At building, etc. (Specify)	home, farm, stree	t, factory, offic		28t. LOCATION (Stree City or Town, State	t and Number or Rurai e)	Route Number,					
COMPLETED													
김	29a. CERTIFIER (Check only	CIAN: To the best of my knowledge,	death occurred at	the time, deta	and place, and du	to the cause(s) and m	anner as eteted.						
NO.	one) 2 MEDICAL EXAMINE	R: On the basis of examinetion and/o	or investigation, in	my opinion, o	leath occured at the	time, deta and place, a	and due to the cause(s) and manner as stated.					
_	295. SIGNATURE AND TITUE OF CERTIFIER	6			29c. LICENSE NU	MRFR	29d DATE Suffering	D'(Manth, Day, Year)					
띪		10			D 233		D 2/2	79 6					
임	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH (IT	TEM 971 (Type Prin	+l	ر د ک س	1	1/	117					
								- T					
	Dr. Qamar Zaman	JUNITSON HEIGHT	s Medic	ar Bui	I'd i'ng'-C't	imber land.	MU -21502	-					
	31. DATE FILED (Month, Pay Year) 1994	32 REGISTRAR'S SIGNATURE											
	1007	17 marmon Ra	adads.										



	7	a should) A. W.
BALTIMORE, MARYLAND 21215-0020	rs after death. Page 6 may be retained by the hospital or attending physician	n by the funeral director, page 5 should be detached for use as the burial-tyr removal.	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within it is made after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-ban security of the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

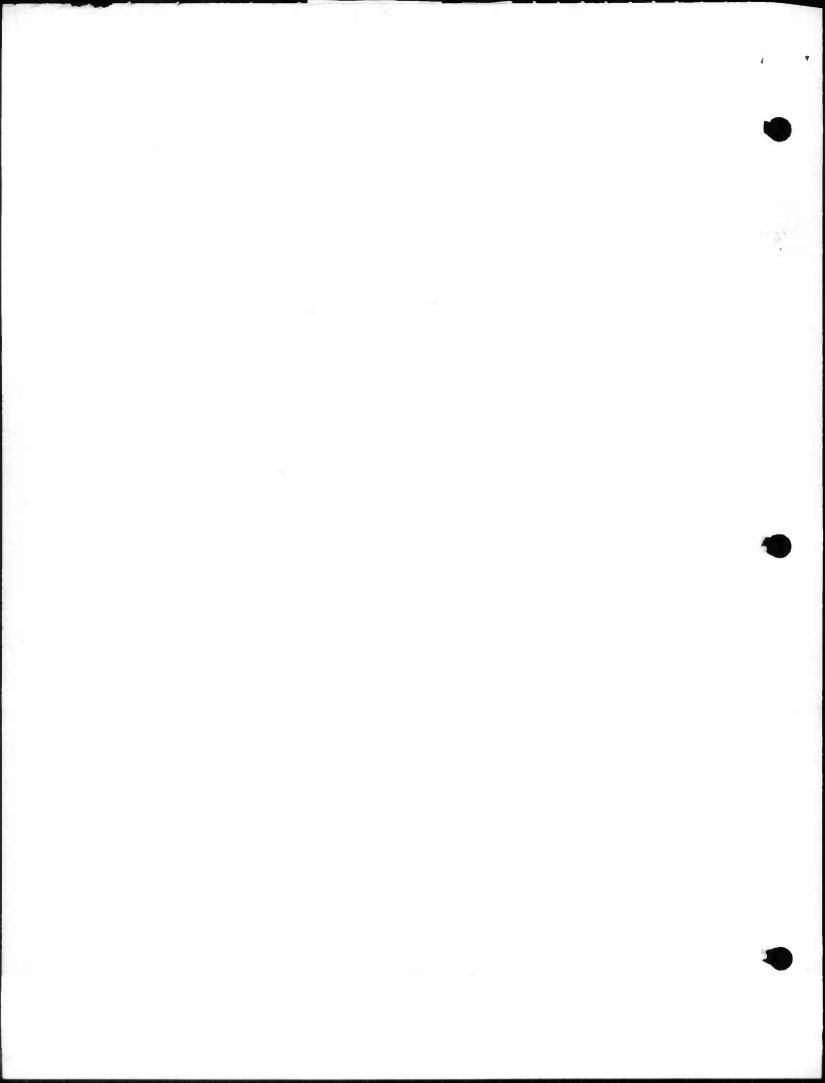
	1 - FOR STATE REGISTRAR	TE OF MARYLAND / DEI CERT	PARTMENT OF H		NTAL HYGIENI REG. NO.	E 7	4 03/07
	1. DECEDENT'S NAME (First, Middle, Last) John Edward	Robinson	1		DATE OF DEATH MONTH DATE	94	3. TIME OF DEATH 08:35 Am
			day) IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN. SE	DATE OF BIRTH (Month, Day, Year)	1931 Of	RTHPLACE (State or Foreign undry)
E O	9a. FACILITY NAME (If not institution, give street and r Charlotte Hall Vetera			te Hall		St. I	Mary's
DIRECTOR	10a. STATE 10b. COUNTY Maryland St. Mary		caty, town on Local			=	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER Rt. 2 Box 5		10	20622		USA	OF WHAT COUNTRY?
BY FUN	1 Never Married 2 Married FOF	B DECEDENT EVER IN U.S. ARMED ICES? 1X YES 2 NO ES, GIVE WAR OR DATES Korean	If yes, sp	ENDENT OF HISPANIC (ecity Cuban, Maxican, P 2 NO Specify:		S	ACE — American Indian, llack, White, etc. pecify:
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Cotteg	(G/ve kin life. Do N	INT'S USUAL OCCUPATION of of work done during monitor use retired.)	DN st of working	Gasoli	iness/industr	
BE CON	17. FATHER'S NAME (First, Middle, Lest) John Robinson			18. MOTHER'S NAME	The state of the s	Surname)	
5	190. INFORMANT'S NAME (Type/Print) Raymond J. Robinson		East Qua:				
M	20s. METHOD OF DISPOSITION 1 Surtal 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	State 20b. PLACE AND efcemelary crem	DATE OF DISPOSITION natory of other place) Id Veterans			eltenhar	
	21. SIGNATURE OF FUNERAL SERVICE DECENSES Mark G. Brohawi	auu M00053	Hunti	Funeral Box 156.	Home	MD 20	604-0156
~	23. PART I. Enter the diseases, or complice hock, or heart fellure. List online in the control i		cole			racory arreac,	Approximata Interval Between Onset end Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUEN					
	PART II. Other significant conditions contri	buting to death but not resul	ting in the underlying	g ceuse given in Pa	rt I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICA					1 TYES 2		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
NAI:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			LACE OF DEATH (Check	only one)		
BY PHYSICIAN: MEDICAL	1 YES 2 NO	PITAL: patient 2 ER/Outpatient 3 D ia. DATE OF INJURY (Month, Day, Year)	b. TIME OF 28c. IN	Ne 5 Residence 6 URRY AT 26 PKK? YES 2 NO	Other (Specify)	NJURY OCCURE	D
		le. PLACE OF INJURY — At home, i building, etc. (Specify)	larm, atreet, factory, offi	20	81. LOCATION (Street of City or Town, State)	and Number or Ri	rral Route Number,
COMPLETED	cone)	the best of my knowledge, death of examination and/or inves					use(a) and menner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1	- 19	290. LICENSE NUMBE			NED (Month, Day, Year) -//
-	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH (ITEM 27)	ORNUE	726J	eicki,	1)-2	10678
	FEB 1 6 1994	REGISTRAR'S SIGNATURE					



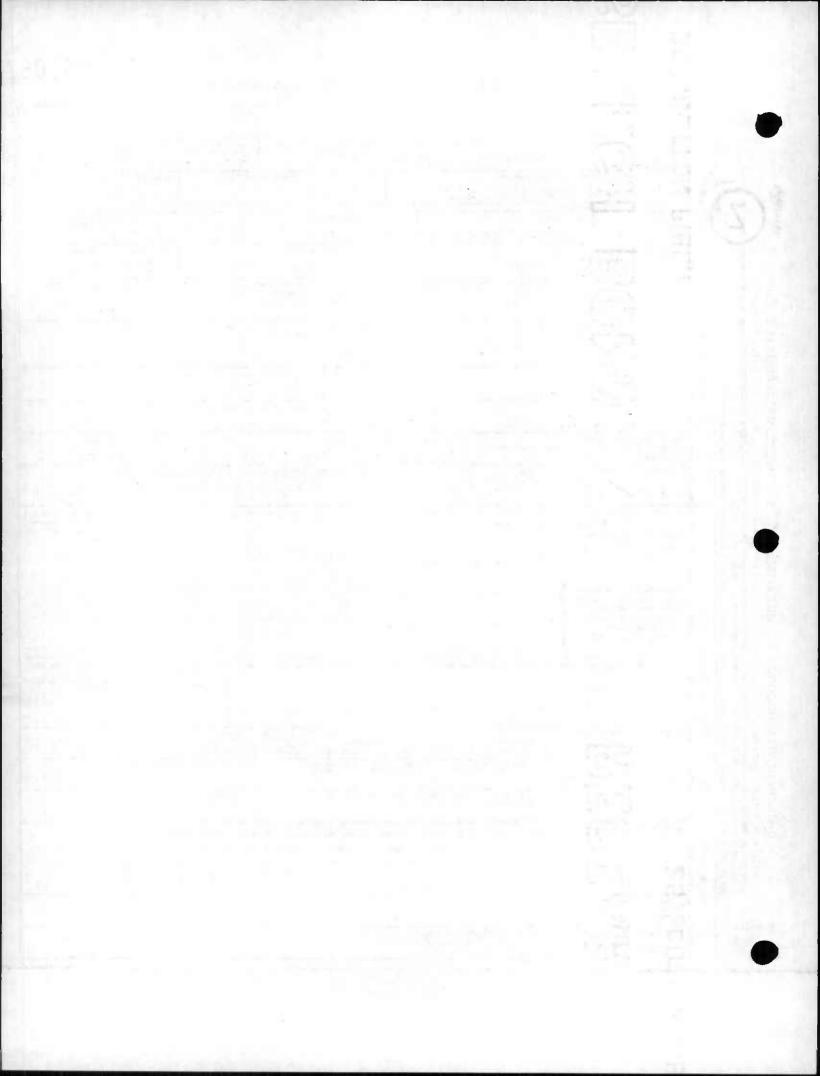
APR 1

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAN			NT OF I			MENTAL HYG			94	0570	8
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEAT	н			3. TIME OF DEATH	
	Frank		т.		Ri	naudo)		February	DAY	1 1	994ª	5:45 A	м
	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthe		VOER 1 YEAR		R 24 HRS.	7. DATE OF BIRTH				IPLACE (State or Foreign	_
	212-28-5669	1 X M 2 - F	90) YE	MONT	HS DAYS	HOURS	MIN.	(Month, Day, Yea 5-6-0			Count	(יר	
	9s. FACILITY NAME (If not institution, give st	reet and number)			9b. 6	CITY, TOWN	OR LOCAT	ION OF DI		<u> </u>	9c COH	NTY OF E	MD.	_
H	Dowlin Numaine Hene												ster	
5	Rerlin Nursing					Berl	n_			_	WO.	rces	rei	
DIRECTOR	10a. STATE 10b. COUNTY			10c.	,	VN OR LOCA							10d. INSIDE CITY LIMITS?	
		ccester			0ce	an Ci	ty						1 YES 2 NO	
₹¥	10e. STREET AND NUMBER					10	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	П
FUNERAL	402 15th Stree	et		_			21	842				USA	A.	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.	S. ARMED		13. WAS DEC	ENDENT (OF HISPAI	NIC ORIGIN? (Specifin, Puerto Ricen, etc.	Yes c	or No—	14. RACI	E — American Indian, k, White, stc.	
ВУ	3√2 Widowed 4 □ Divorced	IF YES, GIVE V					2 NO			,		Spec	White	
	15. DECEDENT'S EDUC	ATION	1						-	1710			wnite	
E	(Specify only highest grade	completed)		(Give kind	n i 'S USUA d of work di OT use min	L OCCUPATION one during mo	on ast of workl	ng	16b, KIND OF	BUSI	NESS/IND	DUSTRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5	*)			wner			п	06.	ni+:	alit	. 37	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			MOCE	=1 0	wiler	10 MOT	MED'S NA	ME (First, Middle, Ma			алт	<u> </u>	_
	Charles Rinau	100							Borccot		urname)			
BE	19s. INFORMANT'S NAME (Type/Print)	100		19b, MAJ	LING ADDR	ESS (Street a			Route Number, City or	_	State 7ir	Codel		_
2	Katherine Ann	Cole				cean			Berli				21811	
	20s. METHOD OF DISPOSITION 1 M Burisl 2 Cremation 3 Remo	und door Ores				POSITION (No	ime of						own, Stats	_
	4 Donation 5 Other (Specify)	Well from State	cemetei	ry, crematory		_{t. Mer}	ori	al.	//	B	er1	in.	Md.	
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEK)				22. NAME A								
	► \alpha\(1)	Va/L				Ţ	J11r	ich	Funera	1	Home	e I	Berlin, M	[d
	23. PART I. Enter the diseases, or c	omplications the	t ceused th	ne deeth. I	Do not er	iter the mo	de of dy	Ing, suc	h aa cardlec or n	apin	itory en	rest,	Approximata	_
	ahock, or heart fellure. i				,					1			Onset and Dea	
	disease or condition resulting in death)	Ce	220	600	Va	ne.	1	Lec	· den 1	-	_			
		DUE TO	(OR AS A CO	ONSEQUENC	E OF):		,		,,,,					
No.	Sequentially list conditions,	N	OR AS A CO	Le.	nic	7 1	C/e	10	111					
F	if any, leading to immediate cause. Enter UNDERLYING	506 10	(OH AS A CO	JNSEQUENC	E OF):									
윤	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CO	ONSEQUENC	E OFI:			_						
CERTIFICATION	resulting in death) LAST													
													1	_
룄	PART II. Other algorificant conditions	contributing to	death but	not resulti	ing in the			- /	DEF	AN A		24b	. WERE AUTOPSY FINDING AVAILABLE PRIOR TO	S
ă	11/12/0-	1	1/1-	~ 	120	1	121	V/L	7 /2/00 YE	S 2	NO.		COMPLETION OF CAUSE OF DEATH?	
Σ	Mecin	7	-4	15	10	9			_				1 TES 2 X NO	
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL													
<u> </u>	EXAMINER?	HOSPITAL:			QFI	IER:			eck only one)					_
¥	27. MANNER OF DEATH	1 Inpetient 2 I			TIME OF	Nursing Hom 28c, INJ		esidence	8 Other (Specify) 28d. DESCRIBE HO	MW 184	IIIM OO	CURER		
	1 X Natural 5 Pending	(Month, D			INJURY	WC	RK?	□ NO	200. DESCRIBE IN	717 1140	JOHN OCK	CONED		
BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE O	F INJURY -	At home, te	rm, street,				281. LOCATION (St	eet an	d Number	or Rural F	Soute Number	_
三	4 Homicide determined	building,	stc. (Specify)						City or Town, S					
1 2	29s. CERTIFIER (Check only	IAN: To the best of	my knowledg	ge, death oc	curred at t	he time, data	and place	, and dus	to the cause(s) and	menn	er an stet	ed.		
COMPLETED	one) 2 MEDICAL EXAMINER) snd manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER			7				ENSE NUM					(Month, Day, Year)	_
9E	100	22						0202			•	2 -	1294	
2	30. NAME AND ADDRESS OF PERSON WHO								<u>~</u>					_
	Federico G. Arthes		622A 0		Pine	s Be	rlin	, MD	21811	410	-64	1-63	63	
- ,	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATU	JAE										

Lebotenium Rancel

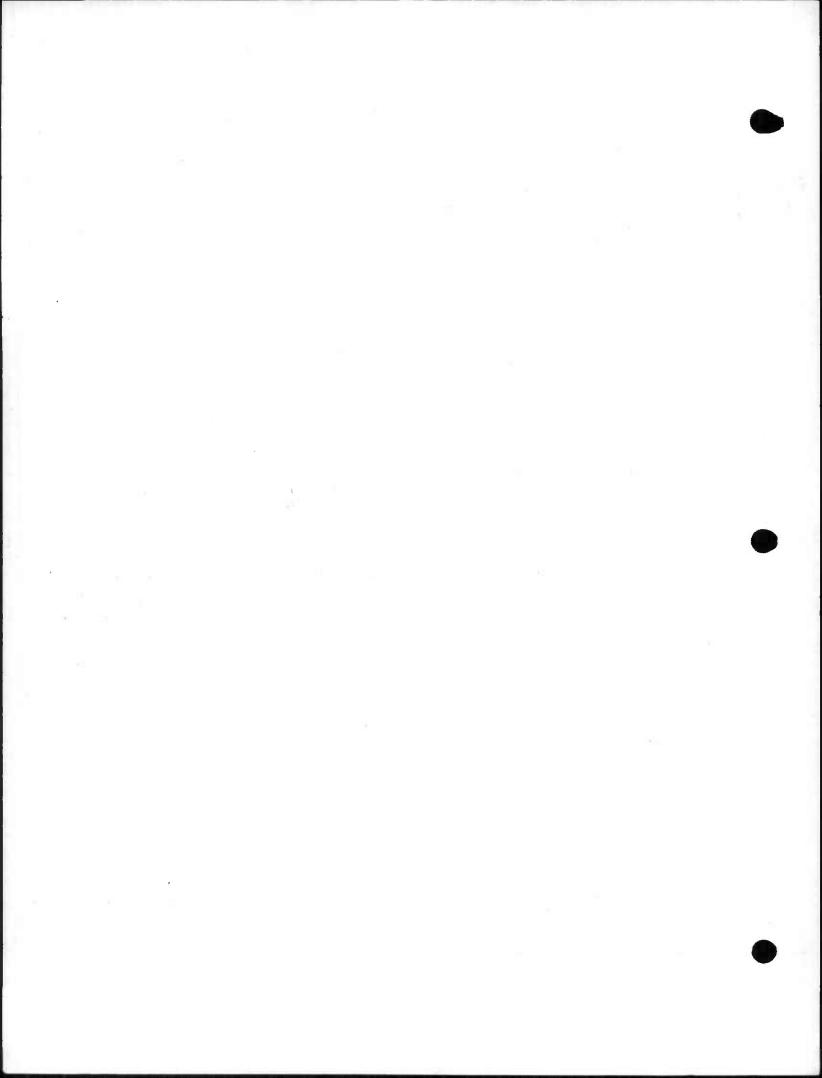


	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las) []	CENT	FICATE OF	DEATH	PEG. NO 2. DATE OF DEATH MONTH D		3. TIME OF DEATH
	Frances	15	ickert			1 2	7 9	4 1 4-054
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. last birthde 73 YRS	MONTHS DAVIS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) South Caroli
	577-98-9899 Se. FACILITY NAME (If not institution, give	street and number)			OR LOCATION OF O	The state of the s		Y OF DEATH
TOR	Physicians Mem	orial Hosp.	ital	La Pl	ata		Cha	rles
DIREC	10s. STATE 10b. COUN			CITY, TOWN OR LOCA				10d, INSIDE CITY LIMITS?
100	Maryland Pr	ince George	e's C	amp Spri				1 TES 2 NO
ERA	7206 Sheffield	Drive		, and a	20748			ed States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEOENT I FORCES? 1 I IF YES, GIVE WAR	EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes, s	CENDENT OF HISPA	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) ii/y:		4. RACE — American Indian, Black, White, atc. Specify:
ED	15. DECEDENT'S EE (Specify only highest gra		16a. DECEDEN	'S USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUS	White
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		of work done during m use retired.) nemaker	ost or working	110		
OME	17. FATHER'S NAME (First, Middle, Last)	1		TO MARICOL	18. MOTHER'S NA	HO AME (First, Middle, Maiden		
BE C	Earl Dixon Dunc	an				Fowler		
TO E	19a. INFORMANT'S NAME (Type/Print) Walter K. Rick	ont Th				Route Number, City or Tow		
	20a. METHOD OF DISPOSITION		20b. PLACE AND DA	TEOF DISPOSITION /A	R Court,	Waldard M	CATION - CH	ty or Town, Stats
	1 Donation 5 Other (Specify)	moval from Stats	Lee Cren	natoru .	Jan 31,19	994 Cli	nton.	Maruland
	21. SIGNATURE OF FUNERAL SERVICE	ICENSES	101	22. NAME A	NO ADDRESS OF FA	ACILITY 100 FILL	neral	Home, Inc
	1/1	1/4	11		20.7	35		nton, Maryla
	23. PART I. Enter the diseases, o shock, or heart fellum IMMEDIATE CAUSE (Final disease or condition resulting in desth)	a. List only one ceus	e on each line.	wate !	^ 1	JASI- U		Interval Between Onset and De
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSEQUENCE					
	PART ii. Other algnificant conditi	ona contributing to d	leath but not resultir	g in the underlying	ng cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDIN
: MEDICAL						1 VES 2	PMED?	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: V		26. F	LACE OF DEATH (C	heck only one)		
IYSI	YES 2 NO		ER/Outpatient 3 DO/	4 Nursing Ho		6 Other (Specify)	N HIM COOK	
BY PH	Natural 5 Pending Investigation	(Month, Day,		INJURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	NJUHY OCCU	NEO
ED	3 Suicide 6 Could not b	28s. PLACE OF building, et	INJURY — At home, fari tc. (Specify)	m, street, factory, offi	ce	281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
COMPLET	Conden only					s to the cause(s) and ma e time, dats and placs, sr		i. csuse(s) and manner as stated
TO BE C	296. SIGNATURE AND TITLE OF CENT	TR W	ns Co Dr.	7NF	299 LICENSE NU	MBER) 3 48	29d. DATE :	SIGNED (Morith, Day, Year)
F	30. NAME AND ADDRESS OF PERSON V	NO COMPLETED CAUSE	of DEATH (ITEM 27) (ple, Print)	f No	+ 7060	X	
	31. DATE SILED (Month, Day, Year)	12. HECUSTRAN	udson-Randas	2	1/			
-	FFR 0 1 1994	Turus	-turnis al.					



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	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF HEA	LTH AND ME	NTAL HYGIENE	7 4	00710
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES	J.	K	YAN		DATE OF DEATH MONTH DAY	994 YAR	3. TIME OF DEATH AM
	014 28 2363	M2 0 F 5	7 YRS.	DAYS HO	DURS MIN.	DATE OF BIRTA (Month, Day, Year)	9. COUNTY OF DE	PLACE (State or Foreign) sachusetts
TOR	P.G. General Hospi RESIDENCE OF DECEDENT			Cheverly	George's			
DIRECTOR	10e. STATE 10b. COUNTY Maryland Prince	George's		OWIE				10d. INSIDE CITY LIMITS? XX YES 2 NO
ERAL	100. STREET AND NUMBER 12502 Trelawn Cour	t			0721		10g. CITIZEN OF W	States
BY FUN	11, MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Mylvorced	. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECEND I1 yee, specify 1 YES 2	y Cuben, Mexican, Pr	ORIGIN? (Specify Yee ouerto Ricen, etc.)	or No.— 14. RACE Black, Specifi	— American indian, White.
LETED	(Specify only highest grade con							nt
ed at once. BE COMPLET	17. FATHER'S NAME (First, Middle, Last) Charles J. Ryan		210000		Doris (First, Middle, Maiden S	Governme	
TO B	190. INFORMANT'S NAME (Type/Print) Charles J. Ryan, I	II	1	Trelawn		Number City or Town. Bowie Md.	State, Zip Code) 20721	
ar must b	20a. METHOD OF DISPOSITION 1XXSurfel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	1rom State cornet	PLACE AND DATE OF I	rt Churc	h Cemete:	ry B	owie Mar	
examin	21. SIGNATURE OF FUNERAL MATTICE LICENS	Evans	Prea	16000	Annapoli:	neral Hom s Rd. Bow	ie Md. 2	0715
or other traumatic event, the medical examiner must be notified at once. ERTIFICATION TO BE COM	23. PART I. Enter the disease, or comshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF	rtery levol	dise	a cardiac or raepin	vas c	Approximate interval Between Onset and Death
y, or other traumal CERTIFICATIO	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):					
shows any inju	PART ii. Other aignificant conditions of	ontributing to death but	t not resulting in	the underlying ca	ause given in Par	t i. 24s. WAS AN A PERFORM	AED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN		OSPITAL:		26. PLACE OTHER:	E OF DEATH (Check of			
marked, or BY PHYS	27. MANNER OF DEATN 1	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJURY WORK?	AT 28	d. DESCRIBE HOW IN	JURY OCCURED	
Z8 IS	3 Suicide 8 Could not be daterratived	28e. PLACE OF INJURY — building, etc. (Specify	– At home, farm, stre	et, factory, office	28	1, LOCATION (Street er City or Town, Stete)	nd Number or Rural R	oute Number,
MPORTANT If Item O BE COMPLE	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAL One) 2 MEDICAL EXAMINER: C	N: To the beet of my knowled on the basis of examination of						end manner se stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF DERSON WHO C	OMPLETED CAUSE OF DEAT	TH (ITEM 27) (Since Pr	2	LICENSE NUMBER	9	200 DATE SIGNED	(Month, Day, Year)
	ALFONSO VALL 31. DATE FILED (Month, Day, Year)	F, M.D., 1	0701	TRAFTO	wor.	LARG	OMB	20772
	FFR 0 1 1994	Grina David	Jon-Randel	۷			•	



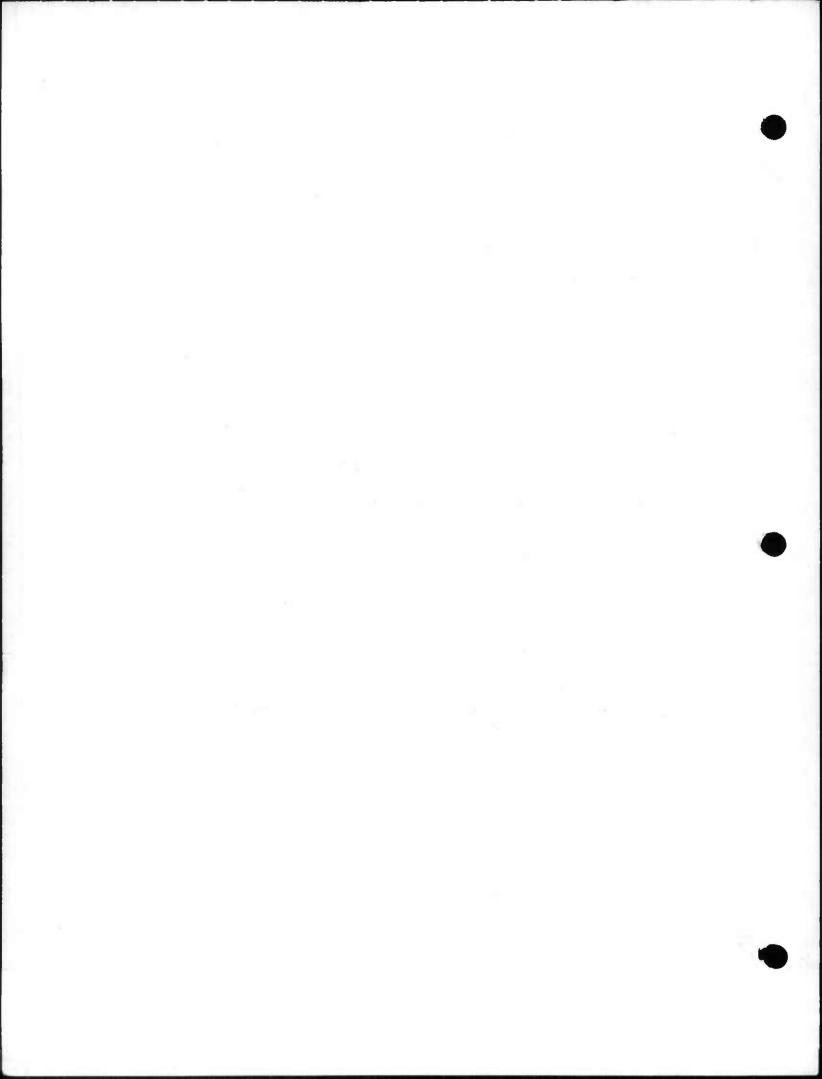
BALTIMORE, MARYLAND 21215-0020	nay be retained by the hospital or attending physician.	page 5 should be detached for use as the burial-transit permit. Pag	t be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits has lied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

RAKESIY 31. DATE FILED MICHAEL ("DOY, YOUR) FEB 0 1

1994

	1 - FOR STATE REGISTRAR	STATE OF MARYL		EPARTMEN RTIFICAT					YGIENI REG. NO.	E	94	05711	
1	1. DECEDENT'S NAME (First, Middle, Last) Velma Robiy	2500					2	DATE OF	DA	Y /	YEAR 3	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER		'In yrs. last birt	rthday) IF UND	DER I YEAR	IF UNDER	24 HRS. 7	DATE OF	artn.	1	8. BIRTHPI	LACE (State or Foreign	
И	266-48-2900		59	YRS. MONTHS	DAYS	HOURS	MIN.	(Month, De	5 19	134	Flor		
R	98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH PROPERTY OF LANGO PROPERT								-	1			
يظ	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	car go	140							17 113		DEOMES 10d. INSIDE CITY	
DIRECTOR		George's				CITY, TOWH OR LOCATION enbelt							
3AL	10e. STREET AND NUMBER					. ZIP CODE				10g. CITIZ	_	I NES 2 NO	
FUNERAL	8515 Greenbelt Rd.	Apt#201	1110 101100	20770						U.S			
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	13	ff yes, sp	ecify Cubar	ecify Cuban, Maxican, Puarto Rican, atc.) Black, W				– American Indian, White, atc.		
3 Widowed 4 Otrorced									Specify: Black				
ETE	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Glve ki	DENT'S USUAL kind of work don NOT use retired.	e during mo	ON ast of workin	g	16b. KIN	D OF BUS	INESS/INDI	USTRY		
COMPLETED	12th		F	Homema)	ker				Priv	ate			
	17. FATHER'S NAME (First, Middle, Last)					1	IER'S NAME						
BE (Robert Clarendon I 19a. INFORMANT'S NAME (Type/Print)	ynon	19b. M/	AILING ADDRE	SS (Street a		eeta or Rurel Rou				Code)		
5	Alexander Robinson											20770	
	20a METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remot		etery, cremato	DATE OF DISPO	e)		7	DATE	100	CATION — C			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	M <i>F</i>	ARYLA	AND NA	ATTO		EM.		LA	UREL	, MA	RYLAND	
	Juawan	ad B	ak	7 / 11//			ns Fu			er, l	Md. 2	20785	
						anuu							
	23. PART I. Enter the diseases, or co shock, or heert fallure. L	omplications that caused lat only one ceuse on ea	the deeth.	. Do not ente	er the mo	de of dyle	ng, auch a	a cerdiec	or reapir	atory arre	st,	Approximata	
	IMMEDIATE CAUSE (Finel	lat only one ceuse on ee	ech line.	. Do not ente	er the mo	de of dyle	ng, auch a	a cerdiec	or reapir	atory arre	est,	-	
	IMMEDIATE CAUSE (Finel	Terminal DUE TO (OR AS A	Met	CLStar	er the mo	de of dyle	ng, auch a	a cerdiec	or reapir	atory arre	est,	Approximata Interval Batween	
NO	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	Terminal DUE TO (OR AS A	Met	COSTON	er the mo	de of dyle	ng, auch a	a cerdiec	or reapir	atory arre	est,	Approximata Interval Batween	
CATION	snock, or neert tailure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Terminal DUE TO (OR AS A	Met	COSTON	er the mo	de of dyle	ng, auch a	a cerdiec	or reapir	atory arre	est,	Approximata Interval Batween	
ITIFICATION	snock, or neert tailure. L IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Terminal DUE TO (OR AS A	Met consequence consequence tack	NCE OF):	er the mo	de of dyle	ng, auch a	a cerdiec	or reapir	atory arre	est,	Approximata Interval Batween	
CERTIFICATION	snock, or neert tailure. L IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infliated events resulting in death) LAST	Terminal DUE TO (OR AS A Can Civa DUE TO (OR AS A IN HOCK DUE TO (OR AS A OHS HOU	CONSEQUENCE CONSEQ	NOE OF:	tic. (Can Can Can Can Can Can Can Can Can Can	inor	n cerdlec	or reapir	atory arre	est,	Approximata Interval Batween	
4	SHOCK, Dr heert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions	Terminal DUE TO (OR AS A CAN CENT DUE TO (OR AS A LN + CAC DUE TO (OR AS A CHS + CAC COntributing to death by	Met CONSEQUENCE CO	NOE OF:	tic (Can Can Can Can Can Can Can Can Can Can	inor	n cerdlec	or reapir	atory arre	24b. W	Approximate Interval Between Onset and Death Dea	
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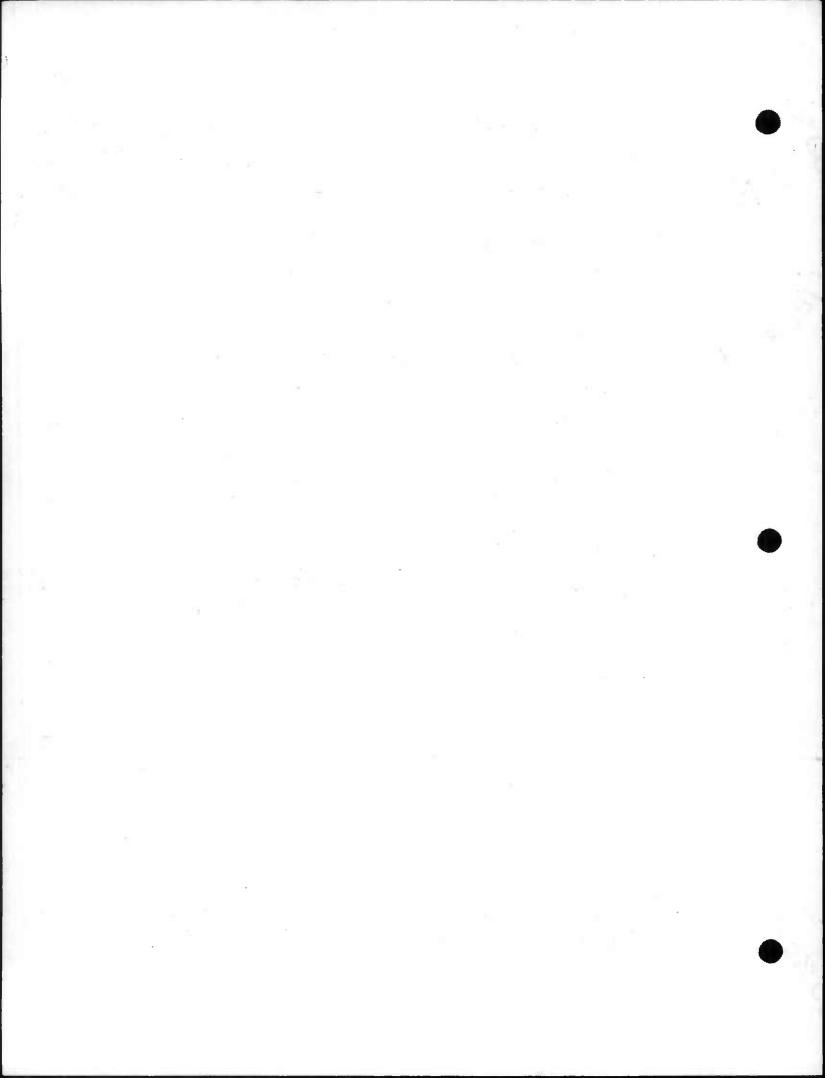
32. REGISTRAP'S SIGNATURE
Fina Davidson-Rondall



FEB 0 9 1994

_	1 - FOR STATE REGISTRAR	STATE OF MARYL		RIMENT OF I		MENTAL HYGIEN REG. NO	1	05712
	1. DECEDENT'S NAME (First, Middle, Last) ESTHER JANE	RISINGER				2. DATE OF DEATH FEBRUARY	*5.1994**	3. TIME OF DEATH 8:00p, m.
4	4. SOCIAL SECURITY NUMBER 316-05-6056	5. SEX 6. AGE	(in yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) January 24	8. BIF	ITHPLACE (State or Foreign mity) Gary, Indian
TOR	a contract of the contract of	street and number) NUNITY HOSPI	TAL		SEABROO	EATH	9c. COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland Prin	ce George's		ry, town or Local				10d. INSIDE CITY LIMITS?
FUNERAL D	100. STREET AND NUMBER 7512 Wellesley D			10	ZIP CODE			1 \(\overline{\Q} \) YES 2 \(\overline{\Q} \) NO F WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 X NO	13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Yer n, Puerto Rican, etc.)	BI	ACE — American Indian, ack, White, aic.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)		USUAL OCCUPATION work done during mose retired.)		16b. KIND OF BU	I SINESS/INDUSTRY	
COMPL	12 17. FATHER'S NAME (First, Middle, Last)	4+	Teach	er		Educat:	Surname)	
TO BE	Charles A. Dupon				and Number or Rural F	Elizabeth Route Number, City or Tow	m, State, Zip Code)	
	Robert Gates Ris: 20e. METHOD OF DISPOSITION 1 Burlel 2 A Cremellon 3 Rer 4 Donation 6 Other (Specify)	noval from Stata 20th cen Me	PLACE AND DATE netery, crematory or tropolit	of Disposition (Notation place) an Crema 22. NAME AI Franci 4739 I	atory 2/ nt ADDRESS OF FA is Gasch' Baltimore	DATE 200. LO /8/94 Alex CHITY S Sons Fur 2 Ave., Hys	xandria, neral Ho	Virginia ome, P.A.
	23. PART. Enter the disease, or shock, or heart feliure. IMMODIATE CAUSE (Finel disease or condition esulting in death)	complications that cause List only one cause on a Due To (or AS A	d the death. Do ach lina.	S for	de of dyling, auci	h as cardlec or resp	iratory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. JUE TO (OR AS A	CONSEQUENCE C	ान: (न):	Cemor	rkge	-	
707								
MEDICAL	PART II. Other aignificant condition	ns contributing to deeth b	out not reaulting	in the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOR	RMED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Ch	PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Mitural 5 Pending		petient 3 DOA	26. PI OTHER: 4 □ Nuraing Horn IJRY 26. PI	ACE OF DEATH (Cho	PERFOR	RMED? È □ NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 % Inpetient 2 = ER/Out	petiant 3 DOA 28b. Till IN	26. PI OTHER: 4	ACE OF DEATH (Cho	PERFOR 1 YES 2 eck only one) 6 Other (Specify)	INJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
D BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YOU 27. MANNER OF DEATH 1 Nitural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only	HOSPITAL: 1 ba inpatient 2 - ER/Oul 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	28b. Till IN 27b. Till Till IN 27b. Till IN	26. PI OTHER: 4 Nursing Hon BE OF 28c. INJ URY M 1 street, factory, office	ACE OF DEATH (Chi	eck only one) 6 Other (Specify) 26d. DESCRIBE HOW I City or Town, Stete)	INJURY OCCURED and Number or Run nner ee stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

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JAN 3-1 1994

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND) / DEPARTI			MENTAL HYGIEN		94	05713	
BE COMPLETED BY FUNERAL DIRECTOR		A. ROBIN S. SEX, G. AGE (In yrs. les		NSON		2. DATE OF DEATH MONTH DAY O 24 7. DATE OF BIRTH (Month, Day, Year) O 7 - 28 - 01		YEAR 3. TIME OF DEATH 9 4 P P M 8. BIRTHPLACE (State or Foreign Country) OLETH AROUND		
	BON SECOLIAS HOSPITAL BALTIMORE M.D. Sc. COUNTY OF DEATH BON SECOLIAS HOSPITAL BALTIMORE M.D. N/A									
	100. STATE 10b. COUNTY Maryland	10c. CITY, 1	10c. CITY, TOWN OR LOCATION Baltimo				100	INSIDE CITY LIMITS? YES 2 NO		
	Maryland N/A 100. STREET AND NUMBER Northwest Nursing Center 4601 Pall Mall Road			107. ZIP CODE 21215				ited S	COUNTRY?	
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS OCCEDENT EVER IN U.S. AF FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES						e or No— 1	Specify:	nericen Indien, e, atc.	
		EDUCATION grade completed) College (1-4 or 5 +) 18e. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)						STRY		
	17. FATHER'S NAME (First, Middle, Last)			Retired 18. MOTHER'S NAI				milenc		
	Unknown						Unknown			
0	190. INFORMANT'S NAME (Type/Print) Luther Robinso		1			Noute Number, City or Tox				
	200. METHOD OF DISPOSITION				S.E., #I	l Washin		D.C.	20003	
	1 Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	of from State	er place)							
	Lee's Crematorium Clinton, MD 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home 4001 Benning Rd., N.E. Wash., D.C. 20						lome			
CERTIFICATION	IMMEDIATE AUSE (Finel disease of condition resulting in death) Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death									
_	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part						rt I. 24s. WAS AN AUTOPSY PERFORMED? 2		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
EDIC	UROSEPSIS					1 _ YES 2 _ NO OF			EATH?	
Σ.	DEHYRATION 10 YES 20							TES 2 NO		
MA	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
YSIC	EXAMPLER? 1 DYES 2 NO 1 NO PITAL: 1 Vinpetient 2 ER/Outpetient 3 DOA OTHER: 4 Norsing Home 5 Residence 8 Other (Specify)									
BY PHYSICIAN: MEDICA	27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	286. DATE OF INJURY (Month, Des Year) 28b. TIME OF JANUARY AT WORK? 1 YES			URY AT	28d. DESCRIBE HOW INJURY OCCURED				
	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Specify)			at, factory, office 28f. LC		LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner as stated.									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	W H Su	pro M	29c, LICENSE NUMBE 0 226				SIGNED (Moreth, Day, Year) - 24- 94		
10	SO, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (1 LEM 27) (Typo, Print) LALLAENCE H. SCIPIO, MD BON SECOLUS HOSPITAL									
	31. DATE FILED (Month, Dev. 1961) 32. REGISTRAS'S SIGNATURE Tandall. A Laydon Tandall.									



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

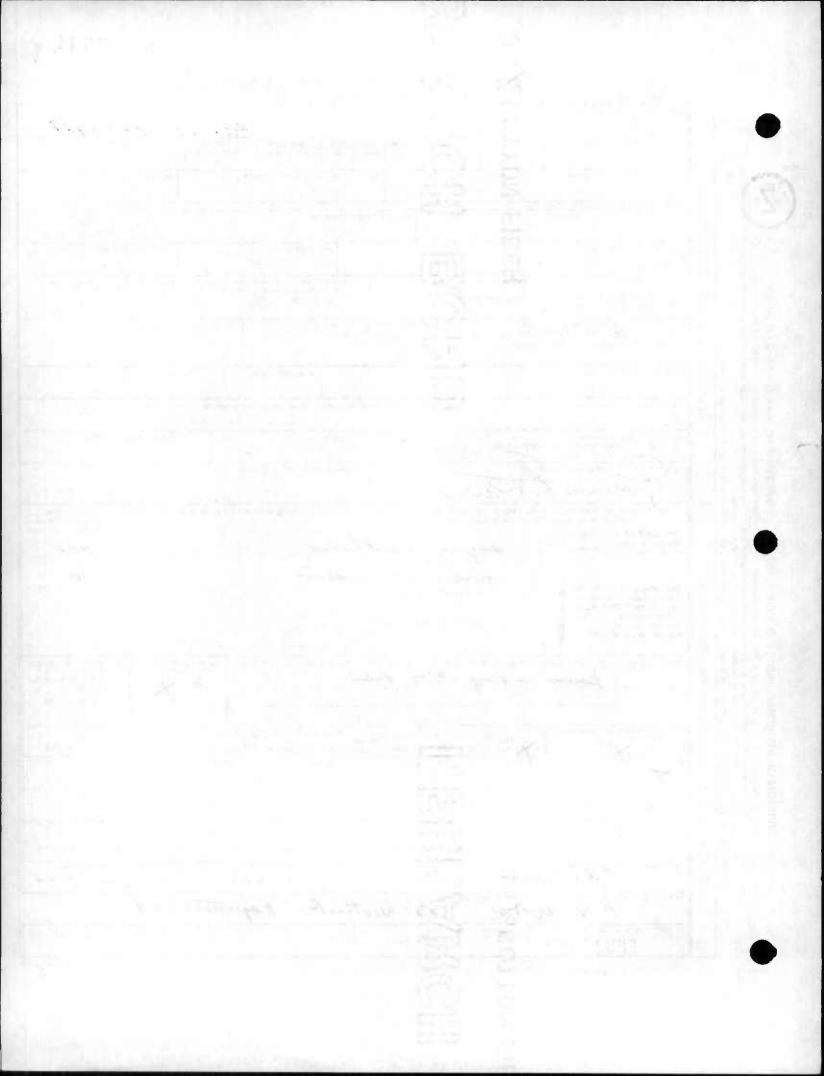
REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last Harry Edward				2. DATE OF DEATH MONTH DAY FEB. 16	DATE OF DEATH				
4. SOCIAL SECURITY NUMBER 215-05-7291	1 € M 2 □ F		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	Sept. 2, 19	10 Mari	PLACE (State or Foreign			
	88. FACILITY NAME (II not institution, give street and number) 96. COUNTY OF DEATH Washington County Hospital Hagerstown Washing:								
10a. STATE 10b. COUN		10c. CITY,	Hagers town			10d. INSIDE CITY LIMITS? 1 YES 2/17 NO			
13303 Herman Mye	mal-	101. ZIP CODE 2 1		10g. CITIZEN OF W					
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 _ Y IF YES, GIVE WAR OF	ES 2 NO	13. WAS DECENDENT OF HISP If yes, specify Cubers, Maxi 1 YES 2Y NO Specific	can, Puerto Rican, stc.)					
15. DECEDENT'S EC (Specify only highest gra-	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			166. KIND OF BUSIN	16b. KIND OF BUSINESS/INDUSTRY				
Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5 +)		k done during most of working retired.)		Organ Co.				
17. FATHER'S NAME (First, Middle, Lest) Lewis Reese			18. MOTHER'S NAME (First, Middle, Melden Surname) Emma Houpt						
190. INFORMANT'S NAME (Type/Print) A. James Martin		19b. MAILING A	DORESS (Street and Number or Aun	n Pri Smith	Steine, Zip Code)	21783			
20e METHOD OF DISPOSITION 1 Surfei 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND DATE OF	22726 Cavetown Church Rd. Smithsburg, Md. 2 E AND DATE DATE COC. LOCATION — CHY OF TOWN, STA PART HAVEN PROPERTY 2-19-94 Hagers town, Md.						
	22. NAME AND ADDRESS OF FACILITY Davis Funeral Home								
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST			Onset and De						
PART II. Other eignificent conditions contributing to death but not resulting keeley & Very 1 18 by			the underlying ceuse given i	n Part I. 24a. WAS AN AN PERFORMI	ED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
27. MANNER OF DEATH 1 Natural 5 Pending	Netural 5								
3 Suicide 6 Could not b									
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.									
296. SIGNATURE AND TUPLE OF MERTIF						(Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON V	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) H. N. WEEKS JE NOW Than A Hagarstown Med								
31. DATE FILED (Month, Day, Year) FEB 1 8 199	4 Julie Dan	IGNATURE							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020**

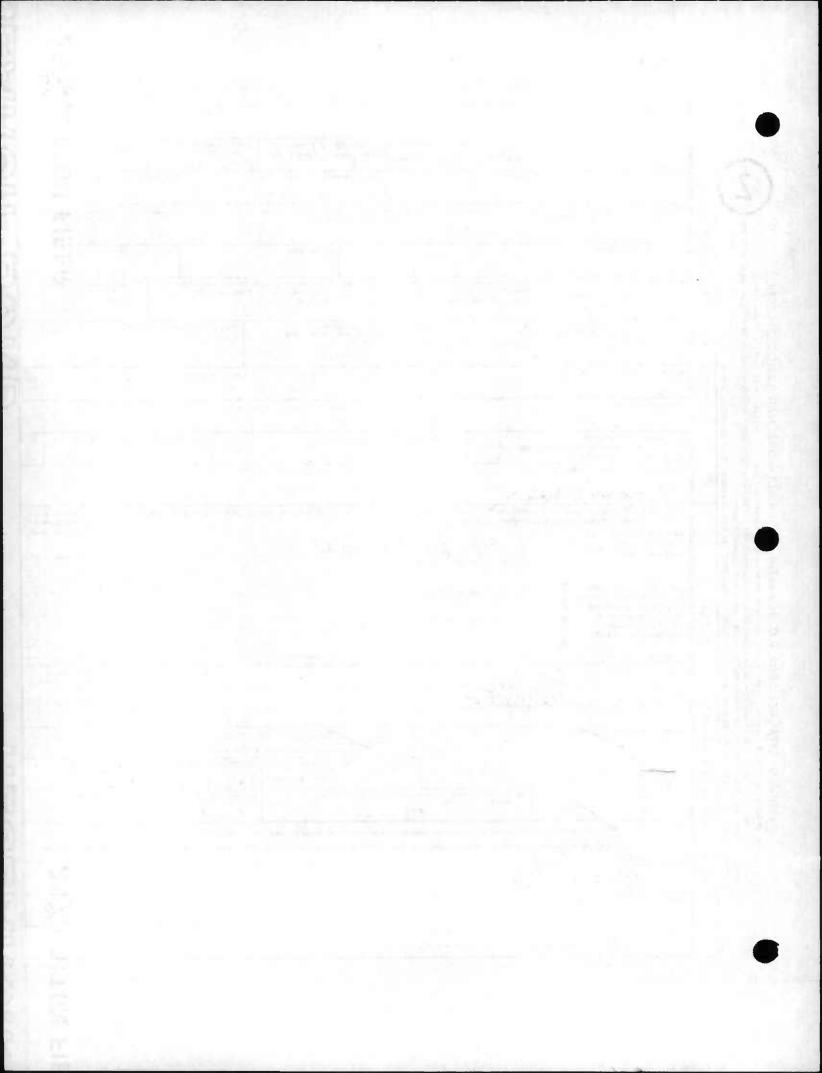
DIVISION OF VITAL RECORDS, P.O. BOX 68760,



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. To the fours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 94 05715

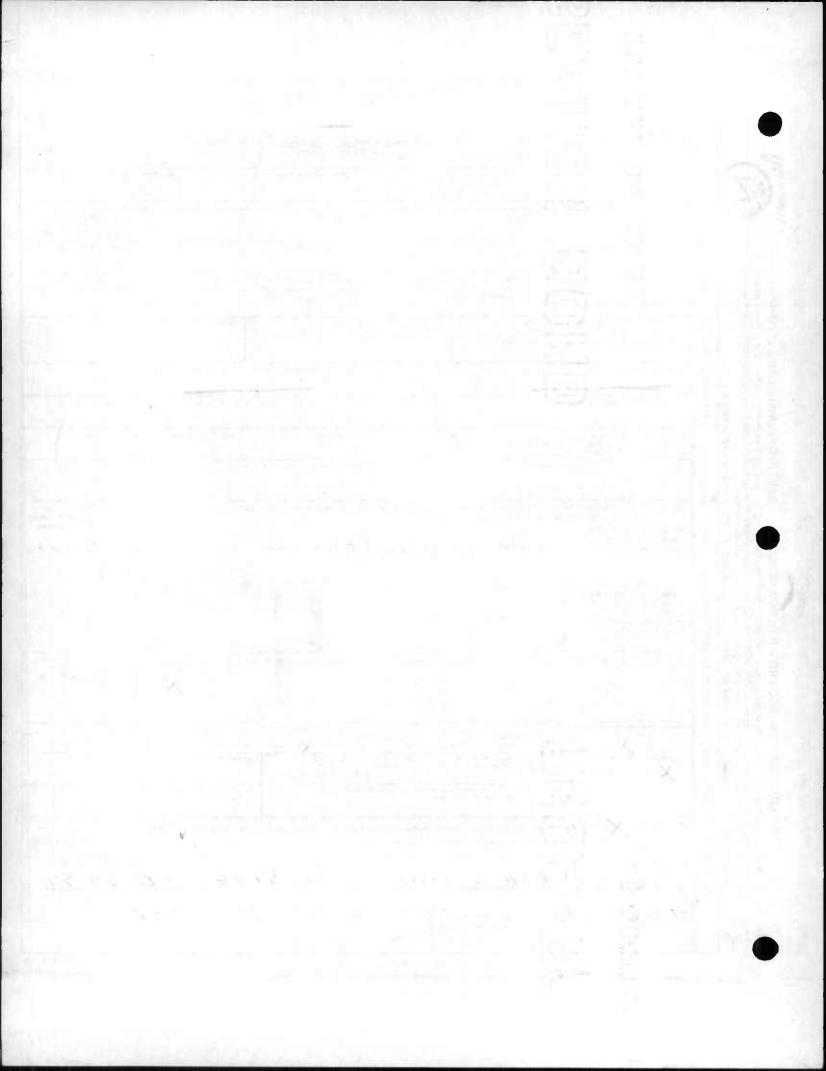
1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH		EG. NO.	7	14	0011	U		
1. DECEDENT'S NAME (First, Middle, Las	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH											
CLYDE	CLYDE SYLVESTER REESE					FEB. 21, 1994			7:18	A		
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 1 YEAR IF UNDER 24 HRS.		7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign		oreign		
215-34-2740	1 🔀 M 2 🗌 F	87 YRS.	MONTHS DAYS	HOURS MIN.	NOV .		1906	Country M 2	RYLAND			
9a. FACILITY NAME (If not institution, give	e street and number)	_ 07	9b. CITY, TOWN	OR LOCATION OF DI	1 - 10 1 0	101		NTY OF DE				
COFFMAN NURSING RESIDENCE OF DECEDENT 106. STATE 105. COUMARYLAND 106. STREET AND NUMBER 1.09 MANOR DRIVE 11. MARITAL STATUS 1. Never Married 2. Married 2. Married 2.	COFFMAN NURSING HOME HAGERSTOWN WASHINGTON											
10e. STATE 10b. COU	10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INS				
MARYLAND	MARYLAND WASHINGTON			AGERSTOW	N				LIMITS?			
10e. STREET AND NUMBER			101. ZIP CODE			10g. CITIZE			EN OF WHAT COUNTRY?			
109 MANOR DRIVE			21740			0			U.S.A.			
11. MARITAL STATUS	11. MARITAL STATUS 12. WAS DECEDENT EV			ENDENT OF HISPAN	ANIC ORIGIN? (Specify Yea or No - 14			14. RACE	4. BACE — American Indien.			
1 Never Married 2 Married 3 Widowed 4 Divorced	YES 2 NO OR DATES	can, Puerto Rican, etc.)				, White, etc. y: WHIT	E					
15. DECEDENT'S E	15. DECEDENT'S EDUCATION			ON	16b. KIND OF BUSINESS/INDUS			USTRY	******			
Elementary/Secondary (0-12)	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			ost of working								
10				STOCK PERSON				RKET				
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 10 17. FATHER'S NAME (First, Middle, Last)	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)											
				ARMENI	A CAST	LE						
19# INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, C	City or Town	n, State, Zip	Code)				
LLOYD L. REESE		735	DALE ST	REET, HAG	ERSTOW	N. M	D 2	1740				
20s. METHOD OF DISPOSITION		20b. PLACE AND DATE							TION — City or Town, State			
1 X Burial 2 Cremation 3 R 4 Donation 6 Other (Specify)	emoval from State	REST HAVE	V CEMETE	RY 2/	24/94	HAG	GERST	OWN.	MARYLA	AND		
21. SIGNATURE OF FUNERAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY												
Mr. 0.0	John H. Bast Jr. BAST FUNERAL HOME 7606 Old National Pike Boonsboro, MD 21713											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF):											
PART II. Other significant condit	ath but not resulting	resulting in the undariying cause given in			Part I, 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
1 TYES 2 THO	1 Inpatient 2 EF	I/Outpatient 3 □ DOA	OTHER: 4 I Nursing Hor	ne 5 🗆 Residence	6 Other (Sp	eclfy)				-		
27. MANNER OF DEATH	28s. DATE OF INJ (Month, Day,	facel IN		PURY AT ORK?	28d. DESCRIBE HOW INJURY OCCURED			CURED FE	LL WHILE			
1 Natural 5 Pending 2 Accident Investigation	I FFR II.	3:15	A M 1 🗆	M 1 YES 2 XXNO		TRYING TO GET OUT OF BEI						
			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
4 Homicide delermined	4 Homicide determined NURSING HOME SAME AS #9											
neel .	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.											
29b. SIGNATURE AND TITLE OF CISUR	9b. SIGNATURE AND TITLE OF GENTHER				29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)							
y~	15mm D366					7		1.5				
SAMUEL CHA	J. M. D.		. Hetna	Rd. F.	PAGER.	STOU	WN.	MI	217	40		
31. DATE FILED (Month, Day, Year) FEB 2 2 199	32. REGISTRAR'S			,			1		11.5			



FOR STATE REGISTRAR 0571 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 REGISTRAM

1. DECEDENTS NAME (First, Middle, Lost) 5 | BWE! CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 3. TIME OF DEATH Lastes PHOEBE SIDWELL RHODES 9:33 AM 01 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or DAYS HOURS 1 M 2 F YRS. 522-16-2478 06 09 15 Illineis 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 8201 16th Street (apt. 707) Silver Spring Montgomery 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland 1 ST YES 2 NO Montgomery Silver Spring FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 10f, ZIP CODE burial-transit 8201 16th Street 20910 United States the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cubs
1 ☐ YES 2 ☐ NO FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Merried Specify: BY 3 💭 Widowed 4 🗌 Divorced use as the White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5 +) page 5 should be detached for 5+ 12 City of Takoma Park Librarian 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surnam Minnie Kurz Page 6 may be retained by 1 W Richard A. Johnson Wilhomina Kurtz BE Arden Richard Johnson notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, 2/p Code) 2 7209 Spruce Ave. Takoma Park, M.D. 20912 Bruce A. Sidwell Pe 20e. METHOD OF DISPOSITION

1 Burlel 2 (2) Cremation 3 Removal from State
4 Denation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must funeral director. 1-27 Brentwood, Maryland Fort Lincoln Cemetery 21. SIGNATURE OF TUNERAL SERVICE LIGENS examiner Fort Lincoln Funeral Home, Inc. Me 3401 Bladensburg Road Brentwood, M.D. 20722 attending physician and completely filled in by the mal Hygiene prior to burlal, cremation, or removal. medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Betwe Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) METASTATIC CANCER 11105 event, BOX 68760, executed with DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause, Enter UNDERLYING death certificate be CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): mtal Hygiene P.0. that initiated events resulting in death) LAST Injury. DIVISION OF VITAL RECORDS, Me PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the shows any 1 - YES 2 - NO 1 □ YES 2 □ NO has by Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one certificate h item HOSPITAL: OTHER: 1 WES 2 NO ATTENDING PHYSICIAN: 1 | Inpetient 2 | ER/Outpetient 3 | DOA raing Home 5 Residence 8 - Other (Specify) 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT with L 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 2 Accident 8 Pending Investigation 1 YES 2 NO BY death After 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 80 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be DIRECTOR: Jours after of COMPLETED 28 4 Homicide tem OR O 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner es stated. FUNERAL | within 72 h HOSPITAL TO THE HOSPITA
TO THE FUNERA
Be filed within 72
IMPORTANT: III 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(s) end manner as stated. 296. SIGNATURE AND TITIES OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 33446 m 9 HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WILAMO WASh HEME CNE 20307 4 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Grelia Davidson-Randall 2



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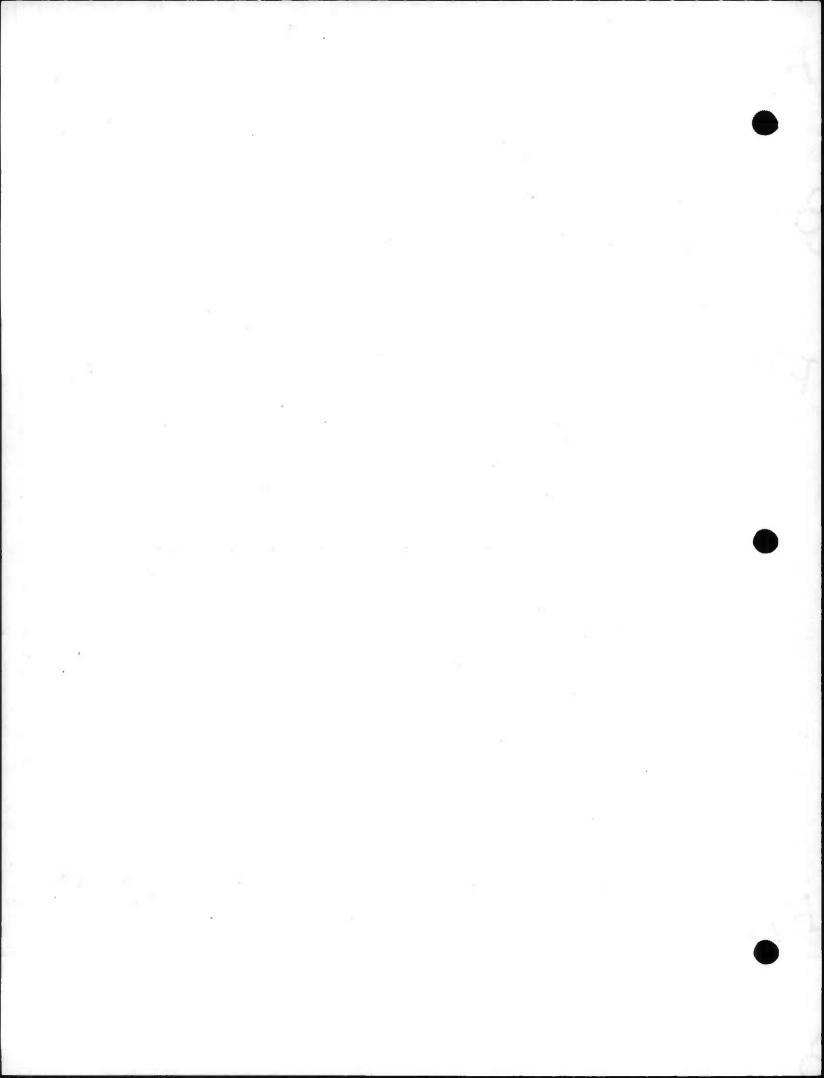
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•	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF M			TMENT OF H				YGIENI EG. NO.	E 9	4	05717
	1. DECEDENT'S NAME (First, Middle, Last) EUGENE	MA:	TTHE	w	ROBIN	150,		2. DATE OF I	DEATH DA	19	YEAR Y	3. TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	est birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF E		, ,	8. BIRTHP	LACE (State or Foreign
	577-48-7302	1 ☑ M 2 🗆 F	56	YAS.	MONTHS DAYS	HOURS	MIN.	Jun.22		7	Country) Marvl	_
	9e. FACILITY NAME (If not institution, give	street end number)				WN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
OB	Prince George's	Community Hospital			Chev	erlv			Į.	Prin	ce Ge	orge's
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	A STATE			Y, TOWN OR LOCAT	1011						
핕				0.000		ION						IOd. INSIDE CITY
AL C	Md. Prine 100. STREET AND NUMBER	ce George	'S	La	ndover	. ZIP CODE				10a CIT		YES 2 NO
I A	3145 75th Avenue .	No+#204										AI COONTHY?
FUNER	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. A	BMED		20785 U.S.A.						
	1 Never Married 2 Married		YES ZX		13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerio Rican, etc.) 1 ☐ YES 2 → No Specify: Specify: Specify:					White, etc.		
B	3 Widowed 4 Divorced	ir res, dive w	AH OH DAIES		1 TES	2 LYNO	Specify				Specify	Black
8	15. OECEDENT'S EOU (Specify only highest grade	ICATION			USUAL OCCUPATION			16b. KIN	D OF BUS	INESS/IN		DIGCK
	Elementary/Secondary (0-12)	College (1-4 or 5+	Tie	e. Do NOT u	work done during mo se retired.)	st of workin	g					
Ы	11th		Cı	ustod:	ian			Go	vern	ment		
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAM	ME (First, Middle	e, Maiden S	Surname)		
BE	Eugene Matthew Robinson Sr. Mary Agnes											
2	19a INFORMANT'S NAME / Topa/Delet											
	Annie White /WIFF 3145 /5th Ave. Apt#204 Landover, Md. 20/85								85			
	20s. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State							n, State				
	4 Donation 6 Other (Specify) Jarmony Memorial Park 2-5 Landover, Md.											
H	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J.B. Jenkjns Funeral Home											
	1 Juawana	9 D. 8	aa	COY			_	er Rd.				20785
	23. PART i. Enter the diseesea, or ahock, or heart feliure.	complications that	ceused the	leeth. Do i	not enter the mo	de of dyi	ng, auch	as cardiac	or respir	ratory an	rest,	Approximate
	IMMEDIATE CAUSE (Fine)											Interval Between Onset and Death
	disease or condition resulting in death)	· arti	erion	cle	ratic.	lu	Re	er Va	e c	uls	n a	esease
		DUE TO	(OR AS A CONSI	EOUENCE O	F):							
Z	Sequentielly ilst conditions,	b										
RTIFICATION	if any, leading to immediata	DUE TO (OR AS A CONSE	EOUENCE O	F):							
[일	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	100 40 4 00vior									
E	thet initieted evente resulting in death) LAST	OUE 10 (OR AS A CONSE	EQUENCE OF	F):							
岜		d										
الا	PART II. Other significent condition	ne contributing to	deeth but not	reculting	In the underlying	cause g	iven in I	Part i. 24a	. WAS AN			VERE AUTOPSY FINDINGS
MEDICAL								1.	PERFORI			WAILABLE PRIOR TO COMPLETION OF CAUSE
Ä												OF DEATH?
								_				
IAI	25. WAS CASE BEFERRED TO MEDICAL				26. PL	ACE OF DI	EATH (Che	ick only one)				
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Re	sidence (6 Other (Sp	ecifyi			
Ť	27. MANNER OF DEATH	28e. DATE OF I		28b. TIM	E OF 26c. INJ	_		28d. OESCRIE		JURY OC	CURED	
ВУ	1 Autural 5 Pending 2 Accident Investigation	(month, bu	ly, rouly			rES 2	NO					
	3 Sulcide 8 Could not be	28e. PLACE OF	F INJURY — At h	ome, farm,	street, factory, offic			281. LOCATIO	N (Street ei	nd Number	r or Rural Ro	ute Number,
ш	4 Homicide determined							Oily Or 10	, Giale)			
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of a	my knowledge, d	leath occurr	ed at the time, date	end place,	end due	to the cause(s) end man	ner ee sta	ted.	
OM												and manner es stated.
EC	29b. SIGNATURE AND TITLE OF CERTIFIE						NSE NUM					Month, Day, Year)
98	aspressed	alle 16	in				28					1994

WHILE MD 1070) MARTON DR. LARGO, MID 201

32. REGISTRAP'S SIGNATURE
Julia Davidson-Randalle

DHMH-16 Rev 1/89



MARYLAND 21215-0020

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

burial-transit hospital or attending physician. as the use 10 detached urs after death. Page 6 may be retained by the funeral director, page 5 should filled in by the or removal. cremation, the attending physician and completely it Mental Hygiene prior to burlal, crematic OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with has been signed by to Dept. of Health and this certificate h with the State I inked, or Item Item

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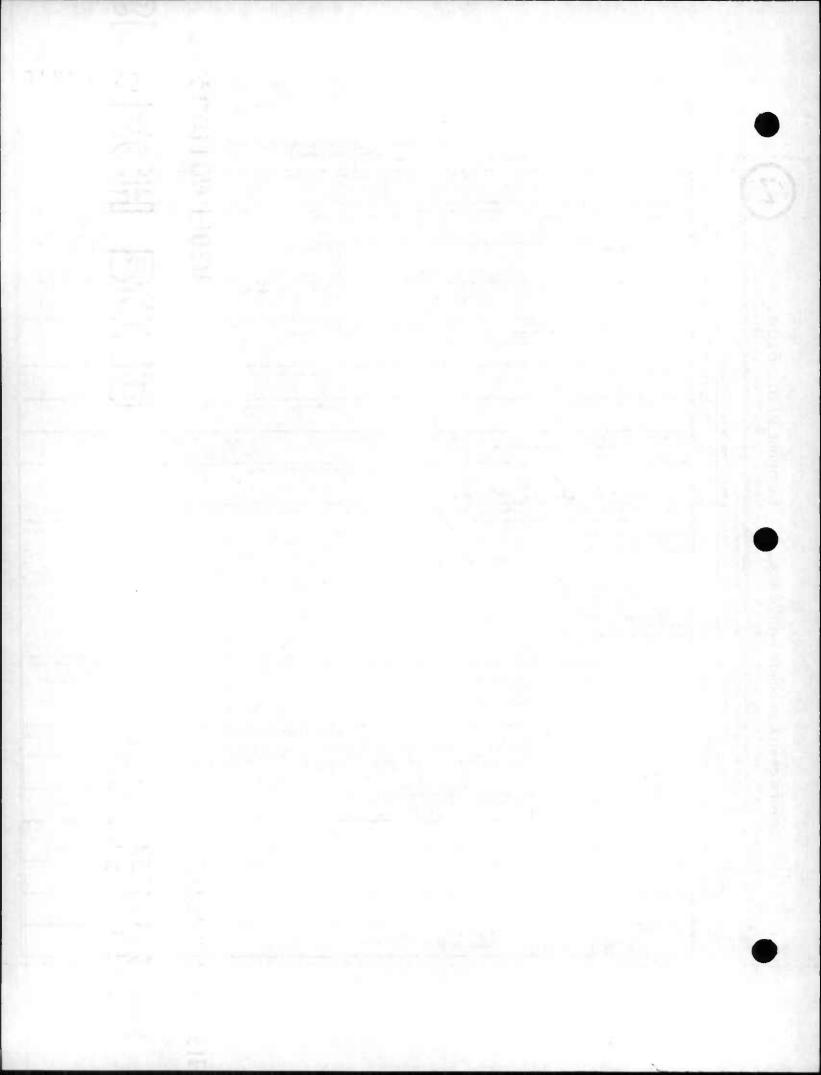
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After 1

TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: A be filed within 72 hours after de IMPORTANT: If Item 28 Is

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH YEAR JANIE RICHARDSON ELIZABETH FEBRUARY 2, 1994 03:55 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 93 578 32 5380 1 M 2 X F YRS. 02/11/1900 ORLEAN VA Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN CALVERT PRINCE FREDERICK CALVERT MEMORIAL HOSPITAL DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND CALVERT DUNKIRK 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12440 UNCLE CHARLIE SPUR 20754 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 XNO Specify: BY 3X Widowed 4 Divorced BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete entary/Secondary (0-12) College (1-4 or 5+) RETIRED PRIVATE 08 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) BENJAMIN T MOORE MARY ALICE ROBINSON BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 12440 UNCLE CHARLIE SPUR DUNKIRK MD 20754 HELEN JACKSON 20s. METHOD OF DISPOSITION
1 N Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE CEDAR HILL CEMETERY 2/7 4 Donation 5 Other (Specify) SUITLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY aley ALEXANDER S FORE FUNERAL HOMES-M859 2617 PA AVE SE WASH DC 20020 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haert fallure. List only one cause on each line. IMMEDIATE CAUSE (Fine) Onset and Death disesse or condition resulting in death) WK CERTIFICATION Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL ascular COMPLETION DF CAUSE OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) HOSPITAL: OTHER: 1 TES 25 NO 1 Nipatient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Accident investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Nomicide 29e. CERTIFIER 1 CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(e) end menner ee stated. MEDICAL EXAMINER: Dn the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29d. DATE SIGNED (Month, Day, Year) BE D-2263 2 Od. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Mahesh Shah Prince Frederick, MD 20678 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Julia Davidson-Randalle



OBERTSON 4. SOCIAL SECURITY NUMBER 5. SEX & AGE (In y IF UNDER 1 YEAR IF UNDER 24 H 247-22-7691 81 1 XM 2 F 9s. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION C DIRECTOR 100 CEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Clinton PG Maryland FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 9211 Stuart Lane the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit if Mental Mygiene prior to burial, cremation, or removal. hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HI BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuben, N 2 Merried IF YES, GIVE WAR OR DATES 1 TYES 2 NO BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade comple 12 dary (0-12) College (1-4 or 5+) Bricklayer once. 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER Elliott Robertson notified at IS BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or F 2 Shelletta Robertson 2031 Brooks Drive #5 9 20b. PLACE AND DATE OF DISPOSITION (Name of must n 3 [6 Cityer (Specify) Harmony REPOR FEMERAL SERVICE LICENSEE medical examiner 22. NAME AND ADDRESS O Plunkett Fun and 2504 28th St 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final the disease or condition NO OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, traumatic CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events or other resulting in death) LAST Injury. PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause give PHYSICIAN: MEDICAL Health and 23 shows any TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requi TO THE FUNERAL DIRECTOR: After this certificate has been s be filed within 72 hours after death with the State Dept. of H IMPORTANT: If Item 28 is marked, or Item 23 show 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH HOSPITAL: OTHER:
4 Nursing Nome 5 Reside 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 1 | Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Sulcide COMPLETED 6 Could not be

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, dets and place, and 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred a

CERTIFICATE OF DEATH

FOR STATE REGISTRAR

4 Homicide

BE 2 286 MONAYURE AND TITLE OF CERTS

31. DATE FILED Month, Day,

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

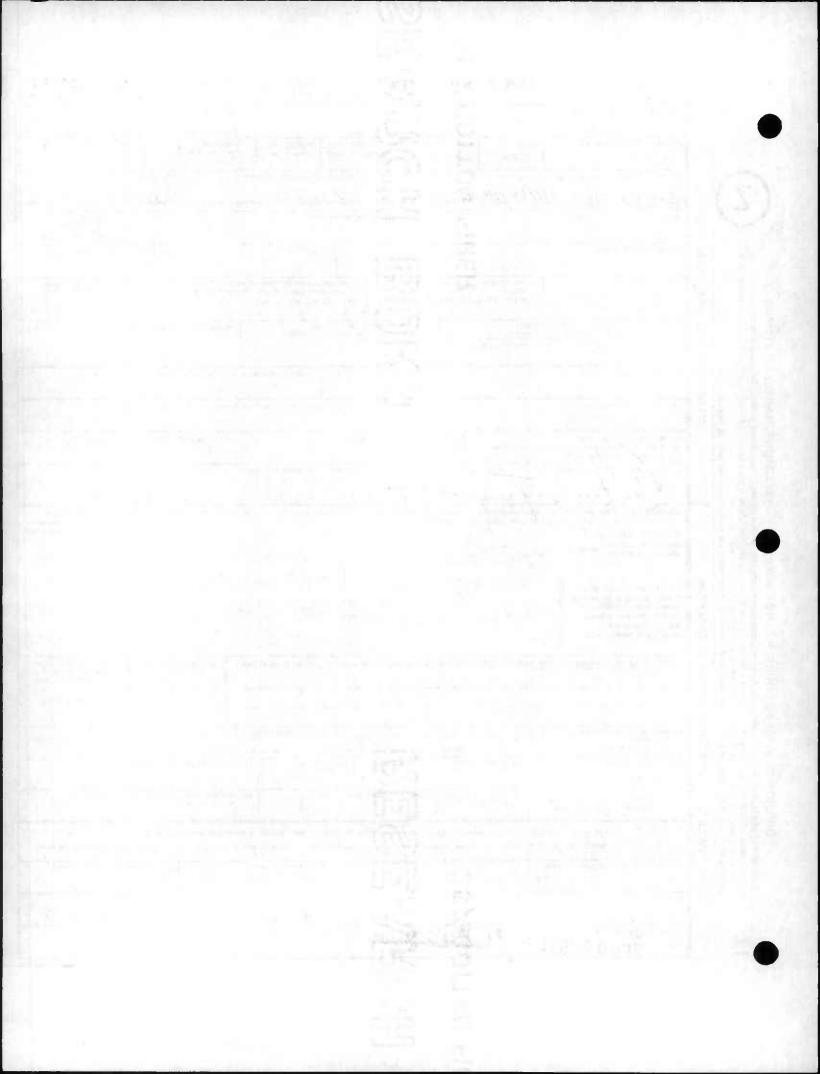
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1. DECEDENT'S NAME (First, Middle, Last)

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 91, 05719

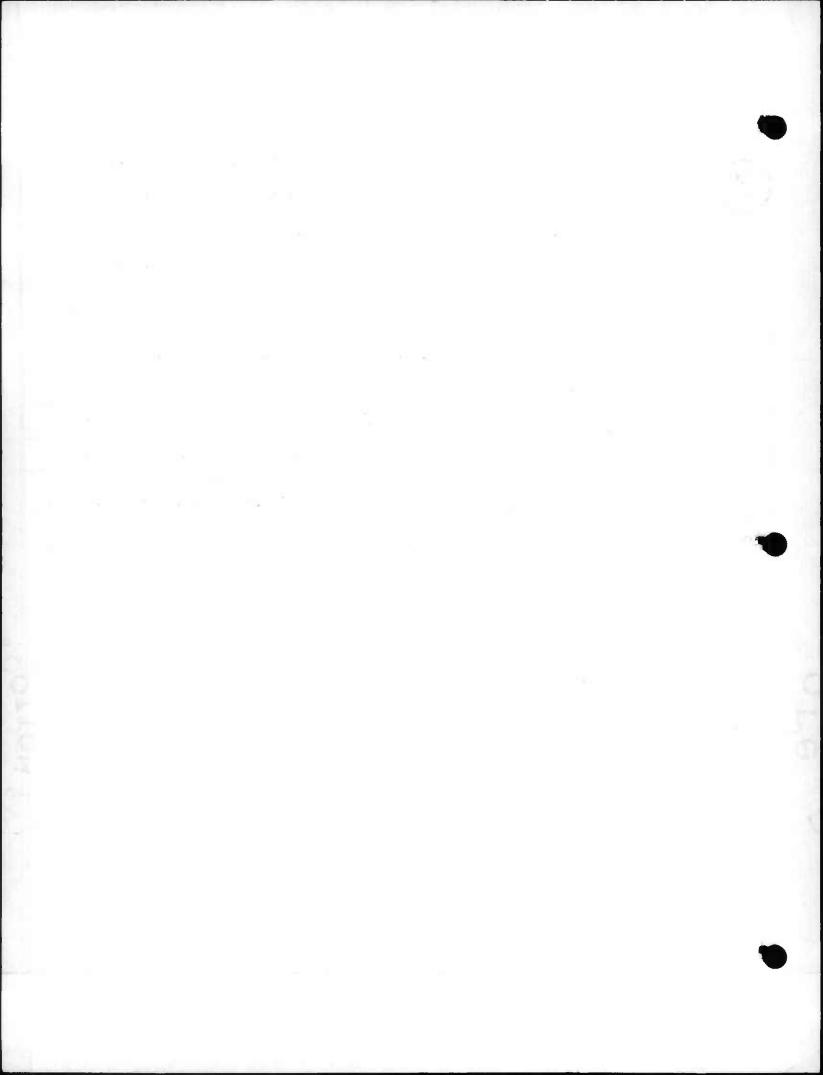
	REG. NO.	2 7	001.1				
MC	ATE OF DEATH DAY AND 21	YEAR	3. TIME OF DEATH AM				
RS. 7. D/	ATE OF BIRTH / forth, Day, Year) 1, 1912	B. BIRTN	PLACE (State or Foreign Well S.C.				
DEATH		WCE	GEONGES				
			10d. INSIDE CITY Y LIMITS? 1 YES 2 NO				
10g. CITIZEN OF WHAT COUNTRY? USA							
SPANIC ORIGIN? (Specify Yes or No- axicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify:							
			Black				
	16b. KIND OF BUSINESS/I	NOUSTRY					
Construction							
	st, Middle, Maiden Surname)					
Sa Ca	ve						
	lumber, City or Town, State,						
12 Foretville, Md. 20747							
DATE 20c. LOCATION — City or Town, State							
1/29 Landover, Md.							
FFACILITY leral	Home						
	, N. E. Was	h., D	.C.				
	cardlec or reapiratory		Approximata				
			Interval Between Onset and Death				
me			1/2				
n in Part I	24a. WAS AN AUTOPS PERFORMED?	Y 24b.	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE				
- 12			1 TYES 2 NO				
1 (Check onl	v one)						
nce 8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED							
281, LOCATION (Street and Number or Rural Route Number, City or Town, State)							
	, , , , , , , , , , , , , , , , , , , ,						
due to the	cause(s) and manner as a	stated.					
	dels and place, and dus to) and manner as stated.				
NUMBER	29d. D	ATE SIGNED	(Mineral Day, Ybgr)				
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we.	CHINION	////	TRY/AND				



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

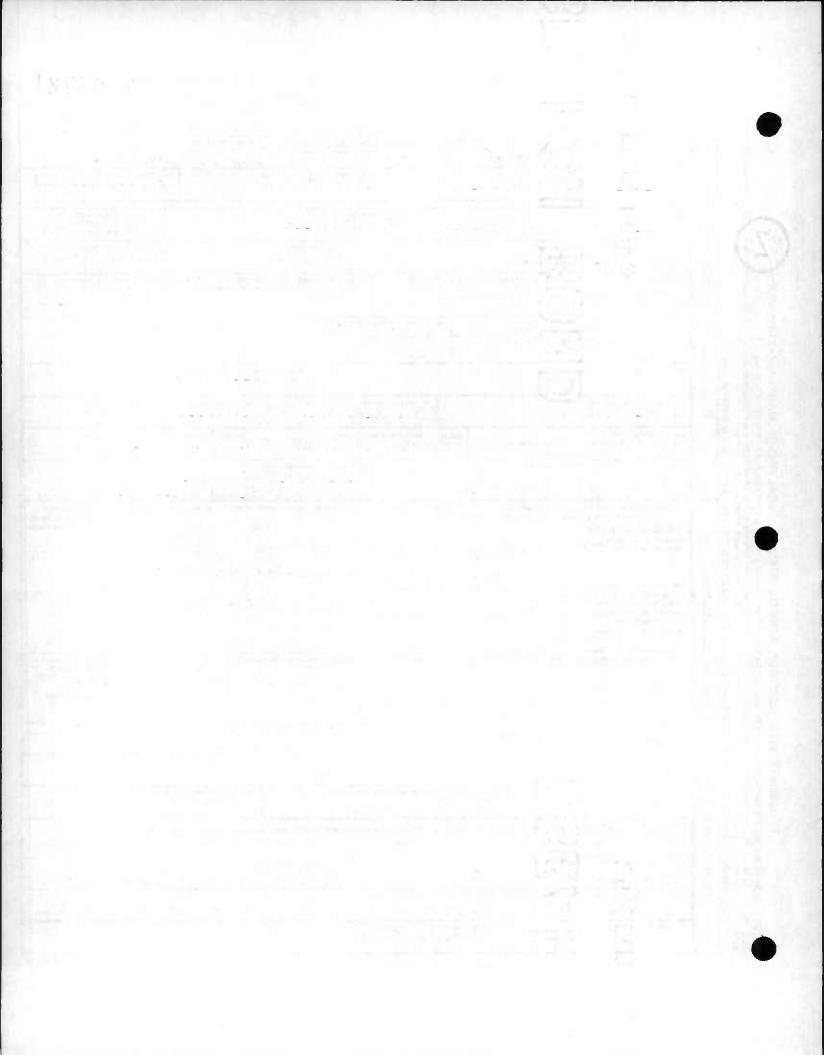
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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Jours after death. Page 6 may be retain	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shr		
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1 1	REGISTRAR		CE	-NIII	ICATE	F DEAT		REG. NO.			
i i	1. DECEDENT'S NAME (First, Middle, Last) Clara	Mae	Watts		Rodger	rs .	1.3	MONTH DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DATE OF DATE OF DEATH DATE OF	0, 19	YEAR	TIME OF DEATH 2:20 P.N
33	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	t birthday)	IF UNDER 1 YEA	-		DATE OF BIRTH (Month, Day, Year)		-	CE (State or Foreign
147.	577-52-7890	1 M 2 XF	56	YRS.			0	ctober 1	6,	Virg	
8	9a. FACILITY NAME (If not institution, give 911 Cox Avenue					NO OR LOCATION				TY OF DEATI	eorges
5	RESIDENCE OF DECEDENT						116		FILE	iice G	eorges
911 Cox Avenue RESIDENCE OF DECEDENT 10a. STATE Maryland Prince Georges				10c, CIT	Y, TOWN OR LO	cation csville				1000	I, INSIDE CITY LIMITS?
	10a, STREET AND NUMBER	nee deorg	<u> </u>		Hyact	10f. ZIP CODE			10g. CITIZ	EN OF WHAT	YES 2 NO
FUNERAL	911 Cox Avenue					207	83		United State		tates
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4XX Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 XN	MED	If yes	DECENDENT OF , specify Cuban, YES 2XXNO	, Mexican, Pr	ORIGIN? (Specify Yes uerto Rican, etc.)	or No-	Black, WI	American Indian, hite, etc. Black
ETED	15. DECEDENT'S EDI (Specify only highest grad		(G/	ive kind of	USUAL OCCUP	ATION most of working		16b. KIND OF BUS	SINESS/INDL	ISTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	ncin		oma Sch	1001	D.C. Pu	hlic'	Schoo	ls
COMPL	17. FATHER'S NAME (First, Middle, Last)	0 /04/5		ПОТР	ary rait			First, Middle, Maiden		001100	
BE C	(Reverend) Will	iam Llo	yd Wa	tts		Ju	lia			Hol	ban
2	194. INFORMANT'S NAME (Type/Print) Cynthia R. Thomps	on Inioco						Number, City or Tow			0784
	20p. METHOD OF DISPOSITION 1 \(\Delta \) Burial 2 \(\Delta \) Cremetion 3 \(\Delta \) Rer				OF DISPOSITION		ilyal			arru z	
	1 🖎 Burial 2 🗆 Cremation 3 🗆 Rer 4 🗆 Donation 5 🗆 Other (Specify)	noval from State	cemetery cres	matory or o	ther place!	onal Ce	emete				yland
	21, SIGNATURE OF FUNERAL SERVICE L	CENSER	110		22. NAMI	E AND ADDRESS	OF FACILITY	Latney	's Fu	neral	Home
	() prof ()	alkey -	Tolo.	may	3831	Georg	ia Av	enue, N.W	.;Was	h.D.C	
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Metast	atic Ca	rcin	oma of			cardiac or respi	ratory ami	et,	Approximata Interval Betw Onset and De 1 year
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b	OR AS A CONSEC	QUENCE O	F):						
O	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING.										
SAL	PART II. Other algorificant condition Dehydration	ns contributing to	death but not n	esulting	In the underl	ying cause gi	ven in Par	t I. 24a. WAS AN PERFOR		AM	RE AUTOPSY FINDING ILABLE PRIOR TO MPLETION OF CAUS
MEDI	Malnutrition							1 YES 2	□ NO	OF	DEATH? YES 2 NO
-											
IAN: H	25. WAS CASE REFERRED TO MEDICAL				26	. PLACE OF DE	ATH /Check (only one)			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	Home 5 X Resi		14.4			
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 XNetural 5 Pending		NJURY	28b. TIM	OTHER: 4 Nursing I E OF 28c.		Idence 6 🗆	14.4	NJURY OCCI	URED	
ED BY PHYSICIAN:	EXAMINER? 1	1 Inpetient 2 Inpe	NJURY	28b, TIM	OTHER: 4 Nursing I E OF URY M 1	Home 5 X Resi INJURY AT WORK?	NO 28	Other (Specify)			Number,
ED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 X Netural 5 Pending Investigation 3 Suicide S Could not be	28e. DATE OF (Month, De 28e. PLACE Of building,	NJURY y, Year) INJURY — At house, (Specify)	28b. TiM INJ me, farm, s	OTHER: 4 Nursing I E OF 28c. FURY M 1 street, factory, c	Home 5 X Resi	NO 28	Other (Specify) d. DESCRIBE HOW II I. LOCATION (Street a City or Town, State) he cause(a) and mar	and Number o	or Rural Route	
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 X Hetural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28e. DATE OF (Month, De 28e. PLACE Of building, SCIAN: To the best of ER: On the best of ax	NJURY y, Year) FINJURY — At horetc. (Specify) my knowledge, determination and/or it	28b. TIMI	OTHER: 4 Mursing I E OF 28c. URY M 1 street, factory, c	Home 5 X Resination 15 X Resination 15 X Resination 16 X Resin	NO 28	Other (Specify) d. DESCRIBE HOW II I. LOCATION (Street a City or Town, State) he cause(a) and mar o, date and place, an	nner as state d due to the	d. cause(a) and SiGNED (Mo.	
COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 X Netural 5 Pending Investigation 2 Accident S Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 26. NAME AND ADDRESS OF PERSON W	28e. PLACE OF (Month, De 28e. PLACE Of building, of the best of ER: On the best of axing the best of t	NJURY y, Year) INJURY — At house, (Specify) my knowledge, decamination and/or it	28b. TIME INJ	OTHER: 4 Mursing I E OF URRY M 1 street, factory, c and at the time, c on, in my opinio	Home 5 X Real NJURY AT WORK? YES 2 Diffice date and place, 4 n., death occurred DC	NO 281 and due to tild at the time SE MUNIBER 15185	Other (Specify) d. DESCRIBE HOW II I. LOCATION (Street a City or Town, State) he cause(a) and mer b, data and place, an	oner as state d due to the	d. cause(a) and SIGNED (Mo	d menner as stated retr. Day, Year)
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 X Hetural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28e. PLACE OF (Month, De 28e. PLACE Of building, of the best of ER: On	NJURY y, Year) INJURY — At house, (Specify) my knowledge, decamination and/or it	28b. TIME INJ	OTHER: 4 Nursing E OF URY M street, factory, c	Home 5 X Real NJURY AT WORK? YES 2 Diffice date and place, 4 n., death occurred DC	NO 281 and due to tild at the time SE MUNIBER 15185	Other (Specify) d. DESCRIBE HOW II I. LOCATION (Street a City or Town, State) he cause(a) and mer b, data and place, an	oner as state d due to the	d. cause(a) and SIGNED (Mo	d menner as states onth, Day, Year) 31, 199



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BALTIMORE, MARYLAND 21215-0020	ars after death. Page 6 may be retained by the hospital or attending physicia	in by the funeral director, page 5 should be detached for use as the buriat-transfer removal.	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within frous after death. Page 6 may be retained by the hospital or attending physicia	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

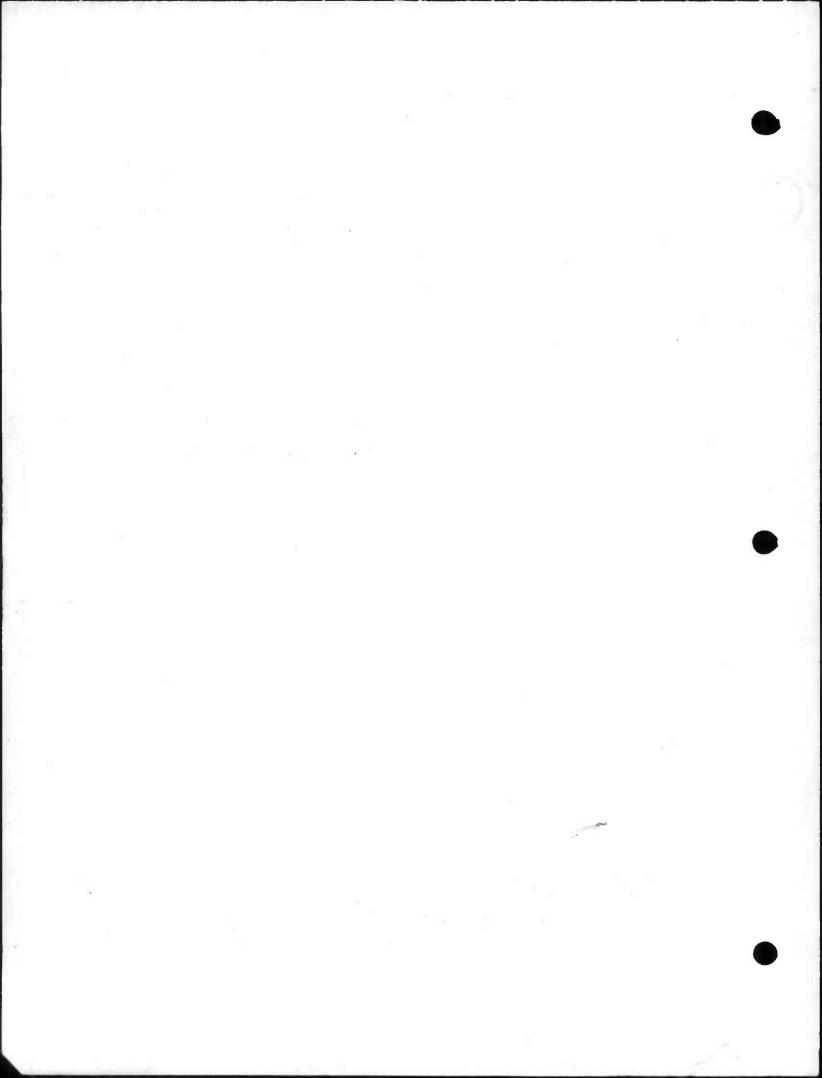
FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICATE		REG. NO.	94 05721
1. DECEDENT'S NAME (First, Middle, La LORETTA		COBINSON		2. DATE OF DEATH MONTH DAY 19	9:17 M
98. FACILITY NAME (If not institution, gi	re etreet and number)	(In yra. lest birthdey) YRS. 9b. CITY C A	DAYS HOURS MIN. TOWN OR LOCATION OF DEA	7. DATE OF BIRTIN/ (Month, Day, Year) FB /9 /9 /9 ITH 8c. p	TENN. RINCE GEORGES
MALCULM GROW RESIDENCE OF DECEDENT 100. STATE 100. COU MARYLAND PR	INCE GEORGE	S FORRI	ËSTVILLE		10d. INSIDE CITY LIMITS? 1 VES 2 NO
10e. STREET AND NUMBER 2625 PHELPS A 11. MARITAL STATUS	ve.		10f. ZIP CODE 20747	10g	UNITED STATES
3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES	2 NO 1	MAS DECENDENT OF NISPANI 1 yes, specify Cuben, Mexican 1 YES 2 NO Specify:	C ORIGIN? (Specify Yee or No- Puerto Rican, etc.)	14. RACE — American Indien, Black, White, etc. Specify: BLACK
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 12 T H 17. FATNER'S NAME (First, Middle, Last)		16e. DECEDENT'S USUAL OF (Give kind of work done of life. Do NOT use retired.) FCC	CCUPATION during most of working	GOVERNMEN	
			18. MOTUSA BY	EFE E E ON DAWSON	6)
190 INFORMANT'S NAME TO PRIMIS	ON	2625 PHELPS	S AVE. FORF	RESTVILLE,	M [*] D ^{Code)} 20747
2ap. METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 R 4 Donation 6 Other (Specify)	emoval from State 20t	PLACE AND DATE OF DISPOS	ITION (Name of METERY FE	B. 9, 29c 1994	- LANDOVER, MD
21. SIGNATURE OF PUMERAL SERVICE	Kudler	/ E		FUNERAL H	HOME MT. RAINIER,
immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	ythmin terioxles even a	alse la	Interval Between Onset and Desti
PART II. Other significant condit	ions contributing to death b	out not resulting in the un	derlying cause given in P	Part I. 24e. WAS AN AUTOP PERFORMED? 1 YES 2 100	AVAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINET?	HOSPITAL:	OTHER	28. PLACE OF DEATN (Check	ck only one)	
27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 EFR/Outs 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	ing Nome 5 Residence 6 28c. INJURY AT WORK? 1 YES 2 NO	Other (Specify) 28d. DESCRIBE NOW INJURY	OCCURED
3 Suicide 6 Could not determined	264 PLACE OF IN HIP	— At home, ferm, street, factority)	ory, office	261. LOCATION (Street end Nun City or Town, Stete)	nber or Rural Route Number,
	YSICIAN: To the best of my know				stated. o the cause(e) end manner ea stated.
296. SIGNATURE AND TITLE OF CERTIF	elle, mo		DI28	9ER 29d, 1	DATE SIGNED (Month, Day, Year)
ALFONSO VA	WHO COMPLETED CAUSE OF DE	0701 /RAFI	TON DR, L	M60 M	D 20772
31. DATE FILED (Magn), Pay, Year)	1994 32. REGISTIPARTS SIGN	aridon-Amdell			



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

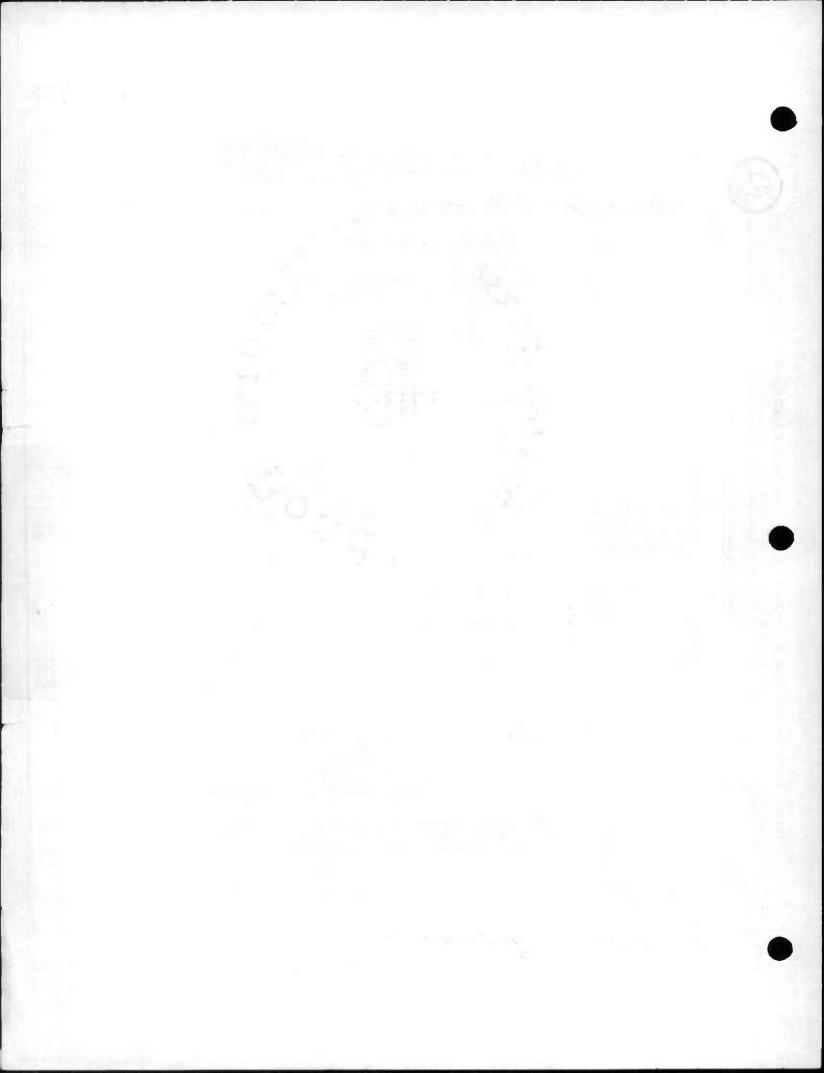
	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND / DEPAR CERTIF	RTMENT OF ICATE OF		MENTAL HYGIEN REG. NO	_	05/22		
	1. DECEDENT'S NAME (First, Middle, Lest)	M .	Rawling	7.5		2. DATE OF DEATH MONTH D. 2 - 5 -	N 94 YE	AR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 579-40-2974	5. SEX 1 M 2 F	6. AGE (In yrs. lest birthday) 7 2 vrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 / 2 7 / 2 1		HRTHPLACE (State or Foreign Country) Arundel, M		
OR	9a. FACILITY NAME (If not institution, give 617 71st Ave	and the state of			or Location of D	EATH	9c. COUNTY			
DIRECTOR	10a, STATE 10b. COUNT			TY, TOWN OR LOCA			1	10d. INSIDE CITY		
- 1	10e. STREET AND NUMBER	Ρ.	.6.	eat Ple	of. ZIP COOE		10g. CITIZEN	1 ₺ YES 2 NO OF WHAT COUNTRY?		
FUNERAL	617 71st Ave		EVER IN U.S. ARMED	12 986 06	20743	NIC ORIGIN? (Specify Yes	U.S			
	1 Never Married 2 Married 3 Wildowed 4 Divorced		YES 2 NO	If yes, s		an, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: Black		
- 1	15. DECEOENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 6th		(Give kind of Ille. Do NOT u	work done during in se retired.)	nost of working	16b. KIND OF BU	mestic			
	17. FATHER'S NAME (First, Middle, Last) William Raw	lings				MME (First, Middle, Meiden garet Bi				
2	19a. INFORMANT'S NAME (Type/Print) Margaret Brook	s Young				Route Number, City or Tow Tash., D.		0002		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE cornelory, crematory or of Harmony			DATE 20c. LO	cation - city ndover	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY H.S. Washington & Sons, Inc. 4925 Burroughs Ave., N.E. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
CERTIFICATION	shock, or heart failura IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (C	OR AS A CONSEQUENCE O	F): F):	arelio V	esculor d	linas	Interval Between		
	that initiated events resulting in death) LAST	d	OR AS A CONSEQUENCE O	F):						
N: MEDICAL	PART II. Other significant condition	ns contributing to d	leeth but not resulting	In the underlyi	ng cause given in	Pert i, 24a. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINENT 1 YES 2 NO	HOSPITAL:	ER/Outpetlant 3 DOA	OTHER:	PLACE OF DEATH (C)					
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF II (Month, Day	NJURY 28b. TIA	RE OF 28c. IN	JURY AT YORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURE	60		
EIED	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF building, e	INJURY — At home, farm, tc. (Specify)	street, factory, offi	ica	281. LOCATION (Street City or Town, State)	and Number or R	ural Route Number,		
COMPLE	000)		ny knowledge, daeth occurr minetion and/or investigation					use(a) and manner as stated.		
ם מ	29b. SIGNATURE AND TITLE OF CERTIFIE	Pin	homo		29c. LICENSE NU		29d. DATE SIG	GNEO (Month, Day, Year)		
2	30. HAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	Print Carbo	um/t (2 Sex 2	20 2	0748		
	31. DATE FILED (Month, Pay, No. 199)	4 67 REGISTRAN	Balling Hende	<u> </u>	7	Ju Sav . J		440		



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

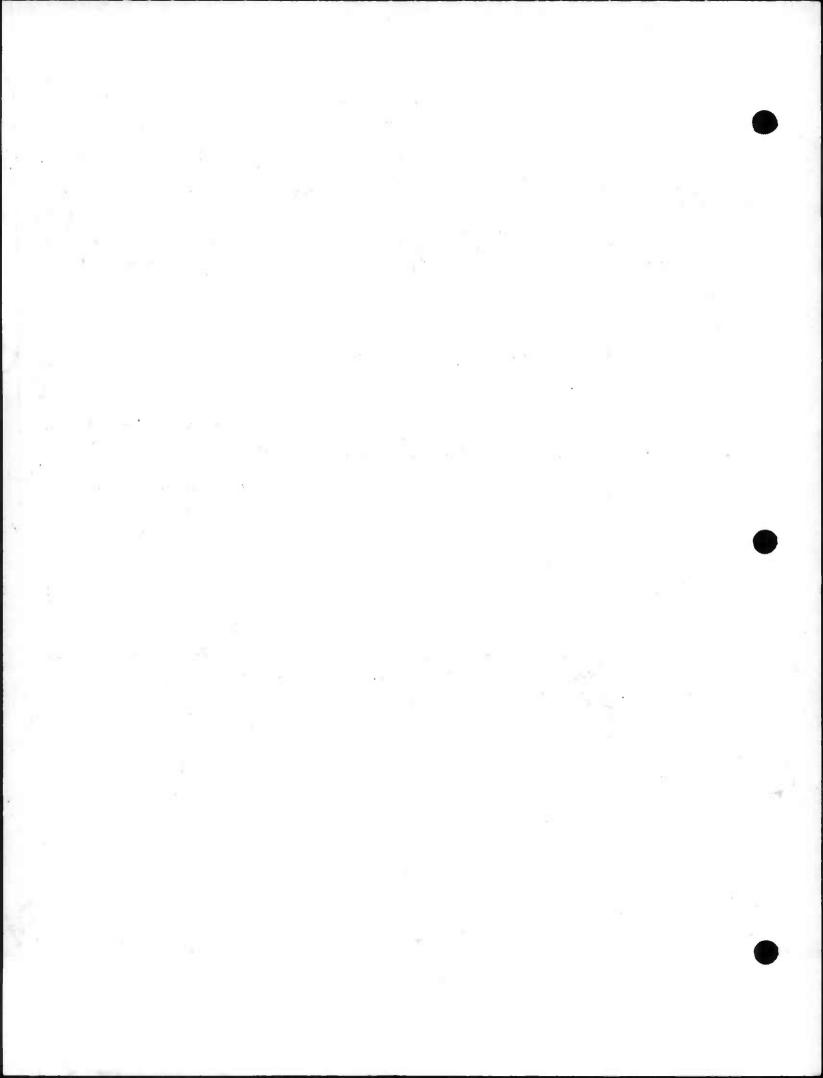
1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIE			NTAL HYGIENE REG. NO.	9	4 05723	
1. DECEDENT'S NAME (First, Middle, L.	A. Rummlei	-		2.	DATE OF DEATH DAY	94	3. TIME OF DEATH 5:25 A M	
4. SOCIAL SECURITY NUMBER 150-05-695	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month; Day, Year) 3/88/08	Co	HTHPLACE (State or Foreign buntry) Jew Jersey	
PINEVIEW Mar.	or Extended	Care	Clint	OR LOCATION OF DEATH		Prince	e Georges	
10a. STATE 10b. CO	UNTY		TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?	
Maryland Pri	ince George's	CI	inton 10	1, ZIP CODE		10g. CITIZEN (1 YES 2 NO	
8600 Mike Shap				20735			d States	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 22 MANO IF YES, GIVE WAR OR DATES				WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea if yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:			or No— 14. RACE — American Indian, Black, Whita, etc. Specify: White	
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk doos during mi		16b. KIND OF BUSIN	ESS/INDUSTR	Y	
8th	N/A	Carpen	ter		Car	pentry		
17. FATHER'S NAME (First, Middle, Last, George Henry				Eva Eng	(First, Middle, Malden Su	rname)		
19a. INFORMANT'S NAME (Type/Print)	Kummier	19b. MAILING A	DDRESS (Street	and Number or Rural Rout		State, Zip Code)	
Alice E. Rumm	nler	8600 M	ike Sha	piro Dr #7	01, Clint	on, Ma	ryland 20735	
20a. METHOD OF DISPOSITION 1 Burial 2 XCremation 3 1 4 Donation 5 Other (Specify)	Ramoval from State Can	PLACE AND DATE OF petery, crematory or other	or nlanel	bruary 3,1		TION — City of	r Town, State Saryland	
21. SIGNATURE OF FUNERAL SERVICE		dee orema		ND ADDRESS OF FACILI				
· Charles	, Lo Bela	nger	6633	Old Alexan	der Ferry	Rd, C	Clinton, Md	
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO JOR AS A	CONSEQUENCE OF:	2 y D	Dici	re		interval Between Onset and Death	
PART II. Other significent condi	tions contributing to death b	out not resulting in	the underlyin	g cause given in Par	1 I. 24s. WAS AN AL PERFORM	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (Check				
27. MANNESP OF DEATH 1 Natural S Pending	2 Se. DATE OF INJURY (Month, Day Year)	28b. TIME	OF 28s. IN.	SRK7	Other (Spicity)	URY OCCURED		
3 Accident Investigati 3 Suicide 6 Could not 4 Homicide determine	be 28e, PLACE OF INJURY building, etc. (Short	At home, ferm, etr		YES 2 NO 28	E. LOCATION (Sheet and City or Yours, State)	Number or Ru	ral Route Mumbec	
	HYBICIAN: To the best of my know						se(x) and manner as stated.	
296. SIGNATURE AND THE OF CONT	feed feel	2		250-LICENSE NUMBER			NED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON		ATH (ITEM 27) (1/10H. /	rint)					
SI. DATY FE.ED (Monty, Day, Year)	1 St. REGISTRANT SIGN	SON Pandall						



DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with mours after death. Page 6 may be retained by the hospital or attending physician.	ours after death. Page 6 may be retained by the hospital or attending physician.
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit,	in by the funeral director, page 5 should be detached for use as the bunal-transit permit,
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cromation, or removal.	or removal,
IMPORTANT: If Idem 28 is marked or them 23 shows any Injury or other traumatic event the medical examiner must be notified at once	madical examines must be notified at once

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEAL CATE OF DE		ITAL HYGIENE REG. NO.	91	4 05724
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH	YE	3. TIME OF OEATH
	MARY	Lauren I	REAMY			02 02	94	7:15AM M
	4. SOCIAL SECURITY NUMBER 01.2-20-1388	1 🗆 M 2 💢 F			UNDER 24 HRS. 7. 0	ATE OF BIRTH Month, Day, Year) ay 4,1926	(BIRTHPLACE (State or Foreign Country) Medford, Mass
DIRECTOR	98. FACILITY NAME (If not institution, give Prince George's			chever			9c. COUNTY Prin	of DEATH
S S	10e. STATE 10b. COUNT	Υ	10c. CITY, 1	TOWN OR LOCATION				10d. INSIDE CITY
DIA	Maryland Pr	ince George's	Up	per Marlt				LIMITS? 1 YES 2 NO
PA B	10301 Old India	n Wead		10t. ZIP	0772	9.7		OF WHAT COUNTRY?
N.	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N II S. ARMED			RIGIN? (Specify Yee o		ted States RACE - American Indian.
BY FUNERAL	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 VNO		Cuban, Mexicen, Pu		N NO 14.	Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	18e. DECEDENT'S US (Give kind of work life. Do NOT use r	k done during most of v	working	16b. KIND OF BUSI	NESS/INDUST	TRY
F	Elementary/Secondary (0-12) 9 th	College (1-4 or 5+) N/A	Homema			Hom		
COM	17. FATHER'S NAME (First, Middle, Last)				MOTHER'S NAME (F	First, Middle, Meiden S		
5 III	Omar Coulliard				Minnie	O. Dimic	k	
2	19+. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street and Nu	umber or Rural Route	Number, City or Town,	State, Zip Coo	20772
	Warren Reamy		10301	Old India	an Head I	Road, Upp	er Mai	rlboro, Md
TO BI	20e. METHOD OF DISPOSITION	noval from State 20b	PLACE AND DATE OF Intellery, cremetory or other	DISPOSITION (Name of place)	Feb 7.199	OATE 20c. LOC		or Town, State
E	41 Donation S Other (Specify)	1200	ryland ve	Lyrans oc	metery	CITE		am, Maryland
EXS	·Afra	114	4	Old Ale	exander I	' Lee Fun Ferry Roa	eral I	Home, Inc 6633 inton, Md 20735
rem, me memo	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	d the death. Do not ach lins.					Approximate Interval Between Onset and Daeth
CERTIFICATION	Sequentially list conditiona, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in daath) LAST	с	CONSEQUENCE OF):					
AL C	PART ii. Other algnificant condition	ns contributing to death b	ut not resulting in	ths undsrlying cau	use givsn in Part	i. 24a. WAS AN A	UTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICA	chronic	Regiscolory	Fails	In on or -	J secon	PERFORM 1 Tes 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL			28. PLACE	OF DEATH (Check of	nly one)		
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:				
Y PHYSICIAN:	27. MANNER OF DEATH 1 Affatural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	OF 28c. INJURY	AT 28d	DESCRIBE HOW IN	JURY OCCUR	EO
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— Al home, ferm, stre	et, fectory, office	281.	LOCATION (Street en City or Town, State)	d Number or F	Rural Route Number,
COMPLETED	onel	SICIAN: To the best of my know ER: On the beele of examination						euse(e) end manner as stated.
TO BE O	29b. SIGNATURE AND TITLE OF CERTIFIE	Atter	1	color 3	LICENSE NUMBER	9	29d. DATE SI	GNED (Month, Day, Year)
1	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr 7+2J	Forbes	Blvd.	# 101 /	eolis	of mp 20706
7	31. DATE FILEO (Monthy Day, Year) FFB 0 8	1994 Julia	Davidson-Ro	ndell				



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danadh.	(2)
		bermit

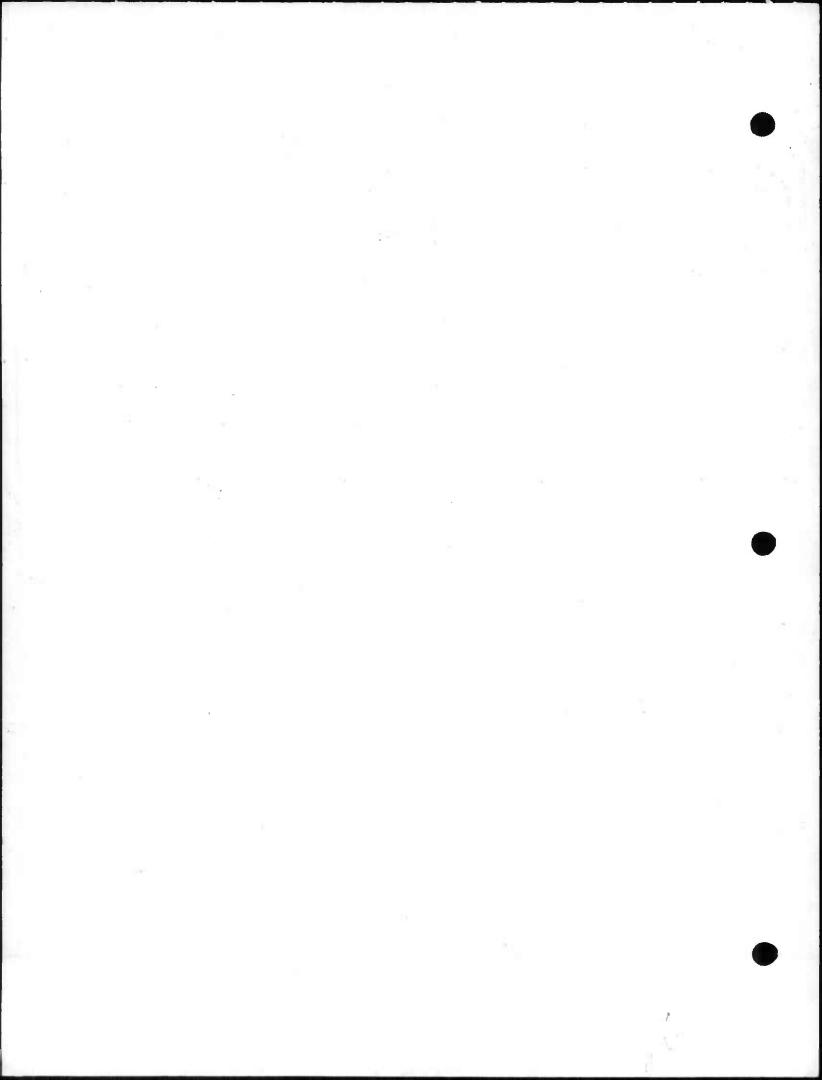
BALTIMORE, MARYLAND 21215-0020

funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. once. **7** notified ours after death. Page 6 may be pe must the medical examiner filled in by the removal. cremation, or attending physician and completely mal Hygiene prior to burial, crematic event, executed with traumatic law requires that the death certificate be other 6 signed by the atte Injury. any Shows Deen certificate has be the State Dept. 23 PHYSICIAN: The 6 the marked, With this DIRECTOR: After thours after death tem 28 is mark death HOSPITAL OR ATTENDING Hem TO THE HOSPITAL O
TO THE FUNERAL D
De filed within 72 ho
IMPORTANT: If 18

DIVISION OF VITAL RECORDS, P.O. BOX 68760

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH SCHUMACHER ELISABETH F., 11.30 PM 2/3/94 M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (Stete or Foreign (Month, Day, Y DAYS HOURS 1 M 2 D F YRS. JULY 7,1920 154-10-6733 NEW JERSEY 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GLADYS SPELLMAN NURSING HOME CHEVERLY PRINCE GEORGES 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND PRINCE GEORGES 1 YES 2 NO CHEVERLY FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 2900 MERCY LANE 20785 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1X Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify o Elementary/Secondary (0-12) College (1-4 or 5+) 5+ TEACHER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme) SCHUMACHER BE WILLIAM ELIZABETH HINKELDEY 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2 LILLIAN S. STACK BOULEVARD #E-230 MELBOURNE, FLA. 32901 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State METROPOLITAN CREMATORY ALEXANDRIA, VIRGINIA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL. SPR., MD. 20901 arrel 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heert failure. List only one ceuse on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition , obres week resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS erachosol Lemorrhyz PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA **EXAMINER?** OTHER: 1 YES 2 NO 4 00 sing Home 5 - Residence B ☐ Other (Specify) 27. MANNEB OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide 28t, LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER (Check only 1 DERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner se stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 1 hyour Darld. Attending 02507 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) 20737 10061007 +01620 Blvil Laplaconigs 100 742 100 31. DATE FILED (Month, Day, Year) FEB 0 7 1994 32. REGISTRAR'S SIGNATURE



3. TIME OF OEATH

8:55am

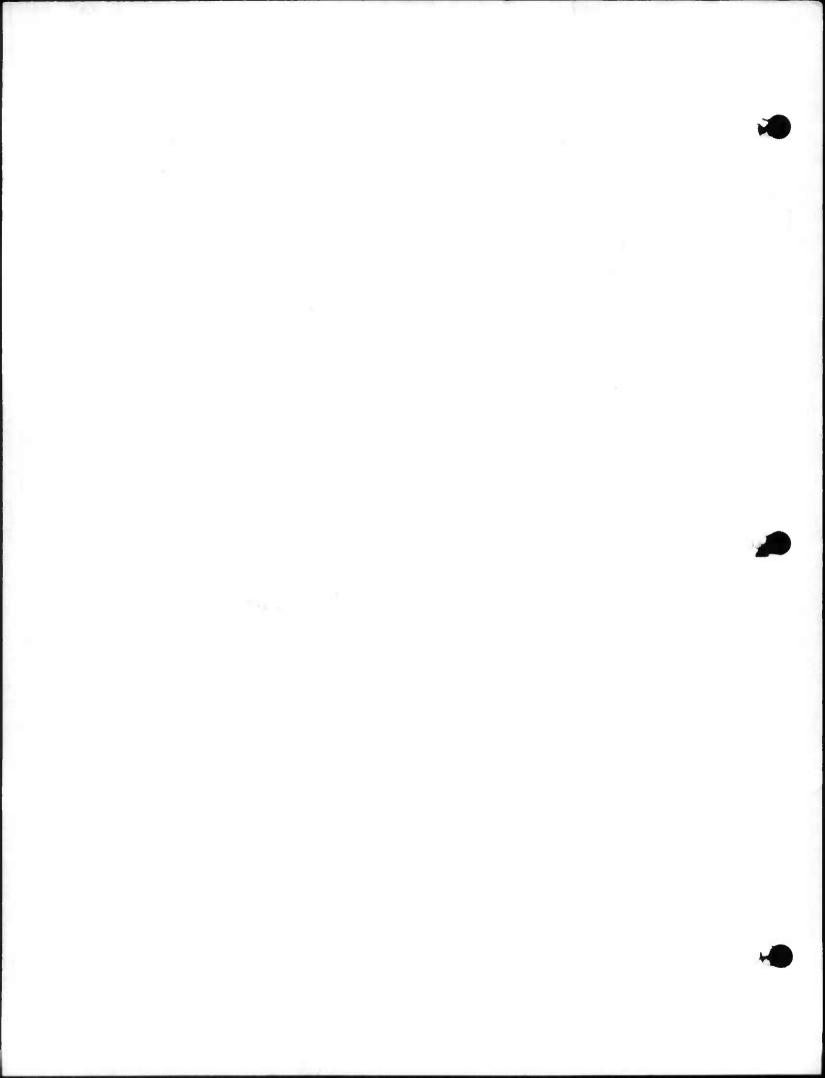
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

					ist birthday)	MONTHS	DAYS	HOURS	R 24 HRS.	(Mo	re of Biffth onth, Day, Year)		Country)	LACE (State or Foreign
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5	RESIDENCE OF DEC	EDENT				NO	CKVI.	116				1 101	regaine	TÀ
DIRECTOR	Virginia	Fairf				r, rown	OR LOCA	TION						Od. INSIDE CITY LIMITS? YES 2XX NO
4	10e. STREET AND NUMBER	1 4111	ux .		Tun	lana		f. ZIP COD				10- 07		AT COUNTRY?
FUNERAL	5110 Bradfi	eld Ct						2200					S.A.	AT COUNTRY?
5	11. MARITAL STATUS		12. WAS DECEOEN	T EVER IN U.S. A	RMED	13	. WAS DEC	CENDENT (OF HISPAN	VIC ORIO	SIN? (Specify Ye	fes or No. 14. RACE — American Inc		- American Indian.
BY	1 Never Merried 2 3 Never Merried 2 Divo		FORCES? 1	YES 2 X				Il yes, specify Cuben, Mexican, Puerto Rican 1 YES 2 NO Specify:			o Rican, atc.)	on, atc.) Black, White, etc. Specify: Whit		
COMPLETED	(Specify only	EDENT'S EDUC highest grade	completed)	10	16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				6b. KIND OF BU	SINESS/IND	DUSTRY			
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S	17. FATHER'S NAME (First, Mi	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First	t, Middle, Meiden	Surname)		
BE	Unknown					Eli	zabe	th	Wa	llace	3			
10	19e. INFORMANT'S NAME (方	19	b. MAILING	ADDRES	SS (Street e	and Numbe	r or Rural I	Route Nu	mber, City or Tow	n, State, Ziç	Code)			
F	Arlene Hol		ughter)		5110	Bra	dfie:	ld Ct	t. Aı	nnar	ndale,	Va. 2	22003	
	20e. METHOD OF DISPOSITI	ION on 3 □ Remo	val from State	20b. PLACE	AND DATE	OF DISPO	SITION (Ne	ame of			ATE 20c. LC			1.00
	4 Donation 5 Other			rairf	ax Me	emor.	ial 1	Park		2/	/1/94 F	airfa	ax,Va.	
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	CA. MA	1		22	. NAME AI	ND ADDRE	SS OF FA	CILITY	verly	Fune	eral H	Iome
	Jekk	200.	Valle	2			1056!	5 Ma:	in St	t. P	airfax	. Va.	. 2203	30
	23. PART I. Enter the di	eases, or c	omplications the lat only one cau	dused the d	esth. Do r	not ente	r tha mo	de of dy	ing, auc	h ss cs	rdisc or resp	ratory sn	rest,	Approximate
	IMMEDIATE CAUSE (Fin					/								Interval Batween Onset and Death
	disease or condition resulting in death)	→ ,	Medi	soll	in	Cu	cus	- (an	~	2			
			OUE TO	(OR AS A CONSE	OUENCE OF	F):	0							
2	Sequentieily list conditi	one 6												
CERTIFICATION	if any, lasding to immed cause. Enter UNDERLY	diate	OUE TO	(OR AS A CONSE	OUENCE OF	F):								
5	CAUSE (Disease or injus		DUE TO	OR AS A CONSE	AS A CONSEQUENCE OF):									
	that initiated events resulting in death) LAS	T d	502.10	ON AS A CONSE	OUENCE OF	rj.								ì
8														1
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4 1	PERFORMED? ANAI								given in	Part I.				ERE AUTOPSY FINDINGS
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SICIAN: MEDICAL			HOSPITAL:			OTHE	26. PL	ACE OF 0	DEATH (Che	eck only	PERFOR	MED?	A C	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Tours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up and lateral Human and Marial Human a	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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5	FUN	S
뽀	무	B
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BE COMPLETED BY FUNERAL DIRECTOR

2

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

27. MANNER OF DEATH

1 X Natural

2 Accident
3 Suicide

4 Homicide

FOR STATE REGISTRAR	STATE OF MARYL		MENT OF I		MENTAL HYGIENE REG. NO.	94	05727
1. DECEDENT'S NAME (First, Middle, Last RONALO	RAY MOND	Raymond 3HUE	Shue		2. DATE OF DEATH DAY	2 1994	3. TIME OF DEATH 1:10A M
4. SOCIAL SECURITY NUMBER 212-40-5570		(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04/26/43	8. BIRTI Count	HPLACE (State or Foreign Ty) USA
9a. FACILITY NAME (If not institution, give ER HARFORD MEMO				E GRACE	EATH	HARFO	
10s. STATE 10b. COUN	HARFORD		TOWN OR LOCA Churchy				16d, INSIDE CITY LIMITS? 1 YES 2XX NO
10 WOODSIDE DRIV	-		10	21028		USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp		NIC ORIGIN? (Specify Yes on, Puerlo Ricen, etc.) y:	or No— 14. RAC Blac Spec	E — American Indian, k, White, atc. WHITE
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		We. Do NOT use	ork done during me	ost of working	166. KIND OF BUSI	omobile	Repair
17. FATHER'S NAME (First, Middle, Last) Lloyd Helaber	t Shue			Robert		Stine	
19a. INFORMANT'S NAME (Type/Print) Saundra Lee Shu					Aoute Number, City or Town, Churchville		1028
20e, METHOD OF OISPOSITION 1 Donation 5 Other (Specify)		PLACE AND DATE OF			2-17-94	Bel A	own, State
21. SIGNATURE OF FUNERAL SERVICE	2-1/0/80	MAL	Howai 1317	Cokesbur	Comas III F ry Road, Ab	ingdon,	
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. ACUTE COF	ech line.	TERY DI		ch as cardiac or reaping	atory arreat,	Approximata interval Between Onset and Danth 1 HR
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF) A CONSEQUENCE OF)	ıs		*		
resulting in death) LAST	d						

HYPERTENSION S/P CORONARY ARTERY BYPASS SURGERY

HOSPITAL:
1 ☐ Inpatient 2X ER/Outpatient 3 ☐ DOA

28s. DATE OF INJURY (Month, Day, Year)

NA

WAS AN AUTOPS PERFORMED?

WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 X YES 2 NO

28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

28. PLACE OF DEATH (Check only one) 5 🗆 Residence 6 🗆 Other (Specify) 28c. INJURY AT WORK?

1 YES 2 NO

28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

2/12/94

NA 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and

2 🔀 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place,

296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

NA

G. PRABHU, DME D21809

G. PRABHU, 1810 BEL AIR ROAD SUITE 102 FALLSTON, MD 21047

31, DATE FILED (Month, Day, Year)

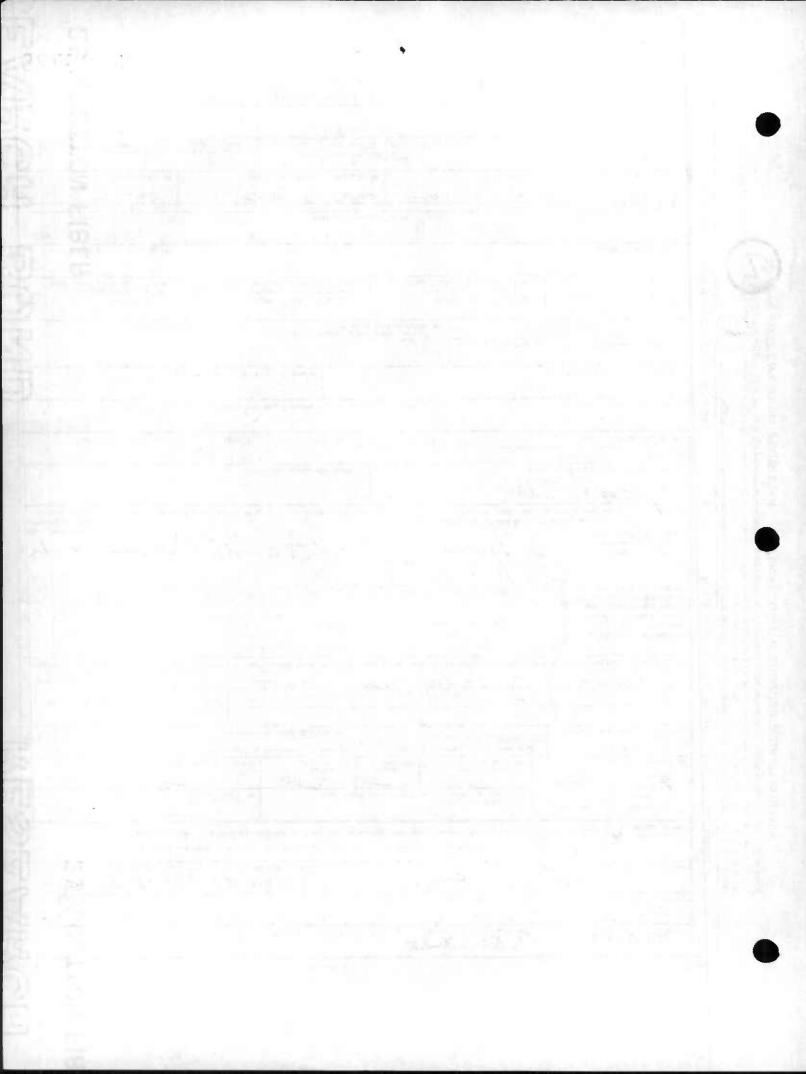
BALTIMORE, MARYLAND 21215-002

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FEB 09 94

32. REGISTRAR'S SIGNATURE

1 - STATE REGISTRAR	STATE OF MARYL				AL HYGIENE REG. NO.	, 0012			
1. DECEDENT'S NAME (First, Middle, Last) MAMIC	e Mar	garet	Swift	MÖN	FJI DAY	YEAR 12 58			
203-24-8087	1 🗆 M 2 💢 F				of BIRTH th, Day. Year)	BIRTHPLACE (State or Foreign Country) ARYLAND			
Hartord Metto	cicl il.	11	Haure de	Grace	110	Y OF DEATH			
10a. STATE 10b. COUNTY	HARFORD	10c. CITY, 1	CARDIFF			10d. INSIDE CITY LIMITS? 1 (2) XES 2 NO			
PO Box 25			21	024	USA				
11. MARITAL STATUS 1 Never Married 2 Married 3 XXWIdowed 4 Divorced	FORCES? 1 YES	2) (NO	II yes, specify Cub	en, Mexican, Puerto	N? (Specify Yes or No— Rican, etc.)	4. RACE — American Indian, Black, White, etc. Specify: HITE			
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (t-4 or 5+)	(Give kind of wor. life. Do NOT use r	k done during most of work etired.)	ing 18	b. KIND OF BUSINESS/INDUS	STRY			
	S		18. MOT	RY MARG	ARET HORNE				
JANET SWIFT		PO Box	(25, CAI		D., 21024				
4 Donation 6 Other (Specify)		tery, crematery or other	ET CEMETI	ERY 2/6	794 DELTA	y or Town, State			
21. SIGNATURE OF FUNERAL SERVICE LICE	That				., DELTA, P	A., 17314			
23. PART I. Enter the diseases, or co ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused st only one cause on ea	the death. Do not ich lina.	anter the mode of dy	ring, such se car	diac or respiratory arres	Approximata interval Betwee Onset and Dea			
OWE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
	DUE TO (OR AS A	CONSEQUENCE OF				-			
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF);							
that initiated events		-	tha underlying cause	given in Part I.	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 Y NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PART II. Other algnificant conditiona 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to death bu	it not resulting in	26. PLACE OF E	DEATH (Check only o	PERFORMED? 1 YES 2 NO	OF DEATH?			
that initiated events resulting in death) LAST DART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	contributing to death bu	it not resulting in	28. PLACE OF E OTHER: Nursing Home 5 R OTHER: Nursing Home 5 R WORK?	DEATH (Check only of dealdence 6 - Oth	PERFORMED? 1 YES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PART II. Other algnificant conditiona 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO NO 27. MANNER OF DEATH	contributing to death bu	Right resulting in the state of	26. PLACE OF IDITHER: Nursing Home 5 R DY WORK? 1 YES 2	DEATH (Check only of cesidence 6 Oth 28d, DE NO 28t, LO	PERFORMED? 1 YES 2 NO no) or (Specify)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
that initiated events resulting in death) LAST d. PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not ba determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI.)	Contributing to death but the property of the best of my knowled and the be	at not resulting in the state of the state o	28. PLACE OF IDITHER: Nursing Home 5 R Nursing Home 5 R Yes 2 Nursing Home 5 R Nursing Home 5	DEATH (Check only of the seldence 6 Oth 28d. DE NO 28f. LOCh)	PERFORMED? 1 YES 2 NO Per (Specify) SCRIBE HOW INJURY OCCU CATION (Street and Number or or Town, State)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,			
	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 203-24-8087 9a, FACILITY NAME (If not institution, give already) 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 10b. STREET AND NUMBER PO BOX 25 11. MARITAL STATUS 1 Never Married 2 Married 3 (1) Widowed 4 Divorced 15. DECEDENT'S EDUCA (Specify only highest grade occurrence) 17. FATHER'S NAME (First, Middle, Last) JAMES AGENS 19c. INFORMANT'S NAME (Type/Print) JANET SWIFT 20a. METHOD OF DISPOSITION 1) Quirial 2 Cremation 3 Removed 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENTAL SERVICE L	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 203-24-8087 5. SEX 1 M 20 F 8a FACILITY NAME (# not institution, give street and number) HESTOPICE OF DECEDENT 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 10c. STREET AND NUMBER 11. MARITAL STATUS 1 Never Married 2 Married 13 Nover Married 2 Married 15 DECEDENT'S EDUCATION 16 Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 8 17. FATHER'S NAME (First, Middle, Last) JAMES AGENS 19c. INFORMANT'S NAME (First, Middle, Last) JANET SWIFT 20a. METHOD OF DISPOSITION 1 NO Utrial 2 Cremation 3 Removal from State 20b. Cemp 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. PART I. Enter the diseases, or complications that caused shock, or heart failure. List only one cause on earlied disease or condition resulting in death) DIVE TO (OR AS A Sequentially list conditions, if any, leading to immediate	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 203-24-8087 1	1. DECEDENT'S NAME (First, Michigh, Last) 1. DECEDENT'S NAME (First, Michigh, Last) 1. DECEDENT'S NAME (First, Michigh, Last) 1. DECEDENT'S NAME (First, Michigh, Last) 203-24-8087 1. M 2 JF 92 YRS. 1. M 2 JF 92 YRS. 1. MARGILLITY NAME (If not institution, give street and number) 1. MARGILLITY NAME (If not institution, give street and number) 1. DESCRIPTION OR LOCATION 1. DECEDENT'S LOCATION 1. NAN DECEDENT OR A SA CONSECUENT SUBJAL OCCUPATION 1. DECEDENT'S EDUCATION 1. DECEDENT'S EDUCATION 1. DECEDENT'S LOCATION 1. DECEDENT'S NAME (First, Micode, Last) 1. DECEDENT'S NAME (First, Micode, Last) 4. SOCIAL SECURITY NAME (First, Micode, Last) 8. SEX G. AGE (in frx. last brinday) E UNDER 1 VAR E UNDER 2 VAR MOUTHS MAY MOUTHS MOUTHS MAY MOUTHS MAY MOUTHS MAY MOUTHS MAY MOUTHS MAY MOUTHS MAY MOUTHS MAY MOUTHS MAY MOUTHS	1. DECEDENT'S NAME (First, Micsin, Last) 1. DECEDENT'S NAME (First, Micsin, Marican) 1. DECEDENT'S NAME (First, Micsin, Marican)				



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. De filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR	
1	STATE	
F	REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENS

	1 - STATE REGISTRAR		ICATE OF		REG. N	-	} 4	05/	29
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH	DAY	YEAR 3	. TIME OF DE	ATH
	SHAHN MARTEZE		SPEIGHT	1	FEB 6,	1994	TEAR	3:55	Рм
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or	Foreign
	579-88-6143 1 ^⅓ M₂□F	25 YRS.	WONTHS DAYS	HOURS MIN.	Dec. 26	1968		ngton.	D.C.
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH		TY OF DEA		
6	BACKYARD OF 803 KISCO	NKO COURT	FORT	WASHING	GTON	PRI	INCE	GEOR	GES
EC	10a. STATE 10b. COUNTY		TY, TOWH OR LOCA	TION			-	Od. INSIDE CIT	rv
DIRECTOR	Maryland Prince Georg	For	rt Washir	orton				LIMITS?	
	10e. STREET AND NUMBER	101		. ZIP CODE		10g. CITIZ		AT COUNTRY?	
ER/	803 Kisconko Court			20744		IInd	1 +1	States	
FUNERAL	11. MARITAL STATUS 12. WAS DECED	ENT EVER IN U.S. ARMED		ENDENT OF HISPAN	IIC ORIGIN? (Specify		14. RACE -	- American Inc	
BY F	IF YES, GIVE	WAR OR OATES		ecity_Cuban, Maxica 2 NO Specify	n, Puerto Rican, atc.)		Black, 1 Specify:	White, atc.	
	Entere							Black	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	Work done during me	ON est of working	16b. KIND OF E	USINESS/INDU	USTRY		
J.	Elementary/Secondary (0-12) College (1-4 or	· .							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Usher/C	ateman	40 1407145010 144	Railro				
	Chester Lee Speight			Connie		en Surname)			
H	19a. INFORMANT'S NAME (Type/Print)	19h MAILIN	O ADDRESS (Street)		Route Number, City or 1	The Chair 7in	Codel		
2	Marjorie Speight				3. Silver			2000	6
	20a, METHOD OF DISPOSITION	20b. PLACE AND DATE	OF DISPOSITION /N			OCATION — C			0
	1 X Buriat 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	Speight C	emetery	2	/12/94 Sn	ow Hil	1. N	C	- 1
- 1	21. SIGNATURE OF FUNERAL BERVICE LICENSEE		Cemetery 2/12/94 Snow Hill, N.C. 22. NAME AND ADDRESS OF FACILITY McGuire Funeral Service, Inc.						
	1 los 1/10/1	en	McGui	re Funer	al Servic	e, Inc	:	-	_
	23. PART I. Enter the diseases, or complications to	nat caused the death. Do	not enter the mo	de of dying, auci	Ave. N.W.	, Wasn	ilngt	Approxir	
	shock, or heart failure. List only Dna c IMMEDIATE CAUSE (Final	ause Dn aach iine.						Interval I	Between
	41	TACT OLL	T C. I AL	1202040	SECIA	SCY		Onest ar	
	OUE 1	O (OR AS A CONSEQUENCE C	OF):	000000000000000000000000000000000000000	o r Cha	031			
Z	Sequentially list conditions,								- 15
NTI	If any, feeding to immediate	O (OR AS A CONSEQUENCE O	OF):						
5	CAUSE (Disease or injury	O (OR AS A CONSEQUENCE O	\D.					-	
CERTIFICATION	that initiated eventa resulting in death) LAST	O (OH AS A CONSEQUENCE C	ж.,.					i	
CEI	d							+	
AL	PART II. Other algnificent conditions contributing	to death but not resulting	In the undarlyin	g cause given in	Part I. 24a. WAS /	AN AUTOPSY		ERE AUTOPSY	
음					1 🗆 YES	2 NO	C	OMPLETION DE	
M					_		1	YES 2	NO
Ä									
S C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. P	ACE OF DEATH (Che	eck only one)				
PHYSICIAN: MEDICAL	1 YES 2 NO	☐ ER/Outpatient 3 ☐ DOA DF INJURY 28b. Till		e 5 Rasidenca			R YA		
	1 Natural 5 Pending (Month.	Day, Year) IN	JURY WO	RK?	SELF-IN	FLICI	ČED (GUNSH	TO
BY	2 Accident Investigation FFB 3 Suicide 8 Could not be	6, 1994 8 - OF INJURY — At home, tarm,	UIPM	AA	WOUND 28f. LOCATION (Street	and Number of	or Bural Bou	ta Number	
	4 Homtcide determined	g, etc. (Specify)			City or Town, Sta	te)			
E.	204 CERTIFIER	VARD OF R			FORT WA			M.D	-
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of							nd menner c-	eteted
	294. SIGNATURE AND TITLE OF CERTIFIER								
H	Wow of Wall			29c. LICENSE NUM				fonth, Day, Year	
2	30., NAME AND ALD RESS OF PERSON WHO COMPLETED CA	USE OF OEATH (ITEM 27) /Ton	s, Print)	O.C.M	1. Ľ.	F	EB 7	, 199	74
	MARGARIO D. WORD			et, Bal	timore,	Marv	land	2120	01
	31. DATE FILEO (Month, Day, Year)	AR'S SHOUTUPE 12							
	FFR 1 0 1994 guiller								- 1

3. TIME OF DEATH 12:37 A

1994

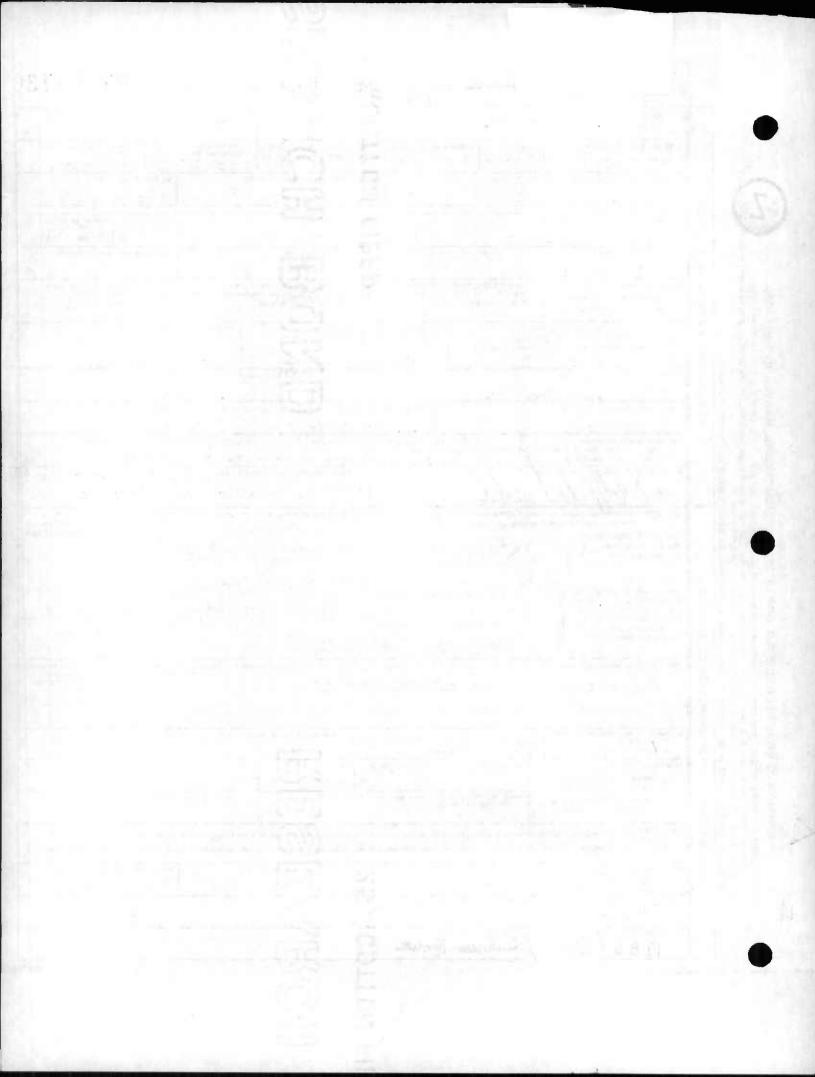
2. DATE OF DEATH
Perruary DAY,

		_	Dino
1	6	7	100
1	Vi	4	Ö
116	to all	, .	ermit. P

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Merital Hyppites prior to burial, certainfoling, or removal.

The property of the property of the first page 10 to the property of BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

								_				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	MONTHS	DAYS	HOURS MIN.	(0.4-	E OF BIRTH nth, Day, Year)		B. BIRTHPL. Country)	ACE (State or Foreign
	217-14-7796	1 🔀 M 2 🗆 F	70	YRS.		UMIO	MOONS MIN.		pt 8, 1	923	Washi	ington, DC
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN C	OR LOCATION OF				NTY OF DEAT	
E .	Holy Cross Hosp	ital			C.	1	m Comin			M		
18	RESIDENCE OF DECEDENT	Ital			31	rve	r Sprin	8		MOII	tgomen	У
I M	10a. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN OF	R LOCAT	TION				10	M. INSIDE CITY
DIRECTOR	Maryland Mont	gomery		0	11,,,,,	Cn	mino					Lemits?
	10a. STREET AND NUMBER	gomery		<u> </u>	ilver	_	L THE					YES 2 NO
A A						101				10g. CI11	ZEN OF WHA	AT COUNTRY?
l iii	12711 Laux St						20904				SA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AR	MED	13. W	AS DEC	ENDENT OF HISP	PANIC ORIG	IN? (Specify Yes	or No-	14. RACE -	American Indian,
BY	IF YES, GIVE WAR OR DATES TO YES 2 VI NO Specific								o riscent, etc.)			White
	3 Widowed 4 Olivorced											WILLE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working										USTRY	
1 12	Elementary/Secondary (0-12) College (1-4 or 5+)											
	Unobtainable Salesman George's Warehouse										20	
	17. FATHER'S NAME (First, Middle, Last)			42001	III.		18. MOTHER'S		, Middle, Maiden		Lenous	,
	Alfred II Compl											
BE	Alfred W. Saunde	ers. Sr.				2000			E. Char			
2	194. INFOHMANT S NAME (NPWPTIN)		191	. MAILING	ADDRESS	(Street a	nd Number or Run	al Route Nu	mber, City or Town	, State, Zip	Code)	
	Linda Moore		P	.0.	Box 2	72	Gaither	sburg	MD 2	0884		
	20y: METHOD OF DISPOSITION 1 1 Burial 2 Cremation 3 Rem	cont tolin State	20b. PLACE			TION (Na	ame of	DA	TE 20c, LOC	CATION —	City or Town	State
	4 Donation Donat Other (Specify)	/	George			ton	Cemete	rv Fe	h 7	Adel:	ohi. M	m
	21. BIGNATURE OF FUNERAL BERVICE LIC	register A	A							inal	dd Fuc	enarl Home
	> X (1.0. A)	Vie Il	,									
3	quely N	mala	7									Spring, MD
200	23. PART I. Enter the diseases, or o	complications the	at coused the de	ath. Do r	ot enter t	ha mo	de of dying, s	uch as ca	rdiac or respin	ratory arr	reat,	Approximate
	shock, or haart fallure. IMMEDIATE CAUSE (Final											Interval Between Onset and Death
5	disease or condition	Reso	riveton	YF	ail	un	e and	1100	+ Fa	1 4	12	
1	reaulting in death)	OUE TO	(OR AS A CONSE	DIJENCE OF	n.	` _		17-	0-1 100			
		oue to	200 · Da	ice	- Sia	0	gen.	0.00				
CERTIFICATION	Sequentially list conditions,	b. PUIE TO	OR AS A CONSE	WENCE OF	D.	-1	Len	21 7				
TA	If any, leading to immediate cause. Enter UNDERLYING	8	e of a consec	TOENCE O)		1.1	-0.6	2 0	~ D:	
2	CAUSE (Disease or Injury	c. OXAC	elsely of the consecution of the	,, ,	Ju	126	na o	יופמיי	and	2	בועקיי	· ·
	that initiated events										0	
ER	resulting in death) LAST d. Massine Eclema											
	PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
MEDICAL	Acute and					1/3		in Part I.	PERFORI		AV	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
	Acute and	Carone	e Ken	~	que	Ku	w.		1 TYES 2	NO		OMPLETION OF CAUSE DEATH?
WE W					U							YES 2 NO
IAN:	25. WAS CASE REFERRED TO MEDICAL	/				26. PL	ACE OF DEATH (Check only	one)			
PHYSIC	EXAMINER? 1 VES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	[] DOA	OTHER	:						
5 }	27. MANNER OF DEATH	28a. DATE O		26b. TIM		28c. INJ	e 5 🗆 Residenc		er (Specify)	HIPV OC	CHEED	
E I	Netural 5 Pending		Day, Ybar)	tNJ	URY	WO	RK?	28d. Di	EŞCHIBE NOW IN	IJUHT UCI	COMED	
BY	2 Accident Investigation					1 🗆 1						
ED S	3 Suicide 6 Could not be	28e. PLACE (building	OF INJURY — At ho, etc. (Specify)	me, farm, s	street, facto	ry, office	nal		CATION (Street a y or Town, State)	nd Number	or Rural Rout	e Number,
9 1	4 Nomicide determined											
COMPLET	29a. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the best o	f my knowledge de	eth occum	ed at the tim	no dete	and place, and d	hin to the o	even(a) and man			
- E	(Check only one) 2 MEDICAL EXAMINE											
8			IXEMINATION ENGIO	nive a trigatio	ni, ni niy op	mnon, o	eath occured at t	ne time, de	ra and piaca, and	due to th	e canae(a) a:	nd markher ee intitled.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	M.	D.				29c. LICENSE N	IUMBER		29d. DAT	E SIGNED (M	onth, Day, Year)
	G. That-a						D43	430		▶ 2	1419	4
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	ISE OF DEATH (ITE	4 27) (Type,	Print)						1	•
	GAURANG -	THAKE	12, MI									
1	31. DATE FILED (Month, Day, Year)	a32. REGISTO	AR'S SIGNATURE	-								
	EER 0 7 1994	Felia Ton	ar's signature	100								
1 9	LED A , 1524	a south	San Landon	-	200							

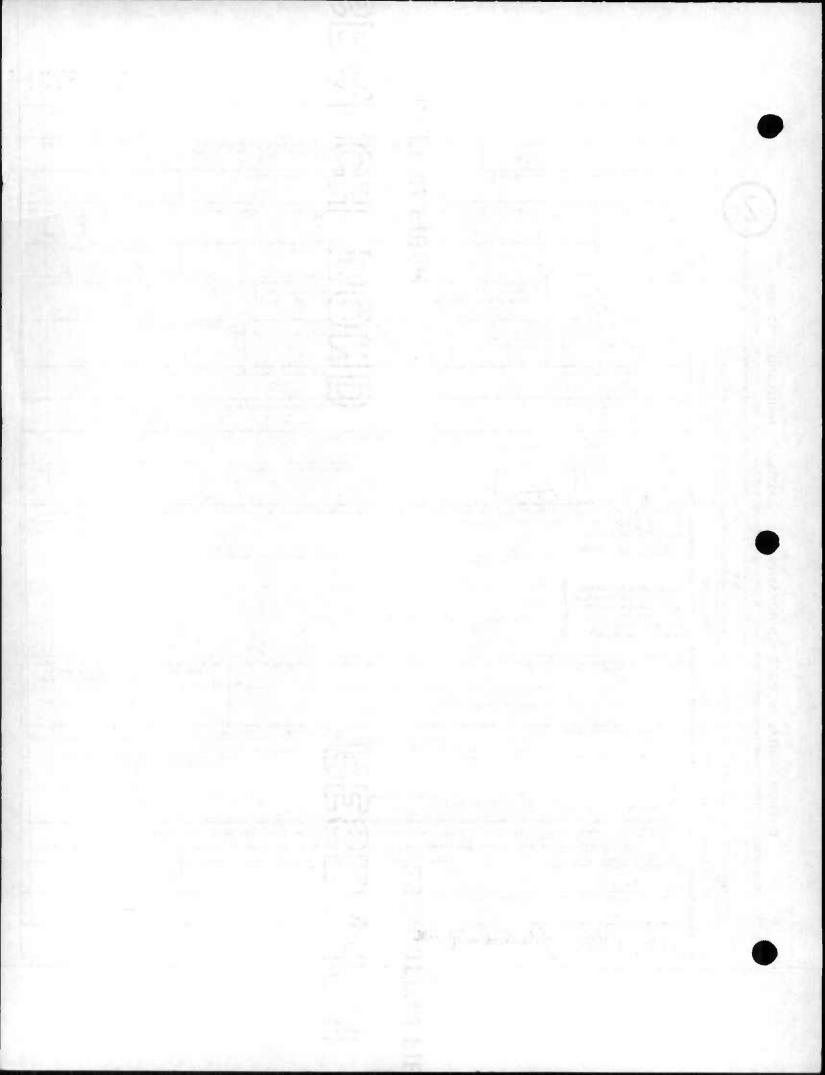


Sp.	(14.	Pages 1 nd 3 provid	1)
Marie Contraction of the Contrac		Ī	nsit permit		
	0000	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burlal-transit permit Program		
	BALTIMORE, MARYLAND 21215-0020	al or attendi	for use as t		
	LAND	the hospit	e detached		d once.
	MARY	retained by	5 should b		notified a
	IORE,	е 6 тау be	ector, page		al examiner must be notified at once.
	ALTIM	death. Page	funeral dir		xaminer
	8	fter (the	oval.	ai e

TO THE HOSPIDAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiese prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last						2. DATE O	D.		YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	LEY JOSEPH 5. SEX 6.	SPECTOR AGE (In yrs. lest bir	rthday) IF UND	ER 1 YEAR	IF UNDER 24 HRS			994	B, BIRTHE	4:15 ACE (State or Foreig
566-32-0031 9e. FACILITY NAME (If not institution, give	1 - M 2 - F		YRS. MONTHS	DAYS	HOURS MIN.	(Month, NOV	Day, Year) 7 23 1	916	CONNI	ECTICUT
NATIONAL NAVAL		NTER		ETHES		DEATH		MONT	GOME	
10a. STATE 10b. COUNTY CALIFORNIA	RANGE	-10	GARI	OR LOCAT			LIMITS?			Dd. INSIDE CITY LIMITS? X YES 2 NO
10e. STREET AND NUMBER 9412 MAUREEN D			101. ZIP CODE 92641				10g. CITIZEN OF WI			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 S IF YES, GIVE WAR 1934 -	YES 2 NO	S. ARMED 13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Maxican, 1 YES 2 NO Specify:				n, Puerto Rican, etc.) Black, White, Specify:			
15. DECEDENT'S ED (Specify only highest grade) Elementary/Secondary (0-12)	DUCATION ide completed)	16a. DECED	DENT'S USUAL kind of work don NOT use retired	e durina mo		16b.	KIND OF BU	SINESS/INDU	STRY	WHITE
12	College (1-4 or 5+)	U.S.N					EFENSE			
17. FATHER'S NAME (First, Middle, Last) ALEXANDER			Ď.		IE SHA	W				
19a. INFORMANT'S NAME (Type/Print) JANE SPECTOR				DRIVE,					41	
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	20b. PLACE AND cometery, cremate Montgon	ory or other place nerv Ci	_{e)} remat	orium.	Inc.	Beth	cation – ci	Mai	ruland	
21. SIGNATURE OF FUNERAL SERVICE I	100689	H C	-Chevy	Inc. Bethesda, Marylar Cour Robert A. Pumphrey Fu -Chevy Chase, Inc. 7557 Due, Bethesda, MD 20814-3			y Funer			
iMMEDIATE CAUSE (Final disease or condition resulting in death)		SCLEROTI R AS A CONSEQUE		NARY_	ARTERY	DISEA	SE			
diseese or condition	DUE TO (OI		NCE OF):	NARY	ARTERY	DISEA	SE			
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OI C DUE TO (OI d	R AS A CONSEQUE	NCE OF):				SE 24e. WAS AN PERFOR			Onset end D
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JAN 3 1 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. RECIBITIAR'S EXPONATURE

Juna Daydson-Randall

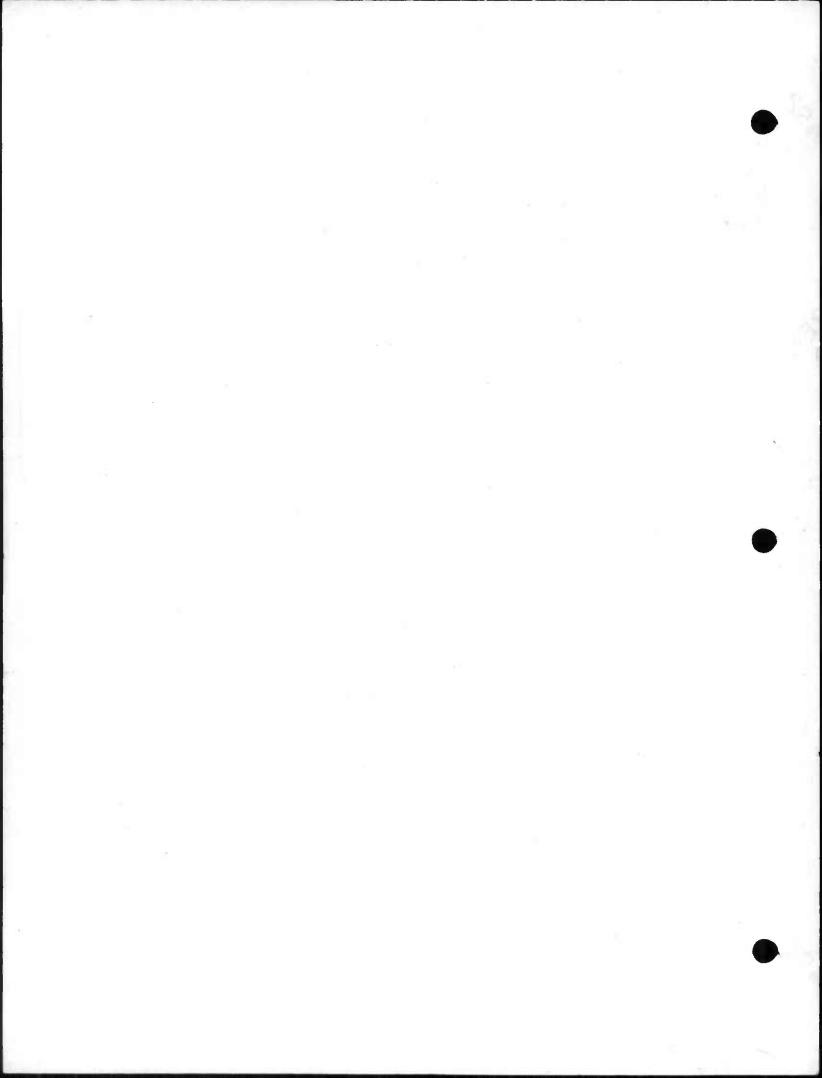
IMPORTANT: If item 2 O BE COMPLET	999	ER: On the basis of aramination		t the time, date and place, and n my opinion, death occured at	the time, data and place, as				
8 Is mark ED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, atc. (Spe	28b. TIME O	WORK?		and Number or Rural	Route Number,		
ed, or item 23 shows any injur PHYSICIAN: MEDICAL (PART II. Other significent condition	ms contributing to deeth to mm wood d		he underlying ceuse given	in Pert I. 24a. WAS AN PERFO	RMED?	b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?		
certification	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	A CONSEQUENCE OF):			3.5			
event, the medical	shock, Dr heert feliure. IMMEDIATE CAUSE (Finsi disease Dr condition resulting in desth)	e. Prev	d the death. Do not sech line. A CONSEQUENCE OF):	enter the mode of dying,	such as cerdiac or resp	iratory arreat,	Approximatinterval Bet Onset and I		
examiner must	20a. METHOD OF DISPOSITION XX Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ALEXANDER S POPE FUNERAL HOMES—M859 22. NAME AND ADDRESS OF FACILITY ALEXANDER S POPE FUNERAL HOMES—M859 23. PART I. Enter the diseases, Dr complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arreat, Approx								
TO B	19a. INFORMANT'S NAME (Type/Print) HELEN SCARBORO		4040 M	DRESS (Street and Number or ReARTIN LUTHER	KING AVE SV	WASH DO			
۳ ا ه	10 17. FATHER'S NAME (First, Middle, Lest) ROOSEVELT SCA	RBOROUGH	ПОПЕМА		NAME (First, Middle, Maider LEN STEVENS	Surname)			
ONCE.	15. DECEDENT'S EDI (Specify only highest grad Elemantary/Secondary (0-12)	UCATION le completed) Coffege (1-4 or 5 +)	18e. DECEDENT'S US (Give kind of work life. Do NOT use no HOMEMA	done during most of working tired.)	16b. KIND OF BU	SINESS/INDUSTRY HOME	21010		
8	11. MARITAL STATUS 1 Nover Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2X NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Ma 1 YES 2 NO Sc		Blee Spe	E — American India ck, Whita, stc. city: ACK		
FUNERAL DI	100. STREET AND NUMBER 4040 MARTIN LUT			101. ZIP CODE 20032		10g. CITIZEN OF UNITED	WX YES 2 WHAT COUNTRY? STATES		
IRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		10c. CITY, 1	DWN OR LOCATION HINGTON DC		1111102	10d. INSIDE CITY		
N _E	9a. FACILITY NAME (If not institution, give PRINCE GEORGES G			CHEVERLY		9c. COUNTY OF PRINCE	OEATH		
	4. SOCIAL SECURITY NUMBER 577 76 2720	The second secon		UNDER 1 YEAR IF UNDER 24 HF	S. 7. DATE OF BIRTH	Coun	HPLACE (State or Fo.		
	GWENDOLYN	R SCARBO	ROUGH		1/23/94	MY YEAR	2.00AM		

Forber

Olva.

mo 24704

Jechrook,



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

MARK

14-05-8718

4. SOCIAL SECURITY NUMBER

B		9a. FACILITY NAME (If not institu	tion, give stre	et and number)			9b. CITY, TO	WN OR LOCATION OF	DEATH	111 3U,	
3	RECTOR	Cumberland	Nur	sing Home	2		Cu	mberlan	d		
4/上京部	Ä	10a. STATE 10	b. COUNTY		**	10c. CIT	Y, TOWN OR L	OCATION			
	10	MD .	Alle	gany		010	dtown				
a His	4	10e. STREET AND NUMBER						101. ZIP CODE			
2	ERAL	R.D. 1						215	55		
physician. burlal-transit	FUN	11. MARITAL STATUS		12. WAS OECEDENT EVE	R IN U.S. AR	MED	13. WAS DECENDENT OF HISPANIC ORIGIN? (S				
physi		1 Never Married 2 Mar		FORCES? 1 Y	ES 2 1	10	If ye	s, specify Cuban, Mex	rican, Puart	lo Rican, etc.)	
attending se as the	ВУ	3 Wildowed 4 Divorced		IF YES, GIVE WAR OF	TDATES 41		'	YES 2 XNO Spe	ecify:		
r atter	8	15, DECEDE (Specify only hig	NT'S EOUCA	TION empleted)			USUAL OCCU	PATION ng most of working	1	66. KIND OF B	
al or for u	9	Elementary/Secondary (0-12)		College (t-4 or 5+)	life.	Do NOT us	se retired.)	ig most or working			
hospital ached fo	를	12			bu	tche	or.			~	
8 6 E	BE COMPLETE	17. FATHER'S NAME (First, Middle	, Last)					16. MOTHER'S	NAME (Firs	t, Middle, Maide	
8 8 E		Edward Jaco	oh Sc	shriver				Cons	1 4 -	041-	
s should notified		19a. INFORMANT'S NAME (Type/		THE VE	198	. MAILING	ADDRESS (SI	reet and Number or Rui		Gile	
5 si	임	Barbara	τ.	Vilson							
may be or, page		20a. METHOD OF DISPOSITION			20h PLACE		OF DISPOSITION	te Avenue			
e 6 ma		1 N Burlai 2 Cremation : 4 Donation 5 Other (Spa	3 Remov		cematery, cre	matory or ot	ther place)		1 07	ATE 20c, L	
		21. SIGNATURE-OF FUNERAL SE		ISEE	St. N	lary'	s Cem	E AND ADDRESS OF		05/	
death. Page 6 m. funeral director, I.			ے دروں	7 1.		11		arpelli		oral	
		1ane	7 -	1 esca	nol	11		mberland			
		23. PART I. Enter the disee	sea, Dr CDI	mplications that cau	sed he de	ath. Do n	ot enter the	mode of dying, a	uch as co	erdiac or real	
DO E		enock, or heert	fellure. Lie	et only one cause or	edith line			\cap	1		
24 months of filled tion, or the m		iMMEDIATE CAUSE (Finei disease or condition		//	1		A	X D	-		
ted within 24 completely fills ial, cremation, event, the		resulting in death)	8.,	ren	2 My	OCAL	lead	marc	uon	5	
B 2 - 8		:		DUE TO (OR A	S A CONSEC	DUENCE OF	7):	J			
aff print	NO	Sequentially list conditions	b.	bDUE TO (OR AS A CONSEQUENCE OF):							
rician a	CATION	if any, leading to immediate cause. Enter UNDERLYING		DUE TO (OR A	S A CONSEC	DUENCE OF	7):				
ficate be physician ne prior t	3	CAUSE (Disease or Injury	C.			-					
certificati nding phy Hygiene p	Ē	that initiated events resulting in death) LAST		DUE TO (OR A	S A CONSEC	DUENCE OF	7):				
eath certinatending mal Hygie y, or oth	CERTIFI	tooding in boatily (243)	d.								
requires that the death certificate een signed by the attending physic of Health and Mental Hygiene pri shows any Injury, or other tr		PART II. Other aignificant of	onditiona	contributing to deet	but not n	esuiting l	n the under	tylna causa alvan	in Deet i	24a, WAS A	
that the ned by the and any in	CAL	7	2000.	h.,		outing i	ii die dildei	lying cause given	mrant i.	PERFO	
signed Health a	MEDI	Dance	· Quy	aure 1	. 0 /					t - YES	
requires sen sign of Heaf		Chebro	Viseu	lar ocu	der						
e law requals been Dept. of 23 sho	CIAN:									1	
V: The I cate ha State De	8	25. WAS CASE REFERRED TO ME EXAMINER?						6. PLACE OF DEATH (Check only	one)	
SICIAN: The certificate the State , or item	S	1 WES 2 NO		IOSPITAL:	utpatient 3	□ DOA	OTHER:	Home 5 - Rasidenc	e 6 🗆 06	her (Specify)	
rSiCiAN: The law is certificate has but the State Dept.	¥	27. MANNER OF OEATH		26a. DATE OF INJUR	Y	26b. TIME		. INJURY AT	_	ESCRIBE HOW	
ING PHY offer this eath wit	-	1 Natural 5 Pend		(Month, Day, Yea	")	INJU		WORK?			
After death	BY	• 🗆	rtigation	28e. PLACE OF INJU	RY - At hor	ne form m			201.14	OCATION (Street	
TTEND TTOR: / after d	요	0 000	d not be rmined	building, etc. (S	pecify)	ire, retirt, s	tions, includy,	ome		ty or Town, State	
THE HOSPITAL OR ATTENDING PHYS THE FUNERAL DIRECTOR: After this or filed within 72 hours after death with PORTANT: If item 28 is marked,	COMPLETED	29a. CERTIFIER									
AL O	릴	(Check only		N: To the beat of my kn							
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: II	ő	one) 2 MEDICAL	EXAMINER:	On the baels of examins	tion end/or li	nvestigation	n, in my opink	on, death occured at t	he time, da	ite and place, a	
HTA H		29h. SIGNATURE AND TITLE OF	CERTIFIER	11	1			29c. LICENSE N	UMBER		
F ##	BE			< He+	ton	_		2332			
223	임	30. NAME AND ADDRESS OF PER	RSON WHO	COMPLETED MAURE OF	DEATH ATEN	1 27) (Tare	Print	10356	80		

32 EGISTRAR'S SIGNATURE

Dr. Sunil Gupta, M.D.

FEB 09 1994

31. DATE FILED (Month, Day, Ybar)

5CHRIVER

5. SEX

t 🗔 M 2 🗀 F

8. AGE (In yrs. last birthday)

CERTIFICATE OF DEATH

MONTHS

YRS.

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

MIN

DAYS

REG. NO.

February

7. DATE OF BIRTH/ (Month, Day, Year)

Jul 30

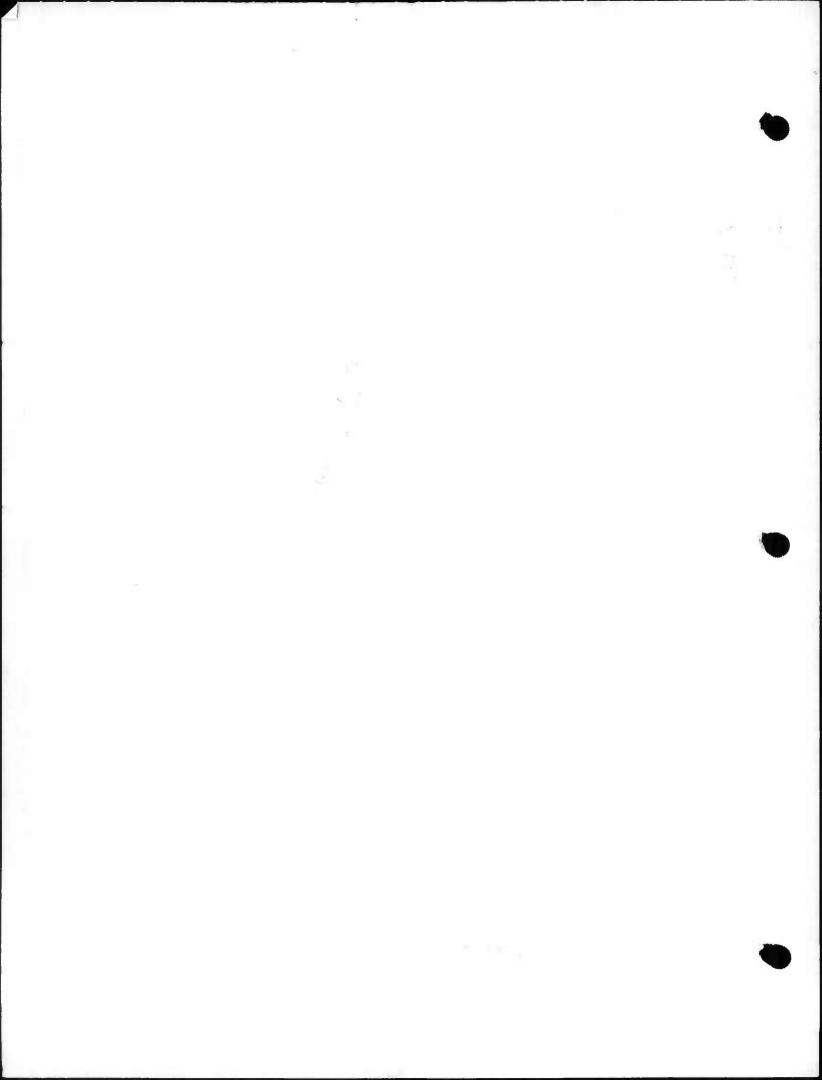
05733 94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR 94 BIRTHPLACE (State or Foreign Country) 1907 MD 9c. COUNTY OF DEATH Allegany 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, atc. es or No-Specify: white USINESS/INDUSTRY rocery store n Sumame) wn, State, Zip Code) nd MD 21502 OCATION -- City or Town, State umberland MD Home nd 21502 piratory arrest, Approximate Interval Between Onaet and Death N AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 2 AO t 🗌 YES 2 🗌 NO INJURY OCCURED and Number or Rural Route Number, anner as stated. nd due to the cause(a) end manner as stated.

29d. DATE SIGNED (Month, Day, Year)

5194

21

; 625 Kent Avenue: Cumberland, MD 21502



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5		notific
Say.		g
5550		must
In In In In	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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The second	cremat	went,
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9	20	国

	FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	STATE OF I	MARYLAND C	/ DEPAR	RTMEN	T OF H E OF	IEALTH /	AND N		REG. NO			0 5 7 3	
- 3		CARRIE	М			S	MITH		FEBR		5 1	994	0917HRS	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)		R 1 YEAR	IF UNDER 2		7. DATE OF	BIRTH	Ť	8. BIRTHPL	ACE (State or Foreign	
	213 22 2940	1 □ M 2 🕱 F 87 YRS.			MONTHS DAYS HOURS MIN.			MIN.	NOVEMBER 3 06 MARY			TLAND		
	Se. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DEA				EATH 9c. COUNTY OF DEATH				ГН	
DIRECTOR	MEMORIAL HOSPITAL		CU	MBER	LAN	D		A	LLEG	ANY				
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. C					TY, TOWN OR LOCATION 104 INSIDE C								
DIR	10777 1177					L							Dd. INSIDE CITY	
	MARYLAND ALLEGANY FLINISTONE 100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT										YES 2 X NO			
FUNERAL	HCR BOX 10					21530								
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.			RMED	MED 13 WAS DECEMBENT OF MES				ANIC ORIGIN? (Specify Yes or No.— 14. F				American Indian,	
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, OIVE V	MAR OR DATES	NO	If yes, specify Cuban, Me 1 YES 2 XNO St				rican, Puerto Rican, etc.)				Black, White, etc.	
												WHITE		
1	15. DECEDENT'S EDU (Specify only highest grade	completed)			T'S USUAL OCCUPATION of work done during most of working				16b. KIND OF BUSINESS/INDUSTRY					
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	NER/C	-				CANDY PRODUCTS					
No.	17. FATHER'S NAME (First, Middle, Last)					12.021	18. MOTNE	FR'S NAM	AE (First, Mid			0015		
	JAMES H. FISHER						AMAI	_	HERE		Surremen			
BE (19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILINO	ADDRES	S (Street a					n. State. Zio	Code)		
2	JOHN H. SMITH													
	JOHN H. SMITH 12998 MAPLE COURT MT. AIRY, MD 21771 20s. METNOD OF DISPOSITION 1 ORBURIes 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) DATE 20c. LOCATION — City or Town, State													
	4 Donation 5 Other (Specify) FLINTSTONE TOOF CEMETERY 2/8 FLINTSTONE, MD 21. NONATURE OF FUNERAL-SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											D		
	HAFER CHAPEL OF THE HILLS MORTUARY 1302 NATIONAL HWY LAVALE, MD 21502											Y 2		
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory streat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CAUGUS + We Held Taulure DUE TO (OR AS A CONSEQUENCE OF):										Approximate interval Betwee Onset and Dea			
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
N: MEDICAL	PERFORMED? AMA											ERE AUTOPSY FINDING MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERBED TO MEDICAL EXAMINER? DTMEDICAL OTHER:													
YSI	1 TES 2 NO	t 🗆 Inpatient 2	ER/Outpatient		4 🗌 Nu		5 🗆 Resi	dence 6	Other (S	(pecify)				
	27. MANNER OF JEATN 28e. DATE OF INJURY (Month, Day, Year) 1 Netural 5 Pending					JURY WORK?			28d. DESCRIBE HOW INJURY OCCURED					
ED BY	Tabcident Investigation					M t YES 2 NO				261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
E	4 Nomicide determined													
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.													
	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED[Month, Day, Year]													
TO BE	KICHURCH SCHMITT NO D26333 1201. DATE SIGNEDAMONTO, Day, 1901)													

Mel 21502 etan

FEB 09 1994

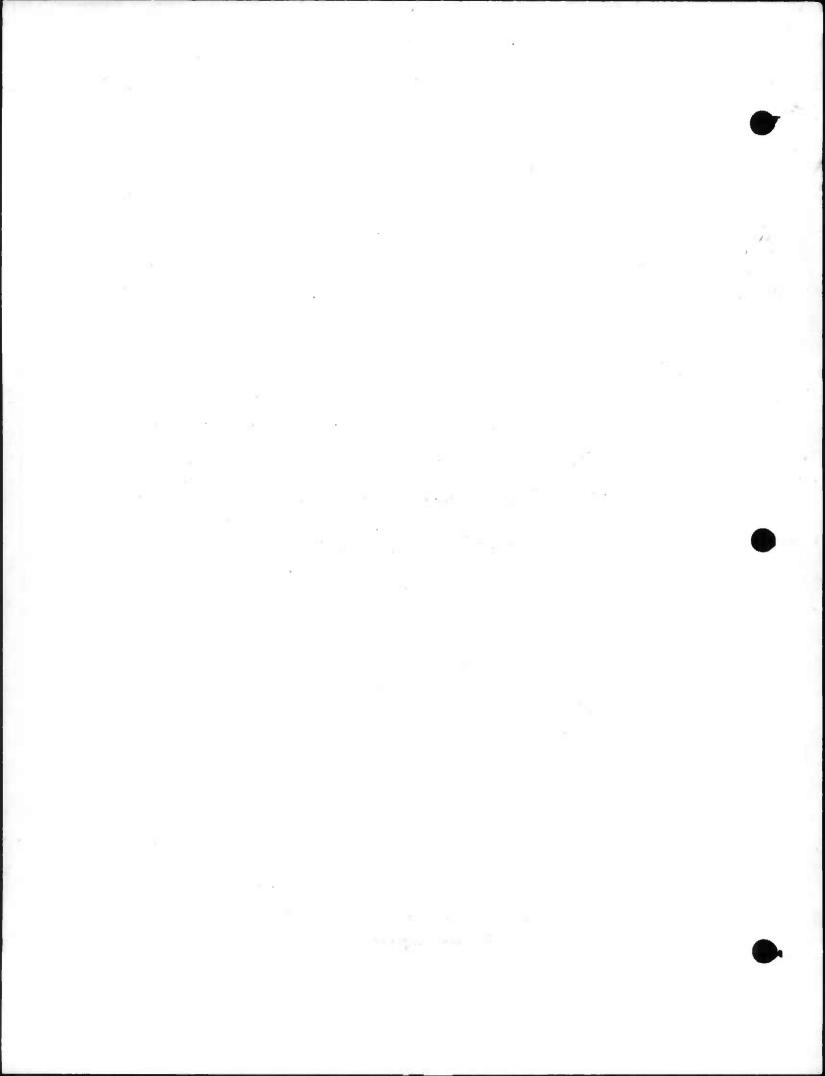
32. REGISTRAR'S SIGNATURE

		1. DECEDENT'S NAME (First	Middle, Last)								2. DATE OF	OEATH			3. TIME OF DEATH
		KENNETH M SILVIOUS SR. Februa								ry 8, 1994 11:36A					
		4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In	yrs. lest birthday		R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	0, 1	8. BIRTHÉ	PLACE (Stete or Foreign
_		215-20-587	12	1 M 2 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D	lay, Year)	1006	Country	
pinous		9a. FACILITY NAME (If not in		street and number)	- 6/		9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	Aug	28,	9c. COU	NTY OF DE	ATH .
2,3	O.	Memorial Hospital Cumberland Allegany													
=	یا	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d													
200	DIRECTOR	MD	Alle	-											10d. INSIDE CITY LIMITS?
		10e. STREET AND NUMBER		guny	-	Cumberland				1 X YES 2 10g. CITIZEN OF WHAT COUNTRY?		1 X YES 2 NO			
7.	RA	105 E. Of	futt	Street				1 "		502			USA		HAI COUNTRY?
	FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	NT EVER IN L	U.S. ARMED	13.	WAS DE			IIC ORIGIN? (Specify Yes			- American Indian,
0 4		1 Never Married 2		FORCES?	YES	2 NO		If yes, ap		ın, Mexicai	n, Puarto Rici			Black, Specifi	, White, atc.
21215-00 al or attending for use as the	ВУ	3 Widowed 4 Divo	rced						A,	ороспу					ite
21215 al or attend for use as	ETED		EDENT'S EDU highest grade		1	18e. DECEDENT			ION ost of working	na	16b. KI	ND OF BUS	SINESS/INC	DUSTRY	
21 for 1	E	Elementary/Secondery (0	1-12)	College (1-4 or 5	+)	life. Do NOT	use retired)								
AND 2 the hospital detached to	COMPL	12				pipe	fitt	er	,				ilro	ad	
YLAN by the hor be detach at once.		17. FATHER'S NAME (First, M							18. MOT	HER'S NAI	ME (First, Mide	de, Maiden	Sumeme)		
Ned by build be sed at	BE	Henry Sil				405 14411 15	0 400000	0 (0)	Lul		Iser				
MARYLAND retained by the hospit s should be detached notified at once.	2	Lois		Silviou							Route Number,				
		20a. METHOD OF DISPOSIT	ION			PLACE AND DATE				Stre	et Cu			City or Toy	21502
FOR ector, p		Burial 2 Crematic	n 3 🗆 Rem	ovel from State	cemet	tery, cremetory or stlawn	other place	1		J	1	1			III, Stata
Page al dire		21. SIGNATURE OF FUNERA		CENSEE	I RES	SCLAWN	22.	NAME A	ND ADDRE	SS OF FAC	CILITY			MD	
BALTIMORE, er death. Page 6 may be the funeral director, page val.		1 Clan	00	7 10	100 0	11					unera				
B/ rs after of removal.		23. PART I. Enter the d		7 00	ay	un		umb	erla	ind,	Mary	lan	<u>d</u> 2	1502	
3 = - 3		shock, or h	eart fellure.	List Dnly pne car	uee on eac	ch line.	not ente	r the mo	ode of dy	ing, suci	n as cardiad	or respi	ratory an	reat,	Approximate Interval Between
	1 1	IMMEDIATE CAUSE (Fir disease or condition	nel	1/0	2. 15%	1	61	11.	1						Onset and Death
of with and with completely fille f, cremation, event, the		resulting in death)	→	a. DUE TO	/ MASA	CONSEQUENCE	P BY	110	וישאן						
	-			0.73800	10	Jone	(e 1	15 m	de	1					
OX 68 e be execution sician and conficient to bunial traumatic	<u>o</u>	Sequentially list conditi		b DUE TO	OR AS A O	ONSEQUENCE	OF):	1	ope !	7.					
BO ate be nysicia prior	CERTIFICATION	cause. Enter UNDERLY! CAUSE (Disease or inju	NG	C.				/							
O. B ertificat ing phy giene p	E	that initieted events		DUE TO	OR AS A C	CONSEQUENCE	DF):								
G = 8 = 8	EH	resulting in deeth) LAS		d											
		PART II. Other significa	nt condition	s copfributing to	death but	not resulting	in the u	nderlyin	ng cause o	given in	Part I. 24	e. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
ORD: that the ned by the lith and M amy inju	EDICAL		Lmis	Kerel	1. A	, 0.	1/	1	V.1.			PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
RECOI requires the een signed of Health a			116	1	· ·	111	77	(Aud.	1-tests	ラクラ	_ '	YES 2	E-NO NO		OF DEATH?
2 0 0 0	. X	-	111	V.		-				111111111111111111111111111111111111111	_			1	1 YES 2 NO
12 6 8 a	PHYSICIAN:	25. WAS CASE REFERRED TO	O MEDICAL					28. P	LACE OF D	EATH (Che	ack only one)	-			
F VITA SICIAN: The certificate h the State [, or item	Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpet	Innt 3 DOA	OTHE 4 Nu	R:	-		6 Other (S	necify)			
OF V HYSICIA his certif with the	¥	27. MANNER OF DEATH		28e. DATE OF	FINJURY	28b. TI	ME OF	28c. IN.	JURY AT		28d. DESCR		NJURY OC	CURED	
NG PHYSI NG PHYSI tter this o eath with marked,	ВУР		Pending Investigation	(Month, L	Jay, rear)	"	M		ORK? YES 2	NO					
NDING R R: After death		2 Cutatta	Could not be	28s. PLACE (OF INJURY -	- At home, ferm	atreet, fac	tory, offic	ce		281. LOCATI	ON (Street a	and Number	or Rural Ad	oute Number,
DIVISION OF VITA L DR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate h hours after death with the State I tem 28 is marked, or item	ETE	4 Homicide	determined								City of	Own, Steley			
DIV L DR A DIREC hours	2	29e. CERTIFIER (Check only	IFYING PHYS	CIAN: To the best of	f my knowled	dge, death occu	rred at the	time, date	e and plece	, end dua	to the cause	e) end mar	ner as ata	led.	
HOSPITAL FUNERAL within 72 h	COMPL														end menner as stated.
E HO	0	296. SIGNATURE AND TITLE	от сентиц	1					29c. LICI	ENSE NUM	IBER		29d. QAT	E SIGNED	Affords, Clay, Years
TO THE HOSPI TO THE FUNER be filed within	100	/	4/11/1	en					ם ו	19318	3		•	1/1	8/94
0=	2	30. NAME AND ADDRESS OF	PERSON WE	O-COMPLETED CAU	SE DF DEAT	H (ITEM 27) (ቫ/ፓ	e, Print)							1	1
		Dr. N. Ran	jithar	n, 517 01	Ldtown	Road,	Cuml	oer1	and,	MD	21502				
	1	31. DATE FILED (Movin, Disj.	Mear)	DA 32. RECUPLY	AR'S SIGNAT	URE ROW	les A					_			
	(0)	_ E D	1 1 19	7 7	- The state of the	- Alexander	-								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - FOR STATE REGISTRAR

DHMH-16 Rev 1/89

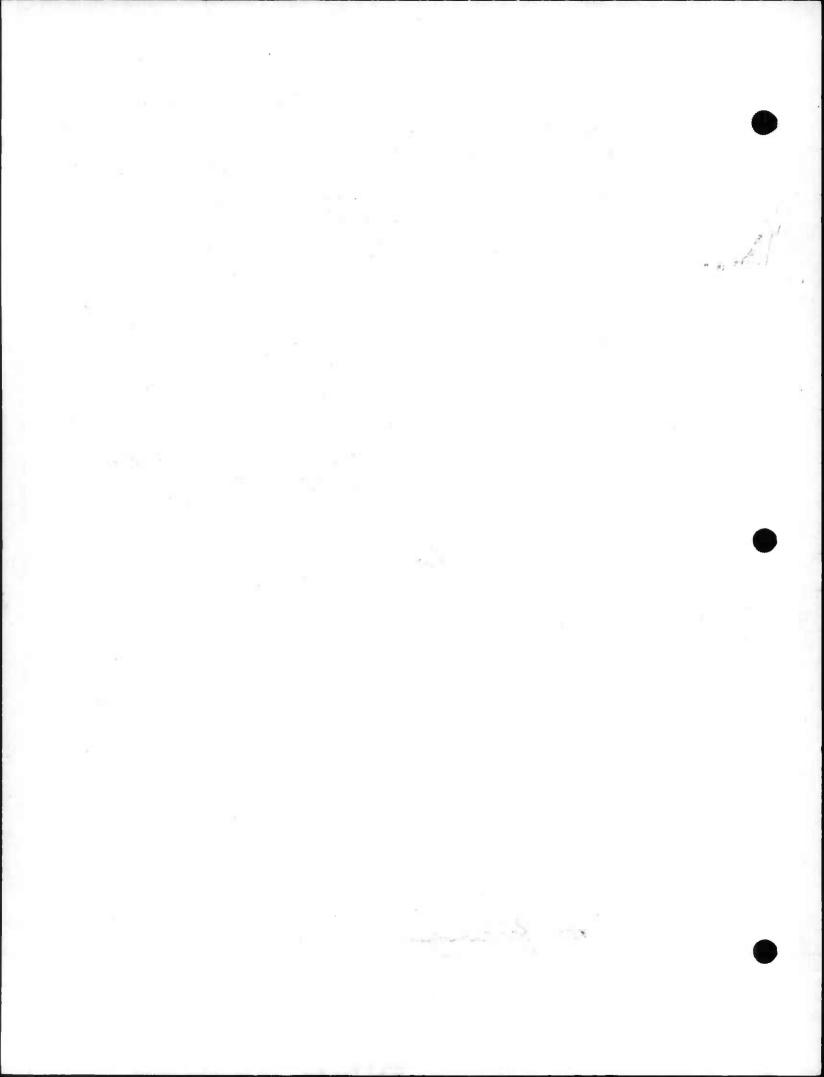


DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a the death. Page 6 may be estained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 amount by detection for use as the burial-trained be filed within 72 hours after death with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or remaind.
IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

6

	FOR STATE OF STATE OF REGISTRAR	MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	05736								
	1. DECEDENT'S NAME (First, Middle, Last) HAROLD EDWIN SETZER		2. DATE OF DEATH DAY YEAR O2 09 94	3. TIME OF DEATH 10:20 P M								
	4. SOCIAL SECURITY NUMBER 200 07 4927 9. FACILITY NAME (If not institution, give street and number)		s. 7 DATE OF BIRTH (Month, Day, Year) 2 3/3/13 MA.	THPLACE (State or Foreign ntry) RYLAND								
TOR	SACRED HEART HOSPITAL	CUMBERLAND		9c. COUNTY OF DEATH ALLEGANY								
AL DIRECTOR	10a. STATE 10b. COUNTY MARYLAND ALLEGANY 10a. STREET AND NUMBER	10c. CITY, TOWN OR LOCATION LaVALE 101, ZIP CODE	LOG CITIZEN OF	10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY?								
FUNERAL	606 N. 4TH STREET 11. MARITAL STATUS 12. WAS DECE	21502	U.S.A									
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced II	H VES 2 □NO If yes, specify Cuban, Mex E WAR OR DATES If yes, specify Cuban, Mex 1 □ YES 2 ☒ NO Specific Cuban, Mex	(Icen, Puerto Ricen, etc.) Bis	ck, White, etc.								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	· I	16b, KIND OF BUSINESS/INDUSTRY									
BE COM	12 17. FATHER'S NAME (First, Middle, Last) HARRY SETZER		NAME (First, Middle, Maiden Surname) NEY DURST	LD TIRE CO.								
TO B	19s. INFORMANT'S NAME (Type/Print) MD.C. I III II. CERTER D	19b. MAILING ADDRESS (Street and Number or Run										
Ì	MRS_LULIU_SETZER 20syMETHOD OF DISPOSITION I ABuriel 2 □ Cremetion 3 □ Removal from State 4 □ Donation 8 □ Other (Specify)	20b. PLACE AND DATE OF DISPOSITION (Name of cemeter), crematory or other place) GREENVILLE CEMETERY	DATE 20c. LOCATION — CHY OF 2/13 SALISBURY,									
	21. SIGNATURE OF FUNERAL SERVICE UCENSEE	22. NAME AND ADDRESS OF SOWERS FUNER		21522								
	abock, or heert fellure. List only one immediate cause (Finel disease or condition resulting in death)	that ceused the death. Do not enter the mode of dying, so	uch as cardiac or reapiratory arrest,	Approximate Interval Between Onset and Death								
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.											
MEDICAL	PART II. Other algnificant conditions contributing	to deeth but not resulting in the underlying cause given	In Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 See 2 Sec. 10	IIb. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 I proteint 2 ER/Outpetient 3 DOA 26. PLACE OF DEATH (Check only one) OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY 28b. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED											
ED BY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Newastigation 3 Suicide 8 Could not be detarmined detarmined 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28e. PLACE OF INJURY — At home, ferm, street, factory, office											
OMPLET	(Check only 1 CERTIFYING PHYSICIAN: To the bee			(a) end menner se stated.								
TO BE COMPLET	(Check only 1 CERTIFYING PHYSICIAN: To the bee	of exemination Ad/or investigation, in my primion, death occured at it 29c. LICENSE N D114	the lime, data end place, end dua to the cause **UMBER** 29d. DATE SIGNE	(a) and manner so stated. (D (Month, Day, Year) RUARY 12, 19								

DHMH-18 Rev 1/89



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Marie Control of States on the Control of Stat	TO BE COMPLETED BY FUNERAL DIRECTOR	MEMORIAI RESIDENCE
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YL de de de de de de de de de de de de de	E	Elementery/Se 12 17. FATNER'S NAM
IAR tainec should	0	190. INFORMANT
F VITAL RECORDS, P.O. BOX 68760. BALTIMORE, MARYLAND 21215-0020 sicked by the hospital or attending physics certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the behalf the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		190. INFORMANT
may or, pa		1 ABuriel 2
MO age 6 direct		4 Donetion St. SIGNATURE OF SIG
mineral		21. SIGNATURE OF
3AI or dea		1/10
EVITAL RECORDS, P.O. BOX 68760. CIAN: The law requires that the death certificate be executed with hours after berificate has been signed by the attending physician and completely filled in by the the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal or temporal programments as shows any injury, or other traumatic event, the medical is		23. PART I. En
lled ii		IMMEDIATE CA
		disease or con resulting in de
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DX be es cian a or to	Į Į	if any, leading cause. Enter U
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EC quires n sign f Hea	HYSICIAN: MEDICAL CERTIFICATION	and
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TA The The late ha	CE	25. WAS CASE REI EXAMINER?
VI STAN: STURICS THE ST OF R	YSI	t YES 2
OF HYSII with 1	표	27. MANNER OF D
ON OF ING PHYS Wher this of eath with	B	2 Accident
SIO TENDIN OR: At fter de	8	3 Suicide 4 Nomicide
DIVISION OF VITAL RECORDS, P.O. BOX 68760. TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with LAL DIRECTOR: After this certificate has been signed by the attending physician and completed 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremall frem 28 is marked, or litem 23 shows any injury, or other traumatic event,	H	29e. CERTIFIER
D AL D AL D I I I I I I I I	MPL	(Check only
HOSPITAL FUNERAL within 72	00	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremIMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event.	BE COMPLETED BY P	29b. SIGNATURE
5 5 5 M	0	U
		30. NAME AND AD

	1 - REGISTRAR CERT	IFICATE OF DEATH	REG. NO.									
i	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF OEATH	3. TIME OF DEATN								
,	TOLVA LUCILLE SHAFFER		2 10 1	1994 12:10 PM								
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthe	(sy) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN	8. BIRTNPLACE (State or Foreign								
	213-24-6945 1 M 2 X F 89 YR	S. MONTHS DAYS HOURS MIN.	10/09/04	HYNDMAN, PA								
	9e. FACILITY NAME (If not institution, give street end number)	9b. CITY, TOWN OR LOCATION OF D		COUNTY OF DEATH								
DIRECTOR	MEMORIAL HOSPITAL	96. COUNTY OF DEATH CUMBERLAND ALLEGANY										
E C		CITY, TOWN OR LOCATION		10d. INSIDE CITY								
ä	PA BEDFORD	HYNDMAN		1 X YES 2 NO								
FUNERAL	MELAWARE APTS., P. O. BOX	10f. ZIP CODE 15545		CITIZEN OF WHAT COUNTRY?								
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U. S. ARMED FORCES? 1 YES 24. YO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF NISPAI II yes, specify Cuben, Mexics 1 YES 2 ANO Specifi	in, Puerto Ricen, etc.)	14. RACE — American Indian, Black, White, atc. Specify: WHITE								
8	15. DECEDENT'S EDUCATION 18e. DECEDER (Specify only highest grade completed) (Give kin	NT'S USUAL OCCUPATION	16b. KIND OF BUSINESS	INDUSTRY								
Fi	Elementery/Secondary (0-12) College (1-4 or 5+)	d of work done during most of working DT use retired.)										
4P	12 HOM	EMAKER										
BE COMPLET	17. FATNER'S NAME (First, Middle, Last) ADAM C. MAY		ME (First, Middle, Maiden Surnam ALICE MAR'	/								
TO B	190. INFORMANT'S NAME (Type/Print) GARY W. SHAFFER P.	O. BOX 182, HY	NDMAN, PA	15545								
	20a_METHOD OF DISPOSITION 1	or other place) CEMETERY 2	DATE 20c. LOCATION	N — City or Town, State								
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA		DIAMY IN 13313								
	· Halley 2/ Leylun	HARVEY H. 2 HYNDMAN, PA	15545-06	636								
	23. PART I. Enter the disesses, or convilications that caused the death. I shock, or haart fellure. List only one cause on each lina.	Do not enter the mode of dying, suc	h ae cardiac or reepiratory	Approximate interval Between								
	IMMEDIATE CAUSE (Final			Onset and Death								
	disease or condition resulting in death) Output Due To (OR ALACONSEQUENCE)	pulmon am	Edema	ZYhes								
	DUE TO (OR AT A CONSEQUENCE	CE O(F):										
Z	Sequentially list conditions,											
Ĕ	if any, leading to immediate	E OF):										
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or injury											
E I	thet initiated evente DUE TO (OR AS A CONSEQUENCE OF):											
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ارد	PART II. Other significent conditions contributing to deeth but not result	ing in the underlying ceuse given in	Part I. 24s. WAS AN AUTOP									
DICAL	3 mall bowel obst	Truction	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE								
MED	OF DEATH											
-				1 TYES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Ch	eck only one)									
Sic	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Oulpatient 3 Do	OTHER: A 4 Nursing Home 5 Residence	6 ☐ Other (Specify)									
Ŧ	27. MANNER OF DEATH 280. DATE OF INJURY 28b.	TIME OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY	OCCURED								
	1 Netural 5 Pending (Month, Day, Year)	M 1 YES 2 NO										
BY	3 Suicide 28a. PLACE OF INJURY — At home, fa	rm, street, factory, office	261. LOCATION (Street and Nur	mber or Rural Route Number,								
Ĕ	4 Nomicide determined building, etc. (Specify)		City or Town, State)									
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, dasth oc	curred at the time date and place and dur	In the country and many a	and the state of								
A I	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investi											
8												
B	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUI		DATE SIGNED (Month, Day, Year)								
2	20 NAME AND ADDRESS OF PERSON WAS COMPANY OF THE PROPERTY OF T	D 35481		2/17/17								
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)		1.500									
	MARK SAGIN M.D., MEMORIAL HOSPITAL,	CUMBERLAND, MD 2	1502									
	31. DATE FILED (Month, Day, Year) REGISTRAR'S SIGNATURE											

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician;
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transfer arms. Press 1 5 3 should
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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 STATE	STATE OF N	MARYLAND /	DEPAR	TMENT OF I	IEALTH AN	ND MEN	ITAL HYGIEN	F	94	05738
	1 - STATE REGISTRAR	1	CE	RTIF	ICATE OF	DEATH		REG. NO.			00,00
	1. DECEDENT'S NAME (First, Middle, Last)						2. 0	DATE OF DEATH		3.	TIME OF DEATH
	JOSEPHINE	JANE		SENSA	ABAUGH		F	EBRUARY D	10,199	94	3:50 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lesi	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 H		ATE OF BIRTH		. BIRTHPL	ACE (State or Foreign
	227 12 2798	1 □ M 2 🙀 F	82	YRS.	MONTHS DAYS	HOURS M		Month, Day, Year)	1011	Country)	
- 3	9a. FACILITY NAME (If not institution, give stre	ef and number)	02		9b. CITY, TOWN	OR LOCATION (Jun 17,	1911 9c. COUNT	Y OF DEAT	
Œ	45 Wempe Drive				6	UMBERL	AATT)		7597 STREET	ALLEG	
8	RESIDENCE OF DECEDENT					OZMITATO	ANTO			ALLEC	ZANI
DIRECTOR	MD 100. STATE 100. COUNTY Allec	gany			y, town or Loca nberlar						d. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	100. STREET AND NUMBER 45 Wempe Drive				10	ZIP CODE	102		USA	N OF WHA	T COUNTRY?
Z		12 WAS DECEDEN	T EVER IN U.S. ARI	1400							
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 N	MED	If yes, or		lexican, Pue	RIGIN? (Specify Yes erto Rican, etc.)	or No—	Specify:	American Indian, Thite, atc.
8	15. DECEOENT'S EDUCA (Specify only highest grade co	TION			USUAL OCCUPATION			16b. KIND OF BUS	INESS/INDUS		LC
ᄪ		College (1-4 or 5 a	Side.	ve kind of v Do NOT us	vork done during mo e retired.)	st of working					
릴	12		ho	mama	ker				n hor		
COMPLET	17. FATHER'S NAME (First, Middle, Last)			uic inc	LXEI	18. MOTHER	'S NAME (FI	irst, Middle, Malden		ne	
	John Housty Goo	dhar				[.,		
BE	19a. INFORMANT'S NAME (Type/Print)	<u>labat</u>	196	MAILING	ADDRESS (Street	and Number or E	nia	Entsm Number, City or Town	inger	ada)	
2	Milton R S	' o m m o lo -									
	20s. METHOD OF DISPOSITION	Tellistion		72				e Cumbe			
	20s. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State	cemetery, crer	netory or of	of disposition (Na ther place)		1	/13/ C1	CATION — CII		
	21. SIGNATURE OF FUNERAL SERVICE LICES	NSEE /		.,	22. NAME A	ND ADDRESS C	OF FACILITY	1		au.u	MD
	1 (1000000	7 11	10	//				eral H			
_	gunas	Z	ang.	11/1	Cumb	erlan	d, M	larylan	d 21	1502	
	23. PART Enter the diseases, or col shock, or heart fallure. Li IMMEDIATE CAUSE (Fine)	mplications that at only one cau	t ceusedithe dec se on each ilne.	eth. Do r	ot enter the mo	de of dying,	such ss	cerdisc or respl	ratory srres	it,	Approximete interval Between Onset and Death
	disease or condition resulting in death)									242	
1	DUE TO (OR AS A CONSEQUENCE OF):										34
z	ALS										3 yr
CERTIFICATION	Sequentisity ilat conditions, If any, leeding to immediate D. OUE TO (OR AS A CONSEQUENCE OF):										/
3	cause. Enter UNDERLYING										
Ē	CAUSE (Disesse or Injury that initisted events	OUE TO (OR AS A CONSEQUENCE OF):									
F	resulting in death) LAST	d.									
2											
4	PART II. Other significant conditions	contributing to	death but not re	eaulting i	n the underlyin	g cause give	n in Part	i. 24s. WAS AN a			RE AUTOPSY FINDINGS
용								1 TES 2	-	CO	MPLETION DF CAUSE
빌											DEATH?
										"	YES 2 NO
₹ I	25. WAS CASE REFERRED TO MEDICAL				24 0	ACE OF OFAT	H Mhaali a-				
일	EXAMINER?	HOSPITAL:			OTHER:	ACE OF OEATH					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
	1 - Willural 5 Pending	(Month, Di		28b. TIM	URY WC	RK?		OEȘCRIBE HOW IN	NURY OCCU	REO	
B	2 Accident Investigation	20 20 102 0				YES 2 NO					
品	3 Suicide a Could not be 4 Homicide determined	28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28l. LOCATION (Street and Number City or Town, State)						nd Number or	Rural Route	Number,	
<u> </u>				·							
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI)										
COMPLETED	one) 2 MEDICAL EXAMINER:	On the basis of ex	remination and/or in	nvestigatio	n, in my opinion, d	eath occured a	it the time,	date and place, and	due to the o	ceuse(a) an	d manner as stated.
E C	29b. SIGNATURE AND TITLE OF CERTIFIER	4				29c. LICENSE	NUMBER		29d DATE S	IGNED /L	onth, Day, Year)
00	M	Elen.					750	· /-		COL	
임	30. NAME AND ADDRESS OF THISON WHO	0 7 -0				101	75	,	-7	1.01	17

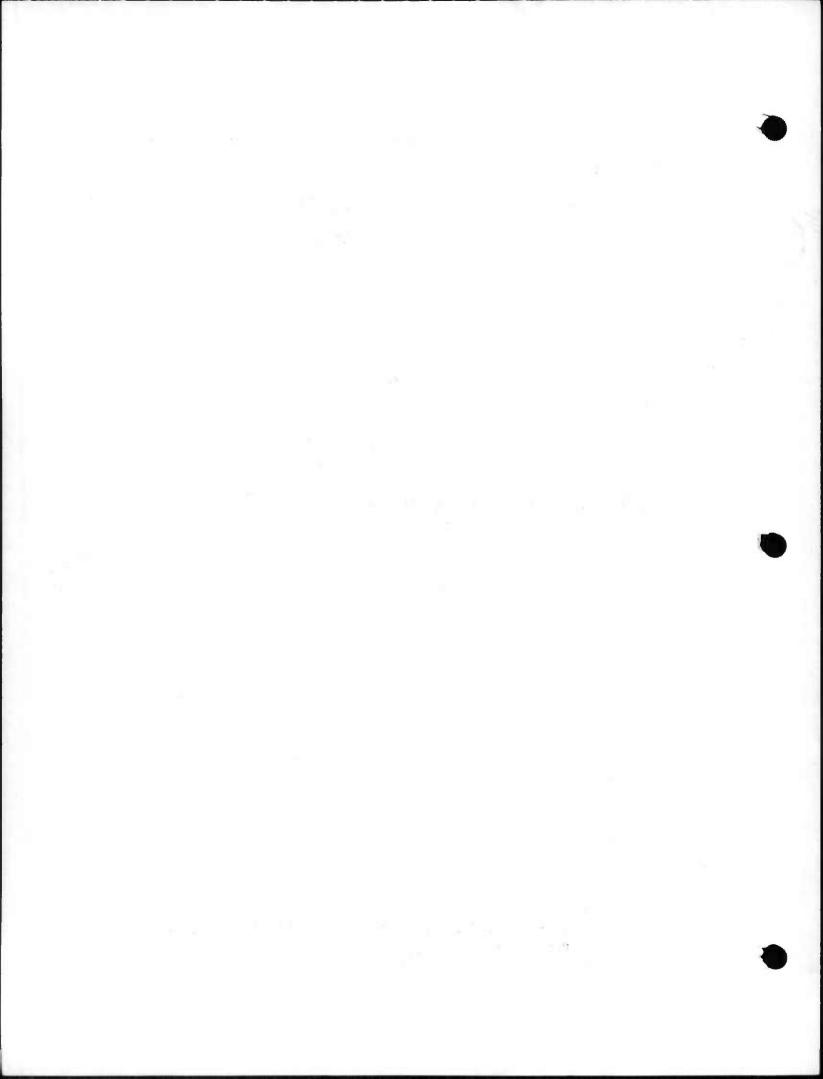
BOLLINO, JR./955 FREDERICK STREET/CUMBERLAND, MD. 21502

32. RESTRAR'S SIGNATURE

32. RESTRAR'S SIGNATURE

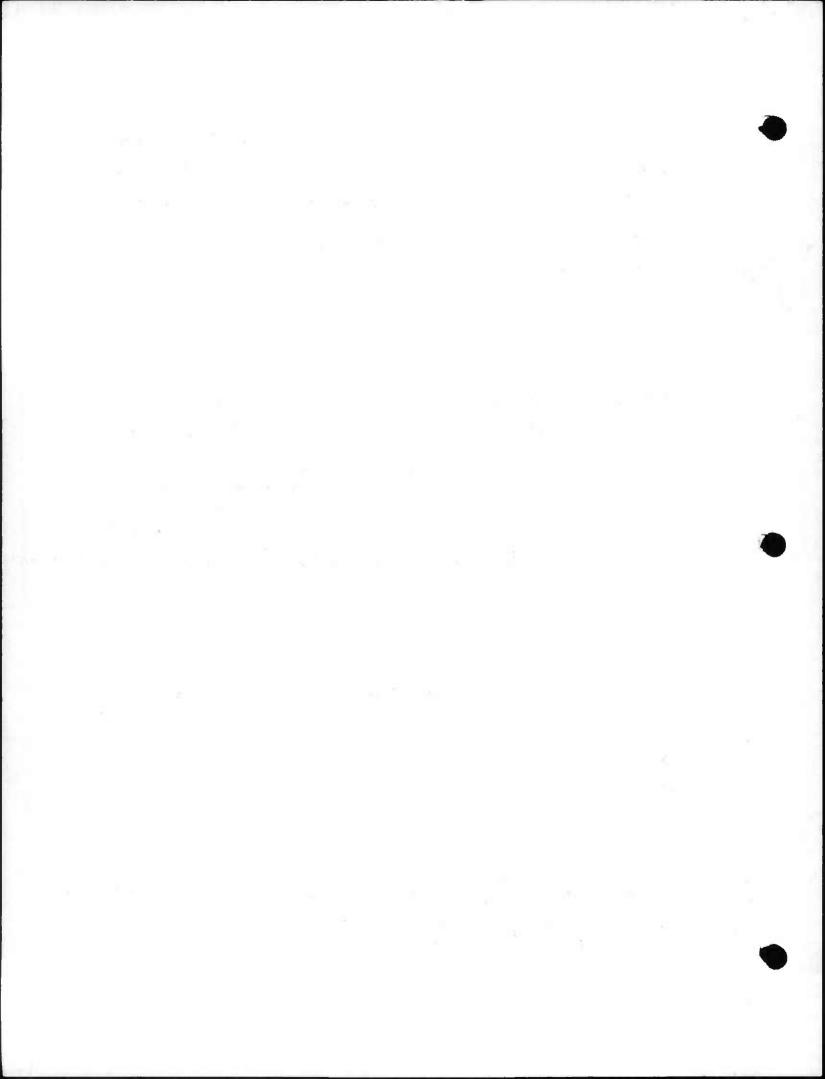
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR. ANTHONY J.
31. DATE FILED (Manual, Poy, Year)
FER 15



	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		D MENTAL HYGIEI REG. NO	400	4 05/39
	1. DECEDENT'S NAME (First, Middle, Last) GERALDINE	SWISHE	DAY YE	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	FEBRUARY s. 7. DATE OF BIRTH	1 4 1	94 0343 A BIRTHPLACE (State or Foreign
	236-90-9504	1 🗆 M 2 💢 F	76 YRS.	MONTHS DAYS	HOURS MIN		1917 W	EST VIRGINI
-	Se. FACILITY NAME (If not institution, give			9b. CITY, TOWN O	OR LOCATION OF		9c. COUNTY	OF DEATH
οT	MEMORIAL HOSP	ITAL	<u></u>	CUMBERI	LAND		ALLE	GANY
DIRECTOR	10e. STATE 10b. COUNT			Y, TOWN OR LOCAT				10d. INSIDE CITY
		IERAL	SF	RINGFI				1 TES 2 NO
FUNERAL	HC 86, BOX 41	- A			26763			OF WHAT COUNTRY?
FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT EVER I	N U.S. ARMED	13. WAS DEC	CENDENT OF HIS	PANIC ORIGIN? (Specify Yexican, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc.
B	3 💢 Widowed 4 🗆 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆 YES	2 X NO Sp	eclfy:		Specify: WHITE
ETED	15. OECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATION work done during mose retired.)	ON est of working	16b, KINO OF BU	SINESS/INOUST	RY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOMEN			НОМЕ		
COMPL	17. FATHER'S NAME (First, Middle, Last)		1101121		18. MOTHER'S	NAME (First, Middle, Maider	Sumame)	
441	ALFRED BURTON	GARLAND			ANNA	ROMESBUR	G	
TO BE	19e. INFORMANT'S NAME (Type/Print)	CHED				rel Route Number, City or To		
	VERNON C. SWI 20e. METHOD OF DISPOSITION	201	PLACE AND DATE	OF DISPOSITION /N/	ome of	IGMONT, WV	OCATION CON	or Town Chats
	1 🕅 Burial 2 🗆 Cremation 3 🗆 Ram 4 🗆 Donation 5 🗆 Other (Specify)	oval from State	netery, crematory or o	Ther place)	ERY 2-	17-94 F	AIRMON	IT. WV
	21. SIGNATURE OF FUNERAL SERVICE LI	JENSEE A		22. NAME AN	ADDRESS OF	FUNERAL H	OMF I	NC
	Kebecca	Hoste	the	P.0.	BOX 12	60-FT. AS	HBY, WV	26719
TIFICATION	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO (OR AS A	d the death. Do nech line.	y CV	ada of dying, a	usch as cardlec or reap	history arrest, his qua utopi	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS /	A CONSEQUENCE O	F):				
CAL	PART II. Other algorificant condition	as contributing to deeth be	out not reaulting		g cause given	in Part I. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
4: MEDI								1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH	(Check only one)		
HYSI	1 YES 2 NO PELCAGE	1 Inpatient 2 ER/Out		4 - Nursing Hom		ce 8 Other (Specify)		
ву Р	1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	URY AT PRK? PES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURE	ED
ED B	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe-	— At home, farm,	street, fectory, office	•	28f. LOCATION (Street City or Town, State	and Number or R	Jural Route Number,
ᇦ	200 CERTIFIER							
0	(Check only	CIAN: To the best of my know IR: On the basis of examination						use(s) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	$\overline{}$			29c. LICENSE			NED (Mopth, Day, Year)
TO BE	Willean				D2	1406	▶ 2	15/94
	DR. WILLIAM D. L.		INIA AVE		BERLANI), MD 21502	2	
	31. DATE FILED (Month, Pay Young 94	SECUSTRANS GIGN						

OHMH-16 Rev 1/89



medical examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
or removal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
d in by the funeral director, page 5 should be detached for use a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a
nours after death. Page 6 may be retained by the hospital or atte	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or arte
BALTIMORE, MARYLAND 2121	DIVISION OF VITAL RECORDS, P.O. BOX 68760

	FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPART			MENTAL HYGIEN	E 91	05740				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	Charlotte Mary	y Skovii	ra			February 15,	1994 YE	6:30 A. M				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vis. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF RURI							BIRTHPLACE (State or Foreign Country)				
		□ M 2 (X)F 78	8 YRS.	YRS. MONTHS DAYS HOURS MIN. 3-25-1915			Vermont					
~	9a. FACILITY NAME (If not institution, give stree	t and number)	9	9b. CITY, TOWN OR LOCATION OF DEATH				9c. COUNTY OF DEATH				
DIRECTOR	2316 Valley Oak Drive (Residence)		Waldor	f		Charl	.es				
<u>ي</u>	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY				
	Maryland Charle	25	Wa	1dorf				LIMITS?				
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
NE I	2316 Valley Oak Dr				20601			USA				
5	11. MARITAL STATUS 1 Never Married 2 Married	2. WAS DECEDENT EVER IN U FORCES? 1 TYES	2 X NO	It yes, spe	ecify Cuban, Maxica	NC ORIGIN? (Specify Yea in, Puerto Rican, etc.)	or No 14,	BACE — American Indian, Black, White, atc.				
BY	3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DATE	ES	1 TYES	2 X NO Specif	y:		Specify: White				
8	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION 1	8a. DECEDENT'S US	BUAL OCCUPATION MO	ON et al working	16b. KIND OF BUS	SINESS/INDUST					
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	at or working							
M P	8		House K	eeper		Domesti						
	17. FATHER'S NAME (First, Middle, Last) Harry Stanowski					ME (First, Middle, Maiden Sobocienski						
BE	19a. INFORMANT'S NAME (Type/Print)		19h MAII ING A	DDRESS (Street o		Route Number, City or Tow		fal				
2	Charlotte A. Mitta	an				e Waldorf,						
	20a. METHOD OF DISPOSITION XX Burial 2 Gremation 3 Remova	20b.P	LACE AND DATE OF	DISPOSITION (Ne	me of	DATE 20c. LO	CATION — City	or Town, Stata				
	4 Donation Other (Specify)	Sa	aint Rat	nael Ce	metery	2-18-94 Pc	ultney	, VT				
1 1	21. SIGNATURE OF FUNENAL SERVICE LICEN	M0017	73	22 NAME AN	IN ADDRESS OF EA	n Mortuary						
Ш	YAW OF CE	eu		4433	White F	ls., La. W	hite P	Pls., MD 20695				
	23. PART / Enter the diseases, or con ahock, or heart fallure. Lis	nplicetione that caused to	he deeth. Do not	enter the mo	ds of dylng, auc	h as cerdiac or reapi	ratory arrest,	Approximate Interval Between				
	IMMEDIATE CAUSE (Final				0.0			Onset and Death				
	diaeeae or condition resulting in death) a. CARCINOMA OF BREAST DUE TO (OR AS A CONSEQUENCE OF):											
-	DUE TO (OR AS A CONSEQUENCE OF): METASTATIC											
2	Sequantially liet conditione, If any, leading to immediate Due to (or as a consequence of):											
8	CAUSE (Disease or Injury											
TE	DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
CERTIFICATION	resulting in deeth) LASI											
AL	PART II. Other algolificant conditions of	contributing to death but	not resulting in	the undarlying	g cause given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
MEDIC	PERFORMED? AN											
	1 TES 15450 OF D											
AN	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN:	EXAMINER?	IOSPITAL:		THER:	ACE OF DEATH (Ch							
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME		URY AT	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURE	ED				
ВУР	1 Natural 5 Pending 2 Nacident Investigation	(Month, Day, Year)	INJUF	M 1 🗆 1	RK? YES 2 NO							
	3 Suicide 8 Could not be	28a. PLACE OF INJURY — building, stc. (Specify,	- At home, farm, stre	et, factory, office		281. LOCATION (Street a City or Town, State)	and Number or R	tural Floute Number,				
E	4 Homicide datermined											
COMPLETE	and the second s	N: To the best of my knowled										
00	2 MEDICAL EXAMINER:	On the basis of examination a	ind/or investigation,	In my opinion, d	esth occured at the	time, data and place, an	d due to the ca	use(a) and manner as stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1 00-4			29c. LICENSE NUI	MBER	. ^	GNED (Month, Day, Year)				
5	30. NAME AND ADDRESS OF PERSON WHO C	DMPLETED CAUSE OF DEAT	H (ITEM 27) (Text D	riest).	D-28352		19	15/77				
	Krishan Mathur, MD, 113				aldorf Ma	rvland 2060	3					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT			THE PARTY OF THE	- January 2000.						
	FEB 1 6 1994	guha Davidsa	n-Handell									

BALTIMORE, MARYLAND 21215-0020

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTIAN		OL	-11111	IVALL	- 01	DEA			MEG. NO				
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE (AY	YEAR 3.	TIME OF DEATH	
Margar						Jan. 24 1994				9:10 P.M.			
4. SOCIAL SECURITY NUMBER	500 10 0010 LD. XX					IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			6. BIRTHPL. Country)	BIRTHPLACE (State or Foreign Country)	
520 10 8218	320 10 0210 - 04				DAYS			Dec	. 14	1909	Iowa		
Se. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN (OR LOCAT	IDN OF DE	ATH		9c. COUN	ITY OF DEAT	тн	
1718 Wickham Way		Cro	fto	n				Anne	Arun	de1			
RESIDENCE OF DECEDENT	Υ		10c CIT	Y. TOWN C	B LOCA	TION					140	d, INSIDE CITY	
III. Sang				Springfield							LIMITS?		
III. Sang.	2	prin		. ZIP COD	NE .					YES 2 XX			
945 South 4th S					7	10g. CITIZEN OF WHA							
11. MARITAL STATUS		VT EVED IN II 6 AD	MED	19.7	WAS DEC	627		UC ODIONE	(Specify Yes			States American Indian.	
t Never Married 2 Married						ecify Cub	en, Mexice	n, Puerto Ri	can, etc.)	or No-	Black, W	Thita, atc.	
3 Widowed 4 Divorced	IF YES, OIVE		No		I ☐ YES	2 15 NO	Specify	<i>/</i> :	No		SpecMy: White		
15. DECEDENT'S ED	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATI	ON		16b.	KIND OF BU	SINESS/IND	USTRY		
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	+) (Gi	Do NOT u	work done o	during mo	al of work	ing						
12			Clerk						Reta	i 1			
17. FATHER'S NAME (First, Middle, Last)	17. FATHER'S NAME (First, Middle, Lest)					18. MOT	HER'S NA	ME (First, M	iddle, Maiden				
Charles Peter S	chilling					Mar	rgare	t El	len G	reeli	S		
19a. INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADDRESS	(Street	and Numbe	or or Rural F	Poute Number	w, City or Tow	n, State, Zip	Code)		
Margaret S. Char	tterton	1	1718	Wick	ham	Way	Cro	fton	Mary	land	211	1.4	
20a. METHOD OF DISPOSITION 15€3-Burlel 2 □ Cremation 35€3(Ren		20b. PLACE	AND DATE	OF DISPOS	ITION /N	ma of		DATE			City or Town,		
4 Donation 8 Other (Specify)	noval from State	_ cemetery cre	matory or o	Ceme	ter	7		1	Sp:	ringf	ield,	111.	
21. SIGNATURE OF FUNERAL SERVICE L	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A.							
* Refunt &	Par	16000 Annapolis Rd. Bowie Md. 20715							715				
23. PART I. Enter the diseases, pr	· Ca	102	1/ 0									Approximate	
disease or condition a. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):													
PART II. Other algorificant condition	ne contributing to	death but not r	eaulting	in the un	deriyin	g cause	given in	Part I.	24a, WAS AN	AUTOPSY	24b. WI	ERE AUTOPSY FINDINGS	
			PERFORMED? 1 Tyes 2 No			8 4	AMILABLE PRIORI TO COMPLETION OF CAUSE OF DEATH?						
					-			-			1	YES A NO	
25. WAS CASE REFERRED TO MEDICAL					24 P	ACE DE	DEATH #25	ock only one	4				
EXAMINER?	HOSPITAL:	☐ ER/Outpetient 3	[] BOA	OTHER	3:	11							
27. MANNER OF DEATH			28b. TIN			URY AT	malgence	8 Other	(Specify)	NJURY OCC	URED		
Natural 5 Pending Investigation	Natural 5 Pending (Month, Day, Year) 2 Accident Investigation					YES 2	□ NO						
3 Suicide 6 Could not be 4 Homicide determined	me, rarm,	farm, street, factory, office 28f. LOCATION (Street and Number or Flural Route Num City or Town, State)				e Number,							
enel	(Check only CENTIPYING PHYSICIAN: To the Best of my knowledge, dec											nd manner se stated.	
296. SIONATURE AND TITLE OF CERTIFIE	1/k	4				29c. LIC	ENSE NUN	BER 7	-/	29d. DATE	SIGNED (M	grith, Day, Year)	
30. NAME AND ADDRESS OF PERSON W	10 COMPLETED CAL	SE OF DEATH (ITE	M 27) <i>(ily</i> pa	, Print)			- 1	- /	/	-			
1655 Cr	Atm 1	3/12	(1)	WH	21 1	nh	211	14		= 1			
31. DATE FILED (Month, Dey, Year)	32. REGISTR	AR'S SIONATURE	50 .	ha	1	11	- ,,,,						
FFR 0 1 199	1 gulia	Davidson-	Manda	مائلا									
E 110 1 100					_								

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المراجعة المرسود	.0-0	٠, م	A Pimpe
	020	g physician.	use as the burial-transit nermi
	1215-0020	or attending	use as the

BALTIMORE, MARYLAND

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Leet)

RESIDENCE OF DECEDENT

4. SOCIAL SECURITY NUMBER

107 14 7100

Delta

Se. FACILITY NAME (If not institution, give etreet end number)

Springbrook Nursing Center

WH

Armstrons

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIONATURE

14201 Laurel PK. Pr. #102

Serrano

8. SFX

1 M 2 F

after death. DIVISION OF VITAL RECORDS, P.O. BOX 68760, D. DA ATTENDING PHYSICIAN: The law requires that the death certificate be executed with OR ATTENDING PHYSICIAN; The law requires that the death

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JAN 2 5 1994

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the company may be included the company property and company may be included by the included the company of		T. If item 22 is marked or item 23 shows any injury or other traumatic event the medical evaminer must be notified at
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Oliver of	n 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal,	P. Herr
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100117	death	a ma
1	after	28 14
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DIRECTOR Maryland Prince George's Bowie 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 3100 Shield Lane 20715 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2-4NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY Puerto Rican COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Page 6 may be retained by the hospital al director, page 5 should be detached to Own Home 12 Homemaker 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) MonSerrate Enrique Asencio Comas BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles Rivera 3100 Shield Lane Bowie Maryland 20715 20e. METNOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremation 3 ☑ Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Maple Grove Cemetery 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A. Koher 16000 Annapolis Rd. Bowie Md. 20715 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cerdlec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) Probable pulmonary CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate ceuse. Enter UNDERLYING cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL enentia 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4. Nursing Nome 5 Residence 6 Other (Specify) 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATN 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 🗌 Homicide 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. HOSPITAL D FUNERAL D within 72 h 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 新聞

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

10c, CITY, TOWN OR LOCATION

IF UNDER 1 YEAR IF UNDER 24 HRS.

DAYS

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

Silver Spring

B. AGE (In yrs. leet birthday)

YRS.

80

8. BIRTHPLACE (State or Foreign

Puerto Rico

YEAR

9c. COUNTY OF DEATN

Montgomery

10g. CITIZEN OF WHAT COUNTRY?

United States

Specify:

Kew Gardens, N.Y.

1994

3. TIME OF DEATH

NO YES 2 NO

White

Approximate Interval Between

Onset and Death

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 TYES 2 NO

29d. DATE SIGNED (Month, Day, Year)

Lavelino 2070

043237

14. RACE — American Indian, Black, White, atc.

1:35 PM

REG. NO.

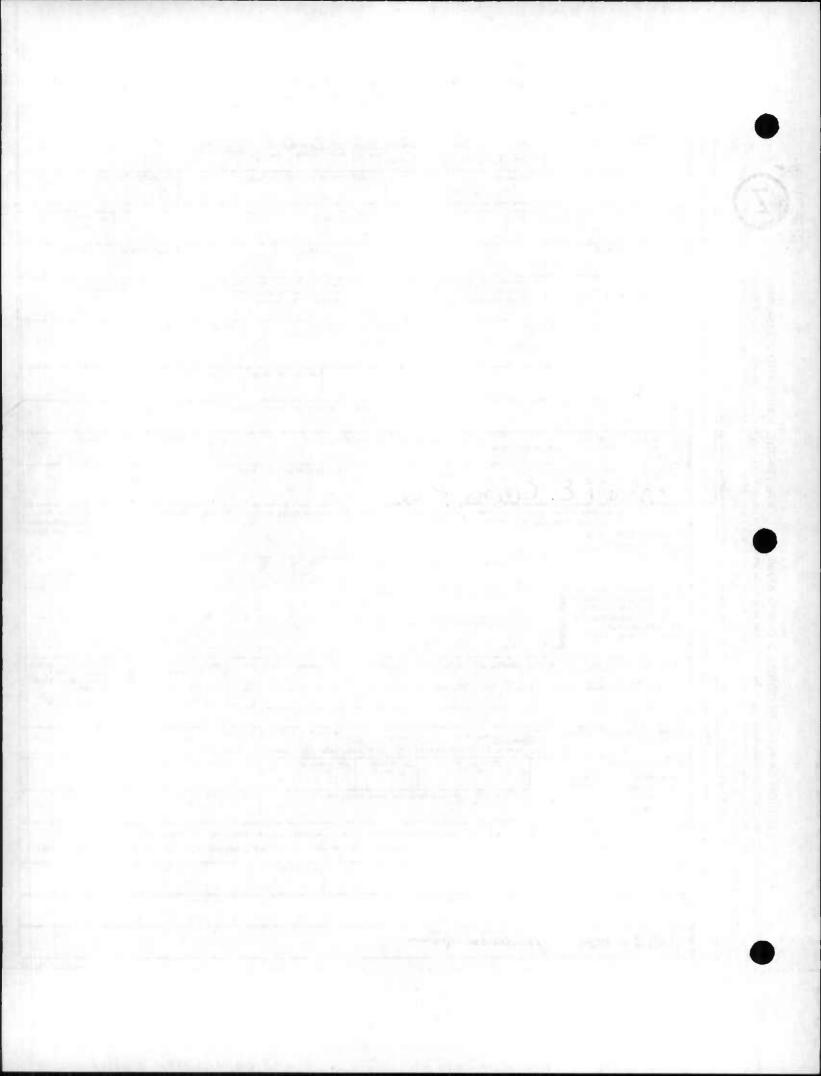
13

2. DATE OF DEATH

7. DATE OF BIRTH (Morth, Day, Year

June 9 1913

Jan.



DIVISION OF VITAL RECORDS, F.O. BOX 68/60,	BALLIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	fler death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burnal, cremation, or removal.	the funeral director, page 5 should be detached for use as the burial-transit oval.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	al examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMEN	T OF H	EALTH AND DEATH	MENTA	AL HYGIEN REG. NO.	E 94	0	5743	
1. DECEDENT'S NAME (First, Middle, Leet) Paul								w 19	VEAR	TIME OF DEATH	
4. BOCIAL SECURITY NUMBER 577-64-7466	5. BEX 6. AGE	(In yrs. last birthday)	IF UNDE	R 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7 DATE	OF BURTH	E BISTNU B BISTNOT ACE (Chain or So			
90. FACILITY NAME (If not institution, give a Washington Adve						N					
10e. STATE 10b. COUNT						10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
6620 Blair Road	, N. W.			101	20012			10g. CITIZEN OF WHAT COUNTRY? United States			
11. MARITAL STATUS 1 X Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	13.	If you, sp	yee, specify Cuban, Mexican, Puerto Rican, etc.)				or No- 14. RACE — American Indian, Black, White, etc. Specify: Black		
(Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 8+)	(Give kind of life. Do NOT u	work done se retired.)	during mo	DN st of working		B. Fran	ık Joy		nany	
17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S N				00111	July	
		10h MARIEN	Anners	R /Street a							
Ida B. Session (sister) 1222 'IT' Street, N.W.; Apt. 103; Washington, D.C. 20009											
20a. METHOD OF DISPOSITION W.X.Burlei 2 Cremation 3 Removal from State 1 Donation 8 Other (Specify) 20b. PLACE AND DATE of DISPOSITION (Name of cemetery, crematory or other place) Glenwood Cemetery 1 DATE 20c. LOCATION — City or Town, State Cemetery, crematory or other place) Glenwood Cemetery 1 994											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Late								s Fun	eral	H0me	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abock, or heart failure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Audentify Character Character Cause Consequence of conseq											
Rlo sepsi	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		AW CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATN? YES 2 NO							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSDITAL.				ACE OF DEATH (C	heck only o	ine)				
1 YES 2 NO 27. MANNER OF DEATN	↑S Inpatient 2 □ ER/Ou 28e. DATE OF INJURY	28b. Till	4 □ Nu	28c. INJ WO	URY AT RK?	_		NJURY OCCU	RED		
2 Accident investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, farm, ecity)	M street, fac			28f. LO C/h	CATION (Street of Town, State)	and Number of	r Rural Route	Number,	
(Gillian)										d menner as stated.	
3 Suicide 4 Nomicide 4 Nomicide 5 Could not be determined 5 Suicide 6 Could not be determined 5 Suicide 6 Could not be determined 5 Suicide 6 Could not be determined 5 Could not be determined 5 Could not be determined 5 Could not be determined 5 Could not be determined 5 Could not be determined 5 Could not be determined 5 Could not be determined 5 Could not be determined 5 Could not be determined 5 Could not be determined 5 Could not be determined 5 Could not be determined 5 Could not be determined 5 Could not be determined 5 Could not be determined 5 Could not be determined 6 Could not be determined 6 Could not be determined 6 Could not be determined 6 Could not be determined 6 Could not be determined 6 Could not be determined 6 Could not be determined 7 Could no										onth, Day, Year)	
	4. BOCIAL SECURITY NUMBER 577-64-7466 90. FACILITY NAME (If not institution, give a Washington Adversarial Top. County District of Columber 100. STATE Top. Columber 100. STATE Top. Columber 100. STATE Top. Columber 100. STREET AND NUMBER 6620 Blair Road 11. MARITAL STATUS Top. Conduction of Columber 100. STREET AND NUMBER 6620 Blair Road 11. MARITAL STATUS Top. Columber 11. Marital STATUS Top. Columber 12. State of Columber 13. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th grade 17. FATHER'S NAME (First, Middle, Lest) (Unavailable) 190. INFORMANT'S NAME (Type/Print) I da B. Session (200. METHOD OF DISPOSITION TO STATE CAUSE (Type/Print) I death 0. Separation 3 Rem 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE (Final Idease or condition resulting in death) LAST PART II. Other algnificant condition Resulting in death) LAST PART II. Other algnificant condition Resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER OF DEATH TO MEDICAL EXAMINER OF DEA	1. DECEDENT'S NAME (First, Middle, Lee!) Paul Edward 4. BOCIAL SECURITY NUMBER 5.77-64-7466 9. FACILITY NAME (# not institution, give street and number) Washington Adventist Hospi RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY District of Columbia 10a. STREET AND NUMBER 6620 Blair Road, N. W. 11. MARITAL STATUS 12. WAS DECEDENT EVER, FORCES? 1 Yet IF YES, GIVE WAR OR 11. MARITAL STATUS 12. WAS DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 2th grade 17. FATHER'S NAME (First, Middle, Lee!) (Unavailable) 19a. INFORMANT'S NAME (Type/Print) I da B. Session (sister) 20a. METHOD OF DISPOSITION V. Burlet 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. PART I. Enter the diseases, or complications that cause shock, or haart failure. Liet only ons ceuse on IMMEDIATE CAUSE (Final disease or condition resulting in death) PART II. Other algnificant conditions contributing to deeth R D POLIS 22. WAS CASE REFERRED TO MEDICAL EXAMINER? 1) PLYES 2 NO 27. MANNER OF DEATN 28b. DATE OF INJURY CAUSE (Final Investigation 3 Suicide 6 Could not be determined 6 Could not be determined 6 Could not be determined 7 CRETIFIER 29c. CERTIFIER (Chief only 0) 2 MEDICAL EXAMINER: On the best of my kno (Only) 2 MEDICAL EXAMINER: On the best of my kno (Only) 2 MEDICAL EXAMINER: On the best of my kno (Only) 2 MEDICAL EXAMINER: On the best of exaministic conditions and the best of my kno (Only) 2 MEDICAL EXAMINER: On the best of my kno (Only) 2 MEDICAL EXAMINER: On the best of my kno (Only) 2 MEDICAL EXAMINER: On the best of exaministic conditions and the best of my kno (Only) 2 MEDICAL EXAMINER: On the best of my kno (Only) 2 MEDICAL EXAMINER: On the best of my kno (Only) 2 MEDICAL EXAMINER: On the best of exaministic conditions and the best of my kno (Only) 2 MEDICAL EXAMINER: On the best of my kno (Only) 2 MEDICAL EXAMINER: On the best of my kno (Only) 2 MEDICAL EXAMINER: On the best	1. DECEDENT'S NAME (First, Middle, Last) PAU Edward Edward Sec. 4. BOCIAL SECURITY NUMBER S. BEX 6. AGE (in yrs. last birtholor) 577-64-7466 1(X) M 2 F 44 YRS. 96. FACRITY NAME (if not institution, give street and number) Washington Adventist Hospital FREBIDENCE OF DECEDENT 106. STATE 106. COUNTY 10c. CTI District of Columbia 106. STATE 106. COUNTY 10c. CTI District of Columbia 106. STATE 106. COUNTY 10c. CTI District of Columbia 116. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 15. DECEDENT'S EDUCATION 16. DECEDENT'S (Specify only highest grade completed) Elementary/Secondary (0-12) 12 th grade 17. FATHER'S NAME (First, Middle, Last) 12 th grade 17. FATHER'S NAME (First, Middle, Last) 12 th grade 17. FATHER'S NAME (First, Middle, Last) 12 th grade 17. FATHER'S NAME (First, Middle, Last) 12 th grade 17. FATHER'S NAME (First, Middle, Last) 12 th grade 17. FATHER'S NAME (First, Middle, Last) 12 th grade 17. FATHER'S NAME (First, Middle, Last) 12 th grade 18. December of the Complete of	1. DECEDENT'S NAME (P) PAUL 4. BOCIAL SECURITY NUMBER 577-64-7466 1 (M) 2 F 577-64-7466 1 (M) 2 F 90. FACILITY NAME (If not institution, pive sized and number) Washington Adventist Hospital RESIDENCE OF DECEDENT 100. COUNTY Washington Adventist Hospital RESIDENCE OF DECEDENT 100. STREET AND NUMBER 6620 Blair Road, N. W. 11. MANITAL STATUS 10. STREET AND NUMBER 6620 Blair Road, N. W. 11. MANITAL STATUS 10. STREET AND NUMBER 6620 Blair Road, N. W. 11. MANITAL STATUS 10. STREET AND NUMBER 6620 Blair Road, N. W. 11. MANITAL STATUS 10. DECEDENT'S EDUCATION 11. MOVEN MARITAL STATUS 11. NORCEST 1 SES 2 NO IF YES 2 NO IF YES, GIVE WAR OR DATES 11. Yes, GIVE WAR OR DATES 11. STATUS 12. MAS DECEDENT SUBJECT 12. WAS DECEDENT SEPINO SITE OF TOWN ON PROPHER OF STATUS SITE O	1. DECEDENT'S NAME (Paul Model, Lasi) PAUL Edward Sessoms Edward Sessoms Edward Sessoms Edward Sessoms Edward Sessoms Edward Sessoms Edward Sessoms Edward Sessoms Edward Sessoms Edward Sessoms Edward Sessoms Fig. Accounty Name (in not institution, give street and number) Washington Adventist Hospital Tako Tak	1. DECEDENT'S MANE (First, Middle, Law) Paul Edward Sessoms 4. DOCAL SECUNITY NUMBER 5. SEX 1/2 M 2 P	1. DECEDENT'S NAME (First, Middle, Law) PAUL Edward Sessoms 2. AME (First, Middle, Law) FALLE FUNDERS AND FOR A A ADE (First, Middle) 5. SEX S. ADE (First, Middle) 6. SEX S. ADE (First, Middle) 6. SEX S. ADE (First, Middle) 6. SEX S. ADE (First, Middle) 6. SEX S. ADE (First, Middle) 6. SEX S. ADE (First, Middle) 6. SEX S. ADE (First, Middle) 6. SEX S. ADE (First, Middle) 6. SEX S. ADE (First, Middle) 6. SEX S. ADE (First, Middle) 6. SEX S. ADE (First, Middle) 6. SEX S. ADE (First, Middle) 6. SEX S. ADE (First, Middle) 6. SEX S. ADE (First, Middle) 6. SEX S. ADE (First, Middle) 6. SEX S. ADE (First, Middle) 6. SEX S. ADE (First, Middle) 6. SEX S. ADE (First, Middle) 6. SEX S. ADE (First, Mid	L DECEDENT'S NAME (FIFE, MASSA, LAN) 4. DOCAL BECURITY MARBER 5. BCX 4. AOS (in yis, har binney) 5. BCX 5. AND (in yis, har binney) 5. BCX 5. AND (in yis, har binney) 5. BCX 5. AND (in yis, har binney) 5. BCX 5. AND (in yis, har binney) 5. BCX 5. AND (in yis, har binney) 5. BCX 5. AND (in yis, har binney) 5. BCX 5. AND (in yis, har binney) 5. BCX 6. BCX 6. BC	1. DECEMBENTS MAME (Proc. Model, Last) Paul Edward Sessoms 4. DOCAL SECURITY NUMBER 4. DOCAL SECURITY NUMBER 577-64-7466 11 May 2	LOCAL BECUMYTY NUMBER 4. BOOM. BECUMYT NUMBER 577-64-7466 100 at 2	

Riverdal

91. DATE FRED (MOINT). DAY NAM)
FEB 0 1 1994
FEB 0 1 1994

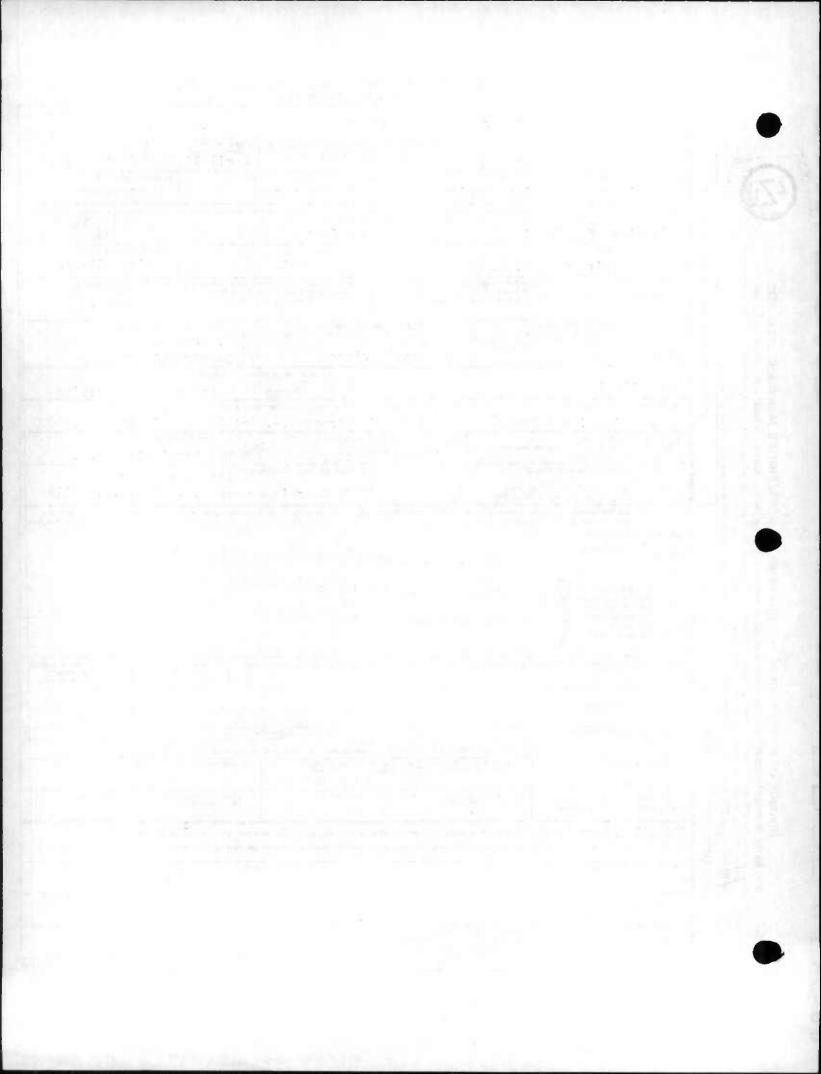
Below enh Befreden

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BUEENS BURRY

MIRRY MORE RIV

DHMH-16 Rev 1/89



THE FUNCTION. OF ALTENDING PRESCUENT, THE LAW REQUIRES that be death demonstrate the procured within 24 hours after death, raign to the present of the following the following the following the following the following the function, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygene price to that, certain, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
in 24 hours a
DIVISION OF VITAL RECORDS, P.O. BOX 68760.

VIRDEEN	S	PLTER				2. DATE OF DEATH MONTH JANUARY	DAY 29-	1997 12 30 TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 577-10-6601	5. SEX 1 M 2 XF	5. SEX 6. AGE (In yrs. les						B. BIRTHPLACE (State or Foreign Country) Missouri			
SOUTHERN RESIDENCE OF DECEDENT		AND HE	*Ame	-	WN OR LOCATION OF	(Month, Day, Year) Feb 26,1 DEATH	9c. CO	UNITY OF DEATH WINCE GEORGE			
10e. STATE 10b. COUL	alvert		100	r, TOWN ORL	ocation Frederic	k					
10e. STREET AND NUMBER				LLIICO	101. ZIP CODE	K	10a CI	1 VES 2 NO			
334 Overlook D	rive				20678			nited States			
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDEN	YES 2		It ye	DECENDENT OF HISP	can, Puerto Ricen, etc.)	NC ORIGIN? (Specify Yea or No — 14. RA Bla				
3 Wildowed 4 X Divorced						The special is		White			
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)			ive kind of v Do NOT us		PATION ing most of working	16b. KIND OF B					
1.7. FATHER'S NAME (First, Middle, Lust)			Bookke	eeper				Company			
			Control of the contro		(First, Middle, Meiden Surname)						
George J. McCo	nnell			Anna F. Haber							
19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
Thomas J. McConnell 334 Overlook Drive, Prince Frederick, MD 20678 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Feb 2, 1984 20c. LOCATION — City of Town, State											
1 M Burlel 2 Cremetion 3 Removed from State Compajory, Cremetory Coulor place) Compatory Coulor place Washington, D.C.											
23. PART I. Enter the diseases, or shock, or heart fallur iMMEDIATE CAUSE (Final disease or condition resulting in dasth)	or complications the	t caused the dise on each line	n.	opt enter the		207	35	rreat, Approximate Interval Betwee Onset and De			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CMR DUE TO	(OR AS A CONSE	DB QUENCE OF	7: STRUE	TIVE	Purmon	ARY	DISEANE			
PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. COLON CARCINOMA ATRIAL IS I'BRILATION 244. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO											
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER-											
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigatio	28e. DATE OF (Month, D	□ Inpetient 2 □ ER/Outpatient 3 □ OOA □ 4 □ Nursing Home 5 □ Resident State of Stat					her (Specify) ESCRIBE HOW INJURY OCCURED				
	28e. PLACE O					28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) d due to the cause(e) and manner as stated.					

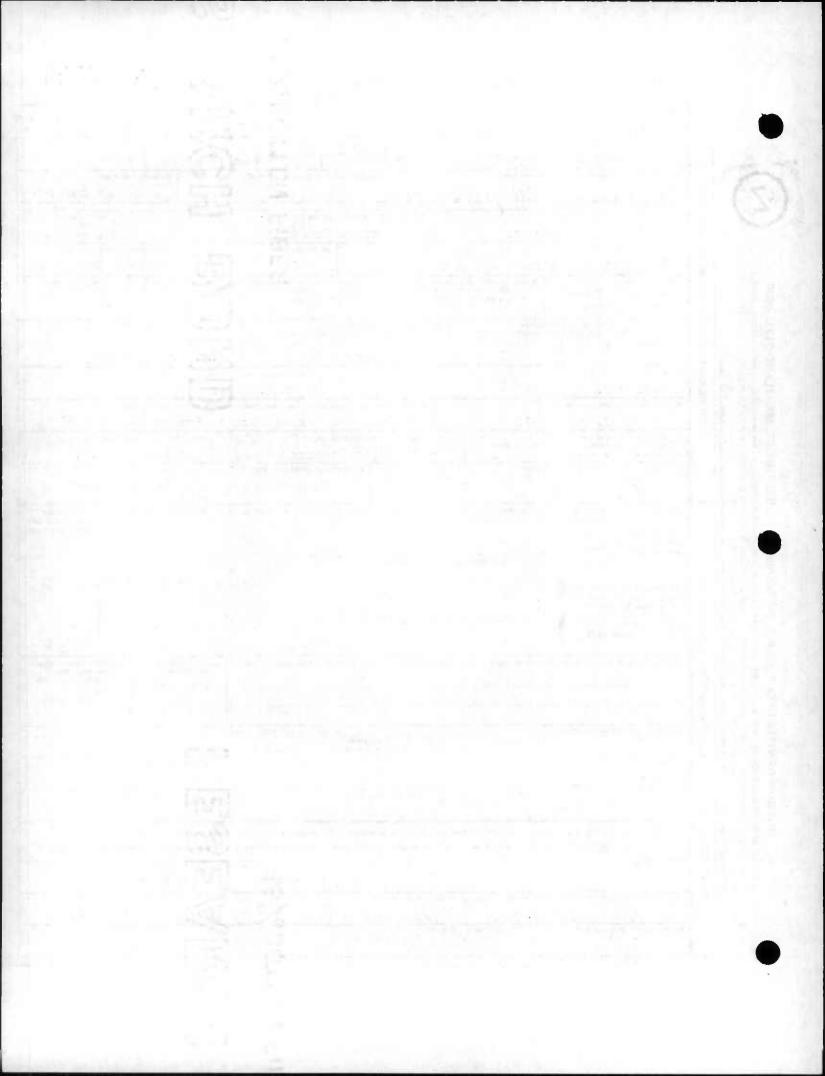
COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HNANI 8926 WOOd YAND

32. REGISTRAR'S SIGNATURE

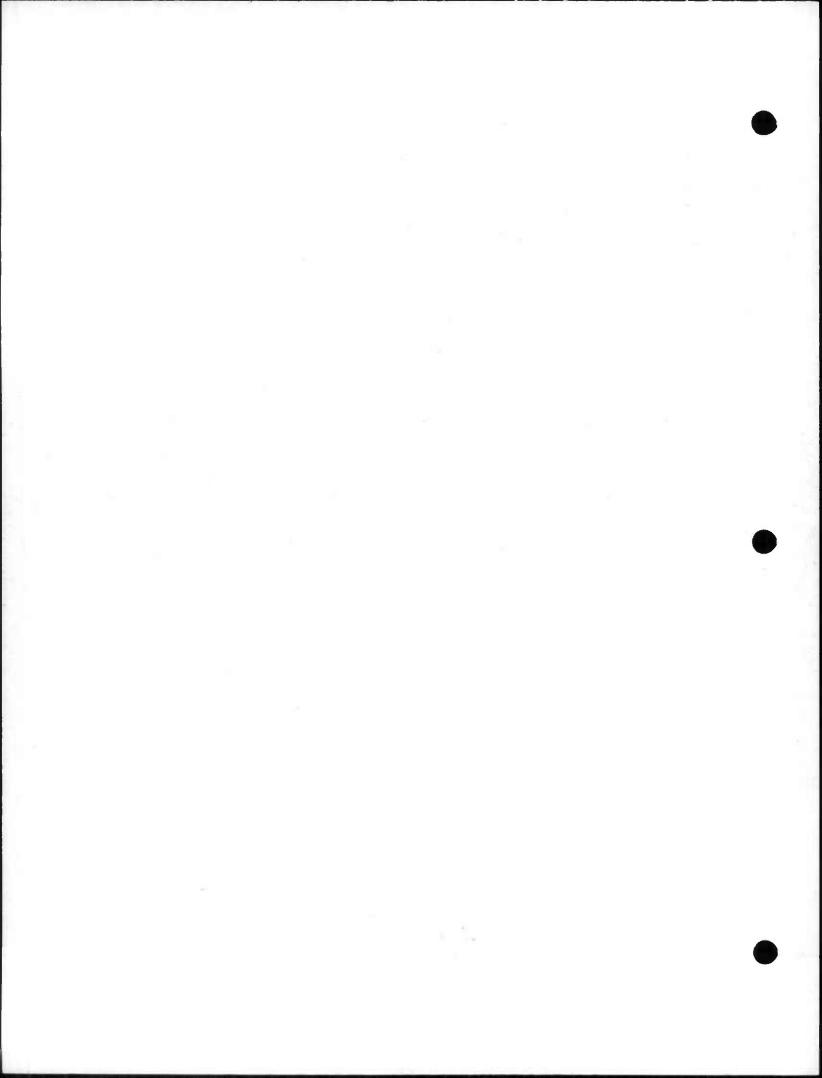
Gulia Savidson-Randell

Jan 31,1994



STATE	0F	MARYLAND	/ DEPARTI	MENT OF	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFIC	ATE O	F DEAT	TH		REG. NO.

	1 - FOR STATE OF STATE OF	F MARYLAND / DEPARTI CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	94	05745				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF OEATH		3. TIME OF DEATH				
	EDITH MAYBERRY SM	ITH		February !	5, 1994	11:00 A M				
	4. SOCIAL SECURITY NUMBER 5. SEX		F UNDER 1 YEAR	7. DATE OF BIRTH (Month, Day, Year)	a. BIRT	THPLACE (State or Foreign				
	213-38-3618 ¹□м²및	F 86 YRS. M	ONTHS DAYS HOURS MIN.	09 19 1	1907 New	York, NY				
	9a. FACILITY NAME (If not institution, give street and number)	9	b. CITY, TOWN OR LOCATION OF D		9c. COUNTY OF					
OR	12111 Quick Fox Lane	F	Bowie		Prince	George's				
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		OWN OR LOCATION							
DIRECTOR					10d. INSIDE CITY LIMITS?					
-	Maryland Prince Geor	ge's Bowie		-1		1 NES 2 NO				
RA	12111 Quick Fox Lane		101. ZIP CODE			WHAT COUNTRY?				
FUNERAL		DENT EVER IN U.S. ARMED	20720	110 00101110 10 11 11	U.S.A.	An and a second of the second				
	1 Never Married 2 Married FORCES?	1 YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic	an, Puarto Rican, etc.)	Bla	CE — American Indian, ck, White, etc.				
ВУ	3 Wildowed 4 Divorced	VE WAR OR DATES	1 TES 2 NO Speci	y.	Spe	White				
	15. DECEOENT'S EDUCATION	18a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUSI	INESS/INDUSTRY					
Ħ.	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 o	life On NOT use a	k done during most of working stired.)							
린	8	Clerk		County (Governme	ent				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		18. MOTHER'S N	AME (First, Middle, Maiden S						
BE (Walter B. Stewart		Belle M	layberry						
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AC	ODRESS (Street and Number or Rural	Route Number, City or Town	, State, Zip Code)					
	_Geoffrey Smith	12111 0	uick Fox Lane,	Bowie, Mar	yland 2	0720				
	20s. METHOD OF DISPOSITION Date Description Date									
	4 Donation 6 Other (Specify)	→ Metropolita	n Crematory 2/	7/1994 Alex	andria,	Virginia				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Francis Gasch	CILITY						
	Yack I to	rend	4739 Baltimor							
	23. PARO I. Enter the diseesea, or complications	that caused the death. Do not	enter the mode of dying, suc	ch as cerdisc or respir	atory arrest,	Approximate				
	shock, Dr heert fellure. Liet pnly Dne	ceuse Dn eech line.				Interval Between Onset and Death				
	disease or condition	to purpundical	interton			sudden				
	reaulting in death) a	te Myourdia/	174470n							
						i .				
Sequentially liet conditions, Oue to (or as a consequence or)										
임	Sequentially liet conditions, if any, leading to immediate	ETO (OR AS A CONSEQUENCE OF):								
CATION	If any, leading to immediate cause. Enter UNDERLYING	TO (OR AS A CONSEQUENCE OF):								
TIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	E TO (OR AS A CONSEQUENCE OF):								
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	E TO (OR AS A CONSEQUENCE OF):	the underlying couse given in	Part I. 24s. WAS AN A	WTOPSY 24	ib. WERE AUTOPSY FINDINGS				
¥	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other eignificent conditions contributing	E TO (OR AS A CONSEQUENCE OF):	the underlying ceuse given in	PERFORM	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
¥	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other eignificent conditions contributing Senice of each entire	TO (OR AS A CONSEQUENCE OF):	the underlying ceuse given in		MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
¥	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other eignificent conditions contributing	TO (OR AS A CONSEQUENCE OF):	the underlying couse given in	PERFORM	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
IAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other eignificent conditions contributing Senic dementic 4 (choic liver disease)	TO (OR AS A CONSEQUENCE OF):	the underlying ceuse given in	PERFORA t YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
¥	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other eignificent conditions contributing Senice degree for a least of the conditions contributing a least of the conditions conditions contributing a least of the conditions conditions contributing a least of the conditions conditi	TO (OR AS A CONSEQUENCE OF): g to deeth but not resulting in	26. PLACE OF DEATH (C)	PERFORM t YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
¥	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other eignificent conditions contributing Senile dean entire 4 Industrial Conditions Contributing Leading Conditions Conditions Contributing Leading Conditions Contributing Leading Conditions Contributing Leading Conditions Contributing Leading Conditions Contributing Leading Conditions Contributing Conditions Contributing Leading Conditions Conditions Contributing Conditions Contribu	TO (OR AS A CONSEQUENCE OF): g to deeth but not resulting in the consequence of the cons	26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence F 28c. INJURY AT	PERFORM t YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other eignificent conditions contributing Senice Season of Contributing Senice	TO (OR AS A CONSEQUENCE OF): g to deeth but not resulting in the second of the second	26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence F 28c. INJURY AT	PERFORM t YES 2 meck only one) 6 Other (Specify)	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
BY PHYSICIAN: MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other eignificent conditions contributing Sen. / Colement Called A Colon Colement Called A Colon	TO (OR AS A CONSEQUENCE OF): To to deeth but not resulting in the consequence of the con	26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence PY WORK? M 1 YES 2 NO	PERFORM t YES 2 Beck only one) 6 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street at	JURY OCCURED	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
BY PHYSICIAN: MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other eignificent conditions contributing Sen. / Colement Called A Colon Colement Called A Colon	TO (OR AS A CONSEQUENCE OF): g to deeth but not resulting in the second of the second	26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence PY WORK? M 1 YES 2 NO	PERFORM 1 YES 2 PECK only one) 6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other eignificent conditions contributing Senic demand 4 Cholic Live discase 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO HOPITAL 27. MANNER OF DEATH 1 Retural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detaymined 29a. CERTIFIER 1 REPTIEVING PLAYSICIAL To the box	TO (OR AS A CONSEQUENCE OF): g to deeth but not resulting in the second of the second	26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence OF Y 28C. INJURY AT WORK? M 1 YES 2 NO et, factory, office	PERFORM 1 YES 2 Beck only one) 5 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street at City or Rown, State)	JURY OCCURED	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
BY PHYSICIAN: MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing Senice Segment Cause (Language Segment) Cause Segment Cause Seg	TO (OR AS A CONSEQUENCE OF): g to deeth but not resulting in the second of the second	26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO et, factory, office	PERFORM 1 YES 2 Beck only one) 5 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street ar City or Rown, State)	JURY OCCURED Ind Number or Rural	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other eignificent conditions contributing for it of the conditions conditions contributing for it of the conditions conditio	TO (OR AS A CONSEQUENCE OF): g to deeth but not resulting in the second of the second	26. PLACE OF DEATH (C) THER: Nursing Home 5 Rasidence PF	PERFORM 1 YES 2 DECK only one) 5 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street ar City or Rown, Stele) to the cause(a) and many at time, data and place, and	JURY OCCURED and Number or Rural her as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,				
BY PHYSICIAN: MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing Senice Segment Cause (Language Segment) Cause Segment Cause Seg	TO (OR AS A CONSEQUENCE OF): g to deeth but not resulting in the second of the second	26. PLACE OF DEATH (C) THER: Nursing Home 5 Rasidence REST	PERFORM 1 YES 2 Deck only one) 5 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street ar City or Rown, Stele) to the cause(a) and manner at time, data and place, and	JURY OCCURED and Number or Rural her as stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other eignificent conditions contributing Senice	TO (OR AS A CONSEQUENCE OF): To deeth but not resulting in the second of axamination and/or investigation, is a consequence of axamination and/or investigation.	26. PLACE OF DEATH (C) THER: Nursing Home 5 Rasidence Research Resear	PERFORM 1 YES 2 Deck only one) 5 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street ar City or Rown, Stele) to the cause(a) and manner at time, data and place, and	JURY OCCURED and Number or Rural her as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,				
E COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other eignificent conditions contributing Sen. Celen entru 4 Colonic Sen entru 4 Colonic Sen entru 4 Colonic Sen entru 4 Colonic Sen entru 4 Colonic Sen entru 4 Colonic Sen entru 4 Colonic Sen entru 5 Colonic Sen entru 6 Colonic Sen entru 6 Colonic Sen entru 7 Colonic Sen entru 7 Colonic Sen entru 8 Colonic Se	TO (OR AS A CONSEQUENCE OF): To to deeth but not resulting in the second of the secon	26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO et, factory, office at the fime, data and piace, and due in my opinion, death occured at the	PERFORM 1 YES 2 Deck only one) 5 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street ar City or Rown, Stete) to the cause(a) and manner time, data and place, and	JURY OCCURED Ind Number or Rural Iner as stated. I due to the cause 29d. DATE SIGNE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, (a) and manner as stated.				
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other eignificent conditions contributing Sen. Celegrantic 4 (Calolic liver disease) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 1 Inpatient 27. MANNER OF OFATH 1 Actures 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined determined (Check only one) 29a. CERTIFIER (Check only one) 29b. SIGNATUME AND TITLE OF CERTIFYING PHYSICIAN: To the bealer of the could not be determined (Check only one) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED OF THE COURT OF	TO (OR AS A CONSEQUENCE OF): To to deeth but not resulting in the second of the secon	26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO at, factory, offica at the firme, data and place, and du in my opinion, death occured at the 29c. LICENSE NU DAA (nt) Center Drive #	PERFORM 1 YES 2 Deck only one) 5 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street ar City or Rown, Stete) to the cause(a) and manner time, data and place, and	JURY OCCURED Ind Number or Rural Iner as stated. I due to the cause 29d. DATE SIGNE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, (a) and manner as stated.				



CIP

_	ITEMS: 23 PART I, 27							
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF	HEALTH AND	MENTAL HYGIEN REG. NO	E 94	05746
	1. DECEDENT'S NAME (First, Middle, Last)		02.11111	TOATE O	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
	SHANE	MICHAEL		STAMPF	ER	FEB 7,	"1994 ["]	7:03 A M
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	219-39-6088 9e. FACILITY NAME (If not institution, give s	1 🛛 M 2 🗌 F	O YRS.	2 1		12 06 1		ashington, DC
DIRECTOR	DOCTORS HOSPI			96. CITY, TOWN	AM	EATH	1,400,000,000	OF DEATH INCE GEORGES
REC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	CATION			10d. INSIDE CITY
	Maryland Prince	e George's	Gre	enbelt_				1 X YES 2 NO
FUNERAL		11001			10f. ZIP CODE			N OF WHAT COUNTRY?
NE I	9D Parkway Road	12. WAS DECEDENT EVER II	NIIS ARMED	12 9000	20770	NIC ORIGIN? (Specify Yes	U.S.	
	1 X Never Married 2 Married	FORCES? 1 YES	2 X NO	II yes,	specify Cuban, Mexica ES 2 (X NO Specific	in, Puerto Rican, etc.)	or No — 14	I. RACE — American Indian, Black, White, etc.
ВУ	3 Widowed 4 Divorced			''.	ra z kit uo abecu	у.		Specify: White
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S (Give kind of	work done during i	TION most of working	16b. KIND OF BU	INESS/INDUS	TRY
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)				
M	17. FATHER'S NAME (First, Middle, Last)	0	Infant		18 MOTHER'S NA	N/A	Suma mal	
	Timothy Michael	Stampfer				a Kathern		ffe
38 0	19e. INFORMANT'S NAME (Type/Print)	•	19b. MAILING	ADDRESS (Stree		Route Number, City or Tow		
임	Raymond M. Radcl:	iffe	2D Res	search :	Road, Gre	enbelt, Ma	ryland	1 20770
	20a METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 Rem	oval from State 20b	D. PLACE AND DATE (ther place!				y or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	MD	Nationa	1 Memor	ial Park	2/10/94 I	aurel,	, Maryland
		, LINGLE		Fran	cis Gasch	's Sons Fu	neral	Home, P.A.
4	W.P. 92	eson		4739	Baltimor	e Ave. Hv	attsvi	11e, MD 20781
	23. PART I. Enter the diseases, or can shock, or heart tailure. IMMEDIATE CAUSE (Finel	complications that caused List only one cause on a	d the death. Do reach line.	not enter tha n	node of dying, auc	h aa cardiac or respi	retory arres	t, Approximate Interval Between Onset and Death
	disease or condition	. SUDDEN INFAN	T DEATH SY	NDROME				
		DUE TO (OR AS A	CONSEQUENCE OF	F):				
S	Sequentially list conditions,	b	CONSEQUENCE OF					
RTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	rj:				
윤	CAUSE (Disease or Injury that initieted eventa	DUE TO (OR AS A	CONSEQUENCE OF	F):				<u> </u>
	resulting in death) LAST	d						
2	PART II. Other significant condition	s contributing to death b	ut not resulting	in the underly	no ceuse olven in	Part I. 24a. WAS AN	ALITODEY	24b. WERE AUTOPSY FINDINGS
MEDICAL					ang count given in	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
						1 YES 2	∐ NO	OF DEATH?
								1 123 2 100
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Ch	eck only one)		
λS.	YES 2 NO	1 - Inpetient 2 X ER/Outp	ontlent 3 🗆 DOA	OTHER:	ome 5 🗆 Residence	8 Other (Specify)		
표	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIM INJ	IURY V	NJURY AT YORK?	28d. DESCRIBE HOW I	JURY OCCUP	RED
B B	2 Accident Investigation	280 PLACE OF IN HIP	At home from		YES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	city)	опичет, пастогу, оп	rc.	281. LOCATION (Street a City or Town, State)	na Number or	riurai Ploute Number,
OMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of my hour	ladge depth con-	ad at the time of	da and place and d	to the severite side	and our range of	
AM.		CIAN: To the best of my know R: On the basis of examination						euse(a) and menner as stated.
C	296. SIGNATURE AND TITLE OF OURTHEE				29c. LICENSE NUI			IGNED (Month, Day, Year)

IPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

- Randall

32. REGISTRAR'S SIGNATURE
GLING DAVIDSON

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within completely filled in by the trustal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

3

TO BE

DATE FILED (Month, Dev. Year)
FEB 0 9

1994

1994

21201

FEB 7,

O.C.M.E.

Penn Street, Baltimore, Maryland

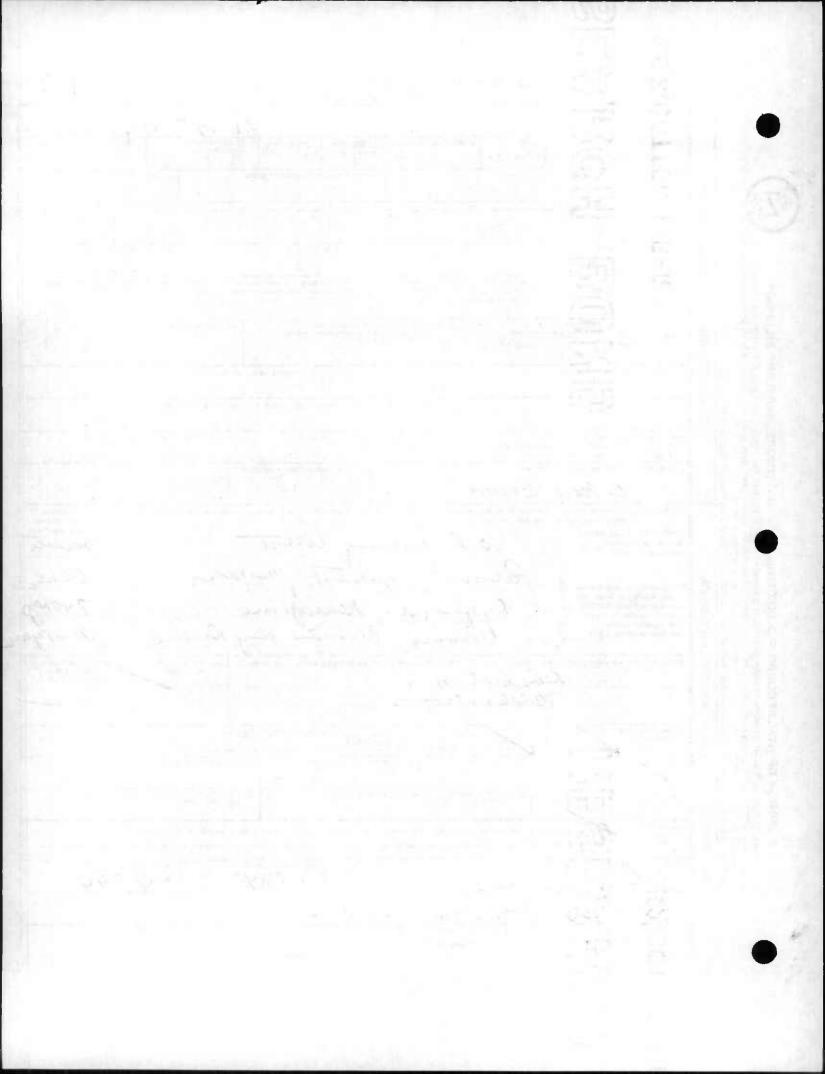
7. should be detached for use as the burial-transit

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within frours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any united about with the State have of Headil Haringe new to have committed for the funeral within 20 hours after death with the State have of Headil Haringe new to have committed.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	OR	DIRE	tem
	M	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the last surface and the state flesh with the State flesh and Marial Malines added to build compation or connected.	=
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	HC	工品	2
	F	F 2	5 =

31. DATE FILEO (Month, Day, Year)

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	RTMENT (OF HE	ALTH A	ND I	MENTAL HYGIEN	E 9	Ļ	0574	7
	1. DECEDENT'S NAME (First, Middle, Last)			SINTH	ICATE	OF D	CAIL	_	REG. NO.	_		3. TIME OF DEATH	
	ERNEST PAUL	SNODD	ERLY SE	₹.				ч	MONTH DA	**	YEAR	0430	W
900	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER t	YEAR II	F UNDER 24	HRS.	7. DATE OF BIRTH	_/7		PLACE (State or Fore	ian
	705-10-5479	1 💢 M 2 🗆 F	90	YRS.	MONTHS	DAYS H	OURS	MIN.	FEB. 4, 1	904	Country		
	9a. FACILITY NAME (If not institution, give str	eet and number)	00		9b. CITY, T	TOWN OR I	OCATION	OF DE		_	NTY OF D		ATV
TOR	WASHINGTON COU		SPITAL			GERS						NGTON	
DIRECTOR	10a. STATE 10b. COUNTY	HINGTO	V		Y, TOWN OR							10d. INSIDE CITY LIMITS? 1 X YES 2 N	ю
AL.	10e. STREET AND NUMBER					10f. ZI	P CODE			10g. CIT	IZEN OF W	HAT COUNTRY?	
FUNERAL	73 DEVONSHIRE	ROAD				2	1740	0			U.S.	A	
S	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AR	RMED	13. WA				IIC ORIGIN? (Specify Yes		14. RACE	- American Indian	
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	YES 2)(1) WAR OR DATES	(40		yes, specif			n, Puarto Rican, etc.)		Black Specif	, White, atc.	
8	15. DECEDENT'S EDUC		18a, DE	CEDENT'S	USUAL OCC	UPATION			16b. KIND OF BUS	INESS/IN	DUSTRY	WHILLE	
COMPLET	(Specify only highest grade of Elementary/Secondary (0-t2)	College (1-4 or 5	+) (G	. Do NOT u	work done dur se retired.)	ring most o	f working						
린	6		MA	CHI	NIST-	-WEL	DER		RAILR	OAD			
ő	17. FATHER'S NAME (First, Middle, Last)					10	. MOTHER	I'S NA	ME (First, Middle, Malden	Surname)			
BE C	ERNEST EDWAR	D SN	ODDERLY	1			EFF	FIE	GERTR	UDE	W	EANT	
6	19a. INFORMANT'S NAME (Type/Print) GLADYS M. BISE	D	191						Route Number, City or Town		,	MD 217	7.40
	20a, METHOD OF DISPOSITION	I)	200 01 405		OF DISPOSITI			TUF	DATE 200. LO		City or Tox		40
	1 Donation 5 Other (Specify)	val from Stata	cemetery, cre	matory or o	ther placel								
	21. SIGNATURE OF FUNERAL SERVICE LICI	ENSEE	- 1 KES]	HA		AME AND			2-19-94 HAG	ERSI	UWN.	WASH. MD	
	· R hoel	Bred	ig.		ANI	DREW	K. (COF	FMAN FUNER	AL H	OME,	INC. MD. 21740	0
	23. PART i. Enter the diseases, or contact the series of t	omplications the	t caused the de	eth. Do	not enter th	he mode	of dying	, sucl	h es cerdiec or reepi	ratory er	rest,	Approximate	
	IMMEDIATE CAUSE (Finei	ist only one cer	on each line	0		/	200					Onset and I	
	disease or condition resulting in death)	· · ·	rais p	uen	may	4	000	21				minu	ele,
z		Requi	MONT	OUENCE O	m , U	less'	1	nu	umnia			6ares	1
은	Sequentieily list conditions, if any, leading to immediate	OUE TO	(OR AS A CONSE	QUENCE 6	PIE .		1						7
3	ceuse. Enter UNDERLYING CAUSE (Disesse or injury	1 Qu	makar	in -	K	our	092	n	ف			7.400	Con
E	that initiated events	DUE TO	IGA AS A CONTE	DUENCE O	F):	1 -	0		1 0				U
ERTIFICATION	resulting in death) LAST	0	luone	è	our	hu	tut	06	ing Mises	ne		20-15	yes
LC	PART II. Other significent conditions	contributing to	death but not r	resulting	in the unde	eriving c	euse giv	en in	Part i. 24s. WAS AN	AUTOPSY	240	ERE AUTOPSY FINE	DINGS
MEDICAL	00	Qu Dia	Tim						PERFOR	MED?	1	AVAILABLE PRIOR TO)
		2 to	utrife	-+			-		1 TYES 2	Cabo		OF DEATH?	
	-	Loun	wynor	12					_			1 TYES 2 THO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	-			211								
[]	EXAMINER?	HOSPWAL:			OTHER:				eck only one)				
1×S	1 TYES 2 THE	28a. DATE OF	ER/Outpatient 3	28b. TIM	1			lenca	6 Other (Specify) 28d. DESCRIBE HOW II				
	1 Natural 5 Pending	(Month, C		1N.	JURY	WORK	2 N	.	28d. DESCHIBE HOW II	AJURY OC	CURED		
BY	2 Accident Investigation	28a PLACE C	F INJURY — At ho	me form		-	2 [] N	10	281, LOCATION (Street a	and Alicenter	0 0		
E	3 Suicide 8 Could not be 4 Homicide determined	bullding,	atc. (Specify)	mie, iarrii,	street, factory	y, onice			City or Town, State)	ina Numbe	r or muner m	oute Number,	
<u>-</u>	29a. CERTIFIER	NAME TO AND DOOR OF	- I and the second										
COMPLET	(Check only one) 2 MEDICAL EXAMINER								to the cause(s) and men			and manner on stat	had
8			The state of the s	voorigativ	and the many orbit								
BE	29h. SIGNATURE AND TITLE OF CERTIFIER					29	C. LICENS	TO C	IBER COC	29d. DA	SIGNED	(Month, Day, Year)	
9	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED ONL	OF OF DESTRICT	M am or			00	10	18	-4	111	94	

DHMH-16 Rev 1/89



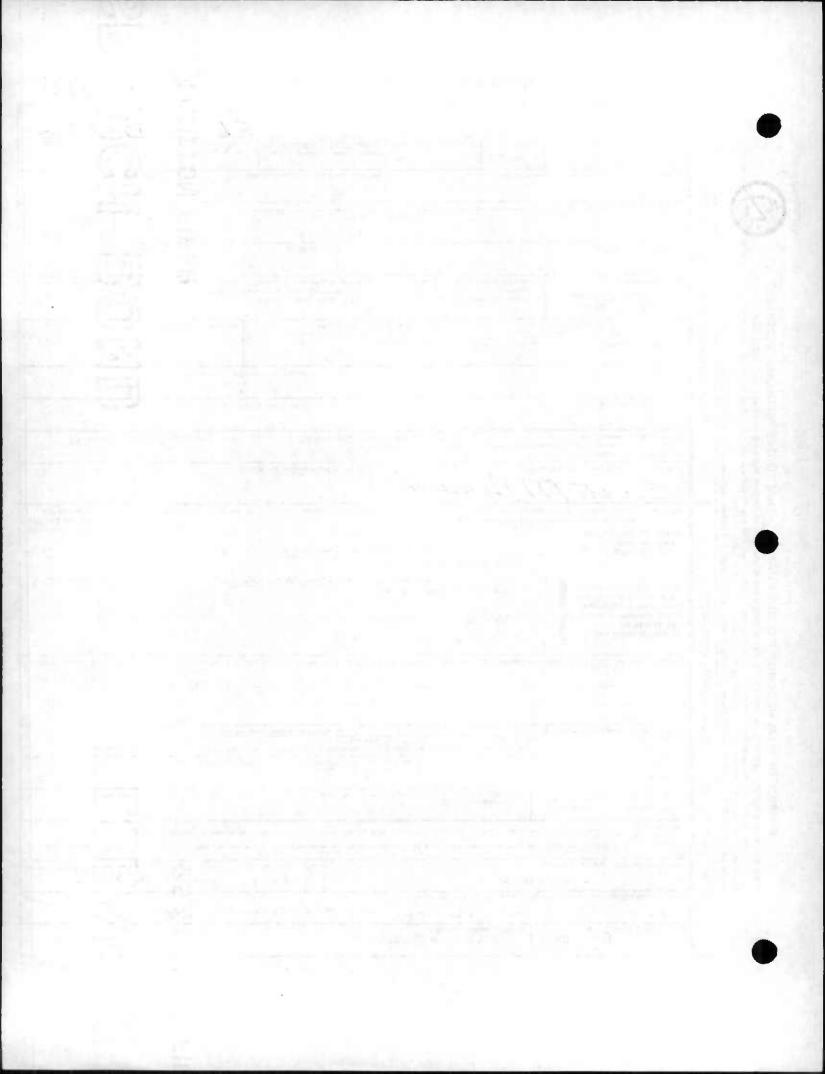
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	urs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-tran be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.	in by the funeral director, page 5 should be detached for use as the burial-tran removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

as the burial-transit

FOR

STATE OF MADVIAND / DEDADTMENT OF HEALTH AND MENTAL HYCICAE

REGISTRAR 1. DECEDENT'S NAME (First, Midde	die, Lasi)								2. DATE	OF DEATH			3. TIME OF DEATH
Wilbur Lee ST	CERLIN	NG. Sr.							MONTH CO	1	LO I	944	0512
4. SOCIAL SECURITY NUMBER		S. SEX	8. AGE (In yrs.	last birthday)	IF UNDER 1	1 YEAR	IF UNDER	24 HRS.	7. DATE (OF BIRTH		8. BIRT	HPLACE (State or Foreign
214-09-9071	1	₩ 2 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	1012	M o r	yland
9a. FACILITY NAME (If not instituti	ion, give stree	et and number)	01		9b. CITY,	TOWN O	R LOCATIO	N OF DE				JNTY OF	
Washington Co	ounty	Hospita	a1		Н	lage	rstov	n			Wa	shir	ngton
	COUNTY			10c. CIT	TY, TOWN OF	R LOCAT	ION						10d. INSIDE CITY
Maryland W	Vashir	oron		TAT	illia	men	ort						LIMITS?
100. STREET AND NUMBER	14011412			**		-	ZIP CODE				10g. CIT	TIZEN OF	WHAT COUNTRY?
16813 Sterlin	og Ros	ad					217	0.5				US	• ^
11. MARITAL STATUS		2. WAS DECEDEN			13. W	MAS DEC		-	HC ORIGIN	(Specify Ye	e or No-		DE — American Indian, ck, White, atc.
1 Never Married 2 Marri 3 Widowed 4 Divorced	led		YES 2 MAR OR DATES	Мо			2 XNO			ican, atc.)		Spe	ck, White, atc. city: ite
15. DECEDEN			16a. I	DECEDENT'S	USUAL OC	CUPATIO	N		16b.	KIND OF BE	JSINESS/IN		116
(Specify only high Elementary/Secondary (0-12)	1	mpleted) College (1-4 or 5		(Give kind of life. Do NOT u	work done de se retired.)	luring mos	st of working	7	3				
10		0		Owne	r & 0	pera	ator			marke	et		
17. FATHER'S NAME (First, Middle,	Last)							ER'S NA		iddle, Maide			
Norman B. Ste	rling	5					2012/11/1			rubal		nder	son
19a. INFORMANT'S NAME (Type/P	Print)			19b. MAILING	AODRESS	(Street a	nd Number	or Rural F	Poute Numb	er, City or To	wn, State, Zi	p Code)	
Carrie E. Ste	rling	5											21795
20a. METHOD OF DISPOSITION			20b. PLAC	EANDDATE	OF DISPOSIT	ITION /Na	me of	_	DATE	20c. L	OCATION -	City or	Town. State
1 N Buriel 2 Cremetion 3 4 Donation 5 Other (Spec		il from State	Green	en later	n Mem	ori	al Pa	rk	2-22	Wi	lliam	Spor	t, Maryla
21. SIGNATURE OF FUNERAL SEE		ISEE	5	CIIICIW	I I I CIII	1011	D ADDRES	S OF FA	CILITY		LIXCON	Spor	c, Haryra
					22. N	NAME AN	ID ADDUES						
No. XI		M	me	1	MI	NNI	CH FU						
23. PART I, Enter the disees ahock, or heart IMMEDIATE CAUSE (Final disease or condition	Ses, or cor	mplications the	use on each li	deeth. Do	MI 41 not enter t	NNIC	CH FU Wil	.SON	B1vd	ac or reap			Approximate Interval Betwoonset and D
ahock, or heart IMMEDIATE CAUSE (Final	ses, or cor fellure. Lis	nplications the st only one can	it caused the	deeth. Do ne.	MI 41 not enter to	NNIC	CH FU Wil	.SON	B1vd	ac or reap			Approximate Interval Betv
ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	ses, or cor fellure. Lis	pplications the st only one can DUE TO	it caused the cuse on each life	deeth. Do ne.	MI 41 not enter to	NNIC	CH FU Wil	.SON	B1vd	ac or reap			Approximate Interval Betv
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a perior ster feath. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunda-training or more than the training of the standard director and	
stained by the hospita	should be detached	offied at once.
i. Page 6 may be re	ral director, page 5	ilner must be no
The after death	filled in by the fune	e medical exam
executed within a	n and completely	imatic event, th
eath certificate be	attending physicia	y, or other trau
nw requires that the di	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral property of the first p	be med within 12 hours after death with the bake both, or regularly when private prior to bound, contrastor, or removed. IMPORTANT: If them 28 is marked, or from 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
3 PHYSICIAN: The la	r this certificate has	arked, or item 2
TAL OR ATTENDING	AL DIRECTOR: After	If item 28 is m
TO THE HOSPI	TO THE FUNER	IMPORTANT:

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CEHTIFIC	CATE OF DEATH		REG. NO.		3.	TIME OF DEATH
Della Virg	ginia Shan	k			Luary 7	6, 19	14	3:10 p. M
217-28-6910	1 M 2 X F 7		F UNDER 1 YEAR F UNDER 24 HRS. RONTHS DAYS HOURS MIN.	7. DATE (Month	OF BIRTH	1917	BIRTHPLA Country)	CE (State or Foreign S.A.Marylo
90. FACILITY NAME (If not institution, give street 2606 Old National Presidence of decedent			bb. CITY, TOWN OR LOCATION OF D Middletown	EATH		ec. COUNTY Fred	OF DEATH	1
106. STATE 106. COUNTY Maryland Freder	ick_		town or Location letown					I. INSIDE CITY LIMITS? YES 2 X NO
100. STREET AND NUMBER 2606 Old National F	Pike		101. ZIP CODE 21769				S.A.	COUNTRY?
11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR D	2 /NO	13. WAS DECENDENT OF HISPA If yes, specify@uban, Maxic 1 YES 2 NO Speci	an, Puarto		r No 14.	RACE — Black, Wi	American Indian, hite, atc. White
15. DECEDENT'S EDUCAL (Specify only highest grade co			ork done during most of working retired.)		KIND OF BUSIN		TRY	,
17. FATHER'S NAME (First, Middle, Last) Roma Shank		Factory	18. MOTHER'S N.	AME (First,	Shoe Fac Middle, Maiden Su Lighter			
19a. INFORMANT'S NAME (Type/Print) Waldo R. Shank		19b. MAILING /	NOTICES (Street and Number or Aural Ld National Pik	Route Num	ber, City or Town,	State, Zip Co	00)	169
20a. METHOD OF DISPOSITION 1	al from State S	b. PLACE OF DISPOSI	TION (Name of cometers, cremetors or Crematorium		20c, LOCA	TION — City	or Town,	
21. SIGNATURE OF FUNERAL SERVICE LICEN	VSEE							
Sattly L.	Lehette	7	22. NAME AND ADDRESS OF F. Ricketts Fune			. Box yersv		, MD 2177
23. PART I. Enter the disease, or conshock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	mplications that ceuse st only one ceuse on a	mic CA	Ricketts Fune of dyling, sur	ral f	tome M	yers v.	ille,	Approximate Interval Between
shock, or heert feilure. List IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE OF	Ricketts Fune of dying, sure the mode of dying, sure the mode of dying, sure the control of the	ral t	tome M	yers v.	ille,	Approximate Interval Between Onset and Death
shock, or heert fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING	DUE TO (OR AS	MIC CAPPA A CONSEQUENCE OF	Ricketts Fune of dying, sure the mode of dying, sure the mode of dying, sure the control of the	ral t	tome M	yers v.	ille,	Approximate Interval Between Onset end Death
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Shock, or heart feilure. List IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions DIABLE TO MEDICAL EXAMINER? 1 YES 2 YNO 27. MANNER OF DEATH 1 Watural 5 Pending	DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in tention 3 DOA 285, TIME INJU	Ricketts Fune It enter the mode of dying, sur LDIO MYS PATH TORY DISCUSS TORY TORY 26. PLACE OF DEATH (COTHER: 4 Nursing Homa 5 Residence OF 28c. INJURY AT WORK? M YES 2 NO	Part 1.	diec or respire 24a. WAS AN AI PERFORM 1 YES 2 (1)	UTOPSY HO	24b. WE	Approximate interval Between Onset and Death I I years II years II years II years RE AUTOPSY FINDINGS MLABLE PRIOR TO MAPLETION OF CAUSE DEATH?
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MIDDLETOWN,

32. REGISTRAR'S SIGNATURE

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
DESSUER WD PO BOX 17

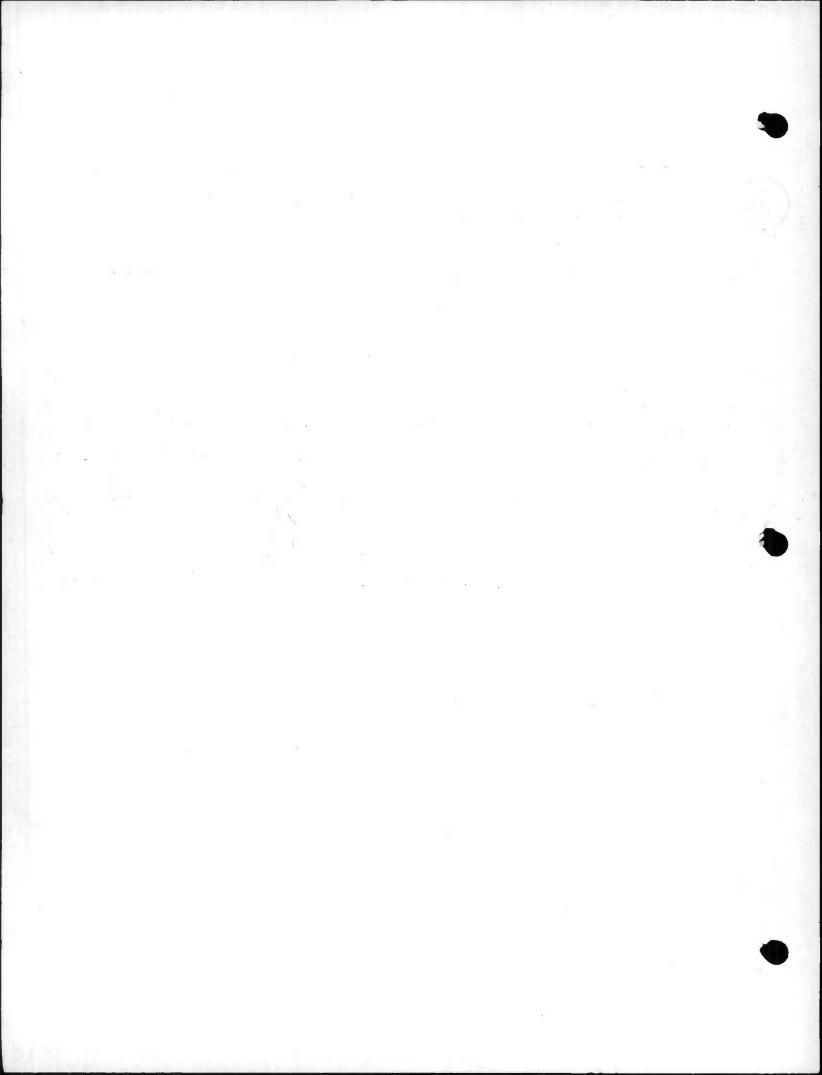
ROESSUR

JAMES

31. DATE FILEO (Month, Day, Year)
FEB 1 8 199

21769

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HECORDS, P.O. BOX 68/60	law ramines that the death certificate he executed
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CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR CLARENCE SHAMBERGER 02 **ALEXANDER** 01 94 11:00AM M 4. SOCIAL SECURITY HUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIFTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1 2KM 2 | F 422-03-2553 Oct. 20, 1919 Alabama 9a. FACILITY HAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 14116 Oak Point Drive Laurel Prince George's 10b. COUNTY t0c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Prince George's 1 X YES 2 | HO Laurel permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUHTRY? use as the burial-transit 14116 Oak Point Drive U.S.A. 20707 retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES ARMY MAY: 13,1941 - Sec. 28,1945 11. MARITAL STATUS 13. WAS DECEMBENT OF HISPAHIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerlo Rican, etc.)

1 YES 2 HO Specify: ☐ Hever Married 2 ☐ Married Specify: BY 3 Widowed 4 Divorced **Black** ETED. ts. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIHD OF BUSINESS/INDUSTRY (Specify page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL 10 th Mechanic Private 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Maiden Surname) 10 BE John Shamberger Rosa Jackson notified 19a, IHFORMAHT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Zerlease Shamberger /DAUGHTER 14116 Oak Point Dr. Laurel, Md. 20707 pe 20a, METHOD OF DISPOSITION 1 & Burlal 2 Cremation 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must funeral director, 4 Donation 5 Other (Specify) Varylands Veterans Cem. Cheltenham 2-7 Cheltenham, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. HAME AHD ADDRESS OF FACILITY Jenkins Funeral Home J.B. WHO) 7474 Landover Rd. Landover, Md. the event, the medical 23. PART I. Enter the diseesea, or complications that caused the death. 3 Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate filled in shock, or heart feilure. List only one cause on each line interval Batween 6 IMMEDIATE CAUSE (Finei Onset and Death cremation, diseese or condition resulting in death) and completely fi o burial, crematio 0 93 or other traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) 2 physician a if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events the attending p reaulting in death) LAST Injury, PART il. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 TYES 2 NO OF DEATH? 1 ☐ YES 2 ☐ HO 10 PHYSICIAN: has b. Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate I **EXAMINER?** HOSPITAL OTHER: 1 VES 2 1 Inpetient 2 ER/Outpatient 3 DOA 0 27. MAHHER OF DEATH 28a. DATE OF IHJURY this c. 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW IHJURY OCCURED marked. Natural 2 Accident м 1 YES 2 HO BY death DIRECTOR: After hours after dea 28e. PLACE OF IHJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide OR 29a. CERTIFIER HOSP 1 CERTIFYING PHYSICIAH: To the best of my knowledge, THE HOSPITAL OF THE FUNERAL DESIGNATION OF THE MINING THE PROPERTY OF THE PROP 2/ MEDICAL EXAMINER: On the 29d. DATE SIGHED (Month, Day 29b. SIGNATURE AND TITLE-OF CERTIFIER 29c. LICENSE NUMBER BE 2 30. HAME AHD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I/TEM 27) (Type, Print) M HE KOA 201 31. DATE FILED (Month, Day, Year) 3 FEB 0 Julia Davidson-Randall 1994

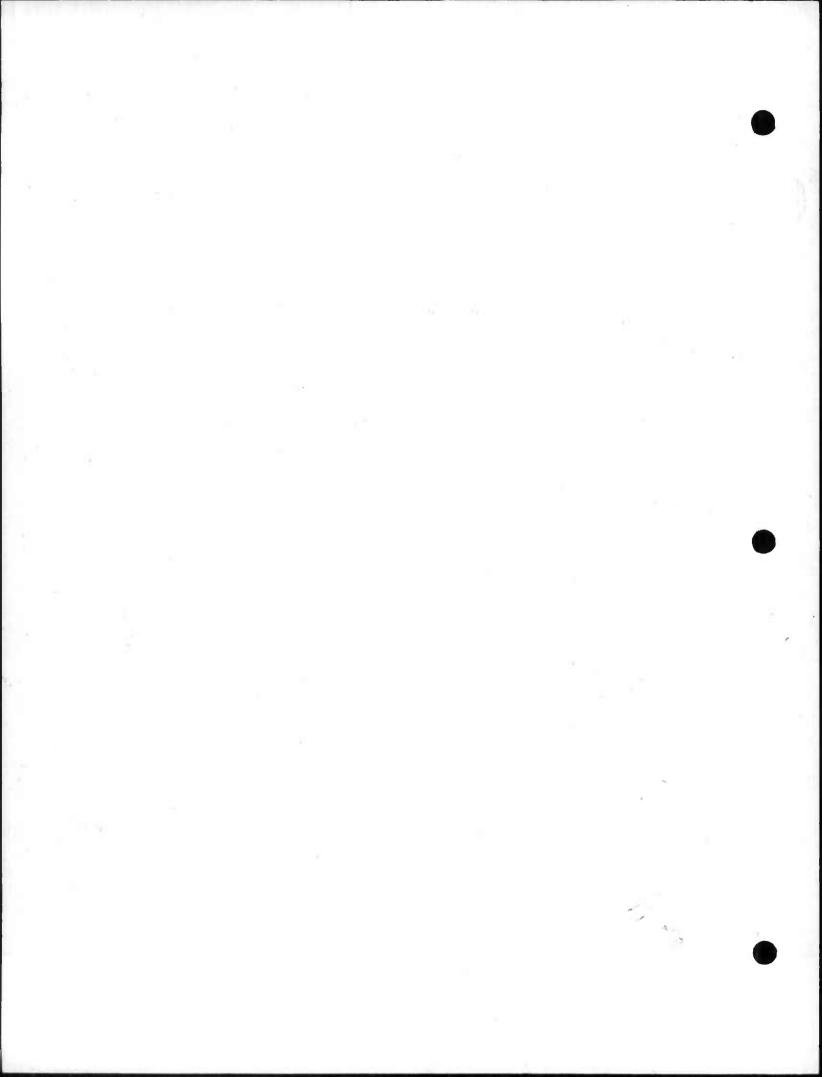
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Œ **DHMH-16 Rev 1/89**



FOR

REGISTRAR



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR	0	CI	ERTIFIC	CATE	OF DEATH	WEIT IN	REG. NO				
1. DECEOENT'S NAME (First, Middle, La	st)						OF DEATH			3. TIME OF CEATH	
Katherine M.	Stark					Janu		AV 30.199	YEAR	8:30 P.	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE O	F BIRTH	7 9	a. BIRTNI	PLACE (State or Fore	ign
577-54-1290	1 M 2 F	51	YRS.	IONTHS DA	HOURS MIN.		11,1	942	Jach	ington,	D (
9a. FACILITY NAME (If not institution, gi	ve street and number)	31		Db. CITY, TO	WN OR LOCATION OF D		11,1	9c. COUNT			0.0
Holy Cross Hospi	tal			Silve	r Spring			Mont	gome	ery	2
10a. STATE 10b. COU	NTY		10c. CITY,	TOWN OR L	OCATION					10d. INSIDE CITY	
Maryland Pri	nce George	es	Fores	stvil	le					LIMITS?	0
10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZ	EN OF W	THAT COUNTRY?	_
6037 Parkland Ct	. #203				20747			11	.S.A	1	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN	T EVER IN U.S. AF	RMED NO	If ye	DECENDENT OF HISPA s, specify Cuban, Maxic YES 2 NO Specify	an, Puarlo R			14. RACE	— American Indian , White, etc.	
3 Widowed 4XXDivorced					AA					white	
15. DECEDENT'S 6 (Specify only highest gr		(G	CEDENT'S US	rk done durir	PATION og most of working	186.	KIND OF BU	SINESS/INDU	JSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+) //6	. Do NOT use :	retired.)							
11		Hou	skeepe	er		Sh	oppin	g Mal	1		
17. FATHER'S NAME (First, Middle, Lest)					18. MOTNER'S N	AME (First, M	liddle, Maiden	Sumame)			
Richard W. Loga	n Sr.	-1000			Anna G	. Wal	ter				
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILINO A	DDRESS (St	reet and Number or Rural	Route Numb	er, City or Tow	vn, State, Zip (Code)		
Karen M. McDanie	1	6	037 Pa	arkla	nd Ct. #20	3 For	estvi	11e. 1	MD 2	20747	
200. METHOD OF DISPOSITION		20b. PLACE	AND DATE OF	DISPOSITIO		DATE	- 4	CATION - C			
1 N Burial 2 Cremation 3 R 4 Donation 5 Other (Specify)	amoval from Stata	- Cedar	Hill	Ceme	tory 2	14/0/	Cui	tland	MT		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Tocada		22. NAR	ME AND ADDRESS OF FA	ACILITYM	raha1	1 to E	الالم	-1 II	7
R	1			1,20	0 C	D 1	rsnar	ISF	uner	al Home,	1
23. PART I. Enter the diseases,	rella	eh			8 Suitland					20746	
Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	с	(OR AS A CONSE									
resulting in death) LAST	d										
PART II. Other significant conditions	tions contributing to	death but not	requising in	the under	dulas causa aluan i	Bost i	24a. WAS AN	LAIPPORON	1 000	WERE AUTOPSY FINE	
PART II. Other significant condi-	ions contributing to	death but not	resulting in	the under	nying cause given in	Part I.	PERFO		246.	AVAILABLE PRIOR TO)
						_	1 TYES	2 NO		OF DEATH?	JSE
										1 - YES 2 - NO)
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					6. PLACE OF DEATH (C	heck only on)				
1 YES 2 NO	HOSPITAL:	ER/Outpatient		OTHER:	Home 5 🗆 Residence	8 🗆 Other	(Specify)				
27. MANNER OF DEATH	28a. DATE OF		28b. TIME	OF 284	c. INJURY AT			INJURY OCCI	URED		_
1 Netural 5 Pending	(Month, L	Day, Year)	INJU		WORK7						
2 Accident Investigation	28e PLACE C	OF INJURY — At he	ome farm str			201 1 000	TION (Street	and Number of	or Quant E	husta Mumbar	-
3 Suicide 8 Could not determined	building.	etc. (Specify)	5717 0 , 1011111, 001	eet, factory,	Office	City o	r Town, State)	# nurei n	loure Number,	
enal .					date and place, and du) and manner as sta	ted.
29b. SIGNATURE AND TITLE OF CERTI	FIER A a)		_	29c. LICENSE NU	MDED		T 204 DATE	OICHED	(Month, Day, Year)	
7.11	12/10	CLAA	na 1	1	02222	5		D /-	2/4	GL/ 1007	
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED ON	SE OF DEATH (TT	100	Nadi	112611)		1	117	/	
TO THE ADDRESS OF PERSON	C C C C	OF DEATH (ITE				. 0	10	M.	11	/	
FREDERICK	O. BITH	K MO	34	34 G	JISCONSI.	Al Ho	18. ('Wedy	166	use inc	1
31. OATE FILED (Month, Day, Year)	2 32. REGISTRA	AR'S SIGNATURE									
EB 0 3 1994	Daydon	n-Asndalia	0								

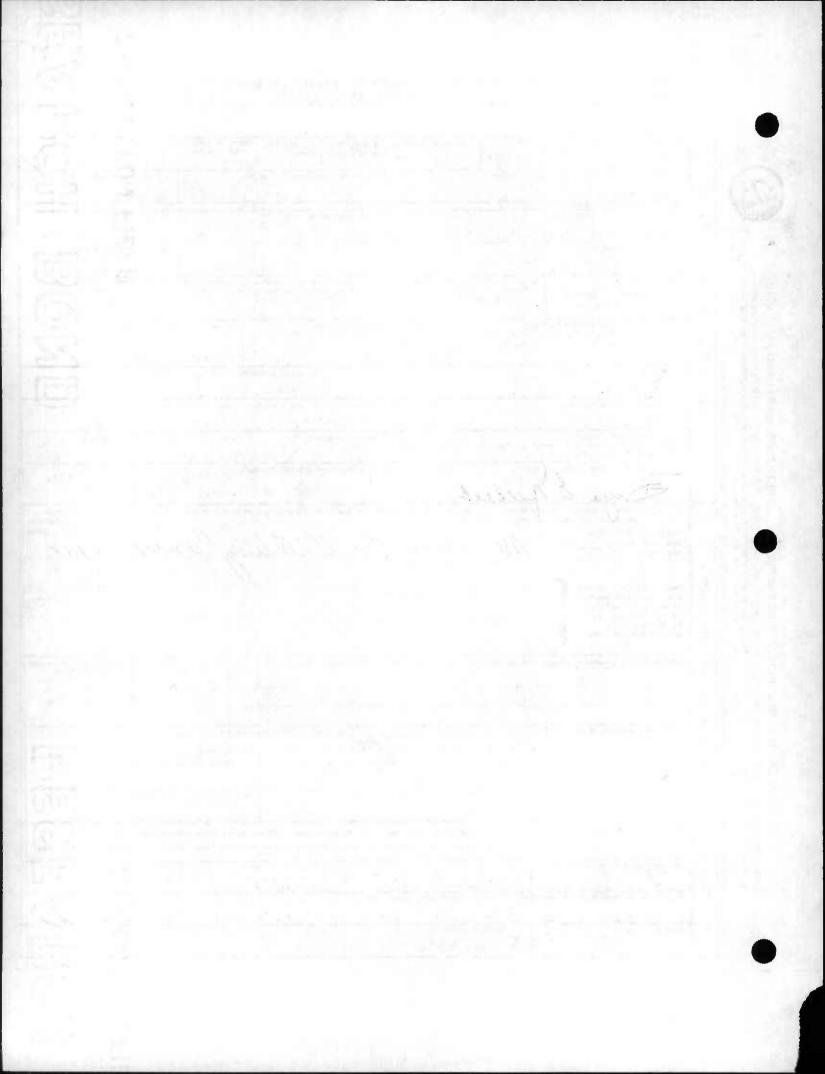
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

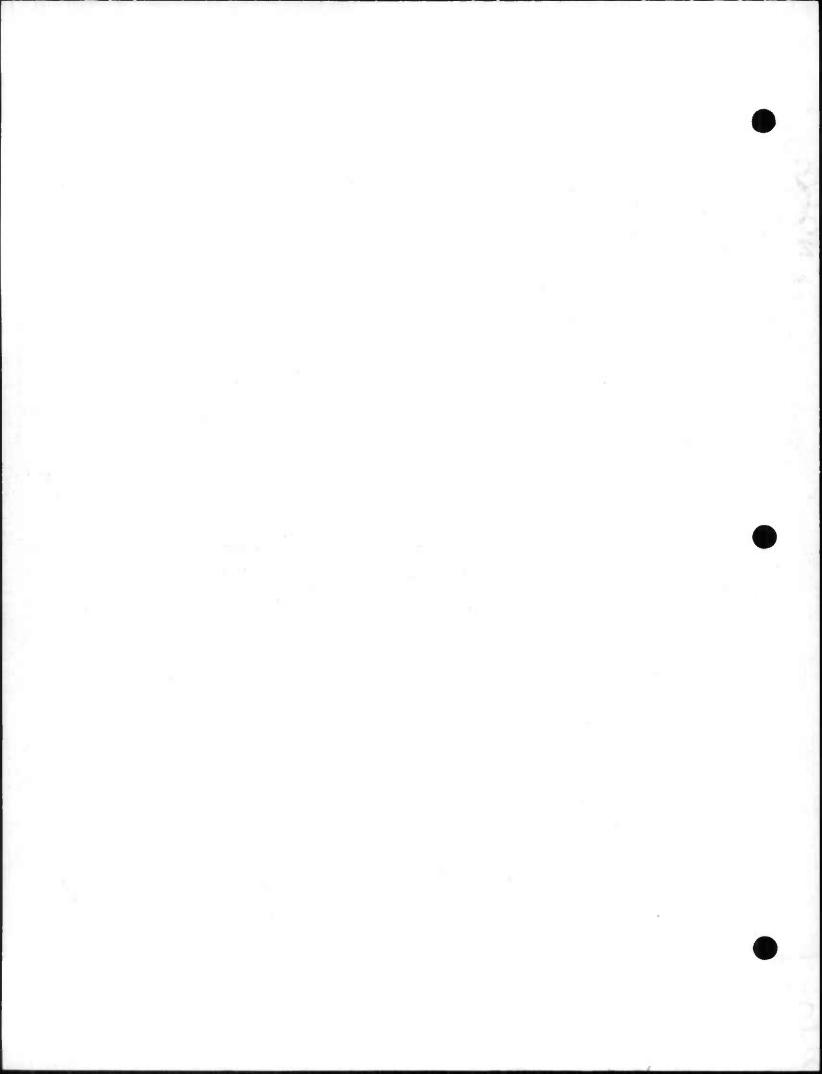
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to fill within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OHMH-18 Rev 1/89



The state of the s)	permit Pages 1, 2, 3 should		
	THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with hours after death, Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits Pages 1. 2. 3 should	🕶 med within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

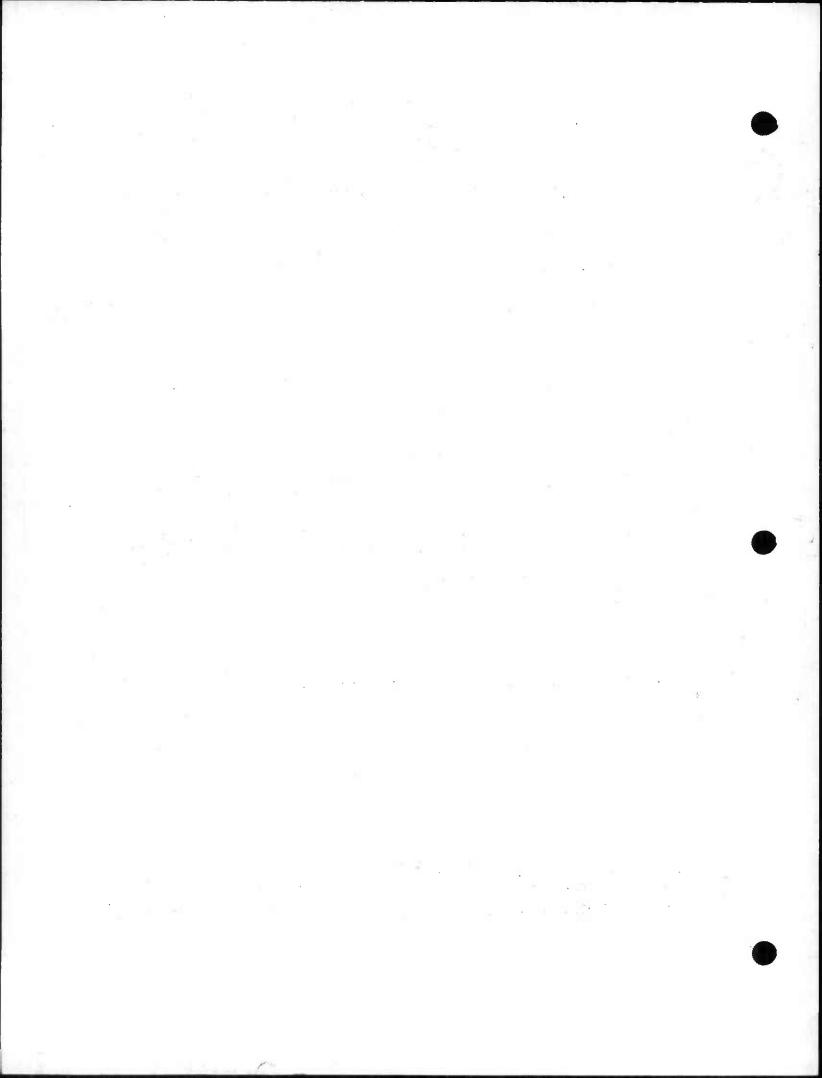
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT DF H		MENTAL HYGIEN	E	94	0575
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	NA.	YEAR	3. TIME OF DEATH
- 1	Louis C. Schenk					2 1	"	94	7:03 A
	4. SOCIAL SECURITY NUMBER		n yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Counti	
	048-09-7420 9e. FACILITY NAME (If not institution, give str	1 Tx M 2 TF 8	4 YRS.	OF OUT TOWN	PR LOCATION OF D	10/8/19			ford, Conn
DIRECTOR	Poctors Communit			Lanh		EATH		nce (George's
ည္က	10a. STATE 10b. COUNTY		10c, CITY	TOWN OR LOCAT	ION				10d. INSIDE CITY
5	Md. Pri	nce George's		Lanham	Hills				LIMITS?
A	10e. STREET AND NUMBER			101	ZIP CODE		10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	4217 72nd Aven	ue			2	0784		USA	
בו ו	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS OECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.)	or No-	14. RACI	E American Indian, k, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 🗆 YES	2 X NO Specif	y:		Spec	
	15. DECEDENT'S EOUC	ATION	16a. DECEOENT'S I	JSUAL OCCUPATION	DN .	16b. KIND OF BUS	NESS/IN	DUSTRY	
	(Specify only highest grade of Elementery/Secondary (0-12)	College (1-4 or 5+)		ork done during mo		100 100 01 00	J 2007 III 1		
ᆲ	12	4	Execu	tive Dir	ector	Pub1:	ic Re	lati	ons
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden		-1461	.0110
BE C	Lucas Gottleib	Schenk			Johani	na Louise V	logt		
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e		Route Number, City or Tow	- 1-1-	p Code)	
임	Gaynell B. Scher	nk	4217	72nd Ave	., Land	over Hills	Md.	207	84
	20e. METHOD OF DISPOSITION 1 □ Burlal 2 및 Cremetion 3 □ Remo		PLACE AND DATE O	F DISPOSITION (Na			CATION —		
	4 Donation 5 Other (Specify)		Metropol:		matory	2/3/94	1exa	ndri	a, Va.
	21. SIGNATURE OF PUNERAL SERVICE LICE	MSEE IL ON			O ADDRESS OF FA	al Home, 47			
ì	(Kealles)	- Beal				Md. 20781	73 E	oalti	more Avenu
	23. PART I. Enter the diseases, or co	omplications that caused	the death. Do no	ot enter the mo	de of dying, suc	th se cardiac or reepi	ratory ar	reat,	Approximate
	shock, or heart failure. L	List only one cause on as	ich iina.	1	- 1 0	1	-	1	Interval Between
	disease or condition resulting in death)	(cipleror	rasaut	ax 10	LARIN	eut an	1111	0-	1.5/4
ľ	Treatming in deatily	DUE TO (OR AS A	CONSEQUENCE OF		Jan 7	1	-	1	1 .0
z I	Commentally list conditions (C)	. Myo ca	ralal	- MO	alox	cost al	ul	0	6th
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUETTO (OR AS A	CONSEQUENCE OF	000	1	011	1	D.	1
3	CAUSE (Disease or injury	Hyperleuslu	Merti	secret	ouc a	recovascu	les	NU	elle
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	V					
5	d	6							
AL.	PART II. Other eignificant conditions	contributing to death be	ut not reaulting in	tha underlying	g causa givan in	Part I. 24s. WAS AN		246	. WERE AUTOPSY FINDING
<u> </u>						PERFOR		1	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ij									1 YES 2 NO
PHYSICIAN: MEDIC									
ĕ I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATN (C/	neck only one)			
ž I	1 YES 2 YNO	HOSPITAL: 1 Propertient 2 ER/Outp	ntient 3 DOA	OTHER: 4 - Nursing Hom	e 5 🗆 Residence	8 Other (Specify)			
E	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 26c, INJ	URY AT	28d. DESCRIBE NOW I	NJURY OC	CURED	
BY	1 Netural 5 Pending Investigation	-11.2			ES 2 NO				
9	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	reet, factory, offic		28f. LOCATION (Street of City or Town, State)	and Numbe	r or Rural I	Route Number,	
로비	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl	adge, death occurre	d at the time, data	end place, end due	to the cause(e) end mar	ner se sta	nted.	
COMPLET	2 MEDICAL EXAMINER	R: On the beele of examination	end/or investigation	, in my opinion, d	eath occured at the	time, date end place, an	d due to t	he ceuse(e) end manner es stated.
	296. SIGNATURE AND THE OF CENTIFIER	12.115	dil		29c. LICENSE NU	MBER	29d. DAT	TE SIGNED	r(Month, Day, Year)
D BE	Musuu	LOXXXI	VIII		1/16	897	•	2/	7194
2	30. NAME AND ADDRESS OF PERSON WHO					1		1	"
	Dr. William Rosso	in 5701 85th	Avenue N	ew Carr	ollton,	MD 20784			/
	31. DATE FINED (Molith, Day, Year)	32. RESISTRAR'S SIGN	ATURE DO						
- 1	FFR 0 3 1994	Simo parta	DLA-Nathania	_					



	1 - STATE REGISTRAR	STATE OF N	I / MARYLAND Cei		ICATE					YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	-							2. DATE OF D	EATH		3. TH	WE OF DEATH
	CATHERINE	V.	SERR	RANO					02	0.7		YEAR L	10:45 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last t		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	RTH		L BIRTHPLACE	(State or Foreign
	580-04-4745	1 🗆 M 2 🖔 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	3/20/	08"		Country)	Indies
	9a. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE	ATH	T	9c. COUNT	Y OF DEATH	ts West
OR	Prince George's H	lospital	Center		Che	ever]	37			man to			
CTC	RESIDENCE OF DECEDENT									rge's			
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN C							10d.	NSIDE CITY LIMITS?	
٥		e George'	S	Ft	. Was							YES 2 NO	
FUNERAL	100. STREET AND NUMBER			101. ZIP CODE							EN OF WHAT	COUNTRY?	
Ä	12717 Parkton St.			20744							A		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 XNO II yes, spe				CENDENT OF HISPANIC ORIGIN? (Specify Ye pecify Cuben, Maxican, Puerto Rican, etc.) S 2 XNO Specify:			ecify Yea o atc.)		Black, White Specify; Black	nerican Indian, a, etc.
ED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECE	EDENT'S	USUAL O	CCUPATIO	N at unation		16b. KINC	OF BUSI	NESS/INDU		
H	Elementary/Secondary (0-12)	College (1-4 or 5		emal	work done (se retired.)	Juning mos	st or workers			o.t	home		
MP	12th		HOM	emai	cei					at	nome		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle				
BE	William Taylor							larth		civa			
2	190. INFORMANT'S NAME (Type/Print) Ezekiel A. Blovce				as i			or Rural A	loute Number, Ci	ty or Town,	State, Zip C	Code)	
	200 METHOD OF DISPOSITION	-	_					-	,				
	1 2 Burtel 2 Cremetion 3 1 Remo	ovel from State	20b. PLACE AN cemetery, creme					2	DATE			ty or Town, St	eta
	4 Donation 5 Officer (Specify) 21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE /	esur esur	reci	22	NAME AN	D ADDRES	OF EAC	/10/94			Md.	
	1 011	11	J		Ğε	eorge	P.	KA1a	s Fune	ral	Home		
	23. PART I. Whiter the diseases, or o	an 1			61	.60 (Oxon	Hill	Rd. C)xon	Hill	, Md.	20745
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	(OR AS A CONSEOU	RAS A CONSEQUENCE OF): OR AS A CONSEQUENCE OF): OR AS A CONSEQUENCE OF):					Gre	in 1	Veg	at we)	Onset and Death	
	PART II. Other aignificant condition	s contributing to	death but not ras	uiting	in tha un	derlying	cause q	iven In I	Part I. 24a.	WAS AN A	UTOPSY	24b. WERE	AUTOPSY FINDINGS
PHYSICIAN: MEDICAL										ABLE PRIOR TO LETION OF CAUSE			
× I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DI	ATH (Che	ck only one)				
SIC	1 TES 2 TO NO	HOSPITAL:	ER/Outpatlant 3	DOA	OTHER 4 Nun		5 🗆 Re	aldenca	8 Other (Spe	cify)			
E	27. MANNER OF DEATH	28a. DATE OF (Month, D		26b. TIM	E OF JURY	28c, INJU			26d. DESCRIB	E HOW INJ	JURY OCCU	RED	
BY	1 Natural 5 Pending 2 Accident Investigation	NI	A		М		ES 2	NO NO					_
	3 Suicide 6 Could not be	28a. PLACE O building,	F INJURY — At home atc. (Specify)	e, larm,	street, lact	ory, office			261. LOCATION		d Number o	r Rural Route N	umber,
E I	4 Homicide determined												
COMPLETED			my knowledge, deat										nanner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRAGS OF PERSON WHO	hu 3	SE OF DEATH STEM	27) (500	Print		29c LICE	018	52	-	12.	SIONED (Mont)	n, Day, Year)
	PAUL A DEVICE 1 31. DATE FILED (Month, Day, Year)	40 400	3 OVELA AR'S SIGNATURE	15/2	viry 1	2/1	444	tto	ville	Nel	90	781	
	FED 0 9 1901 &		n Andell										
	PERU 0 1004 P	- do mantato											

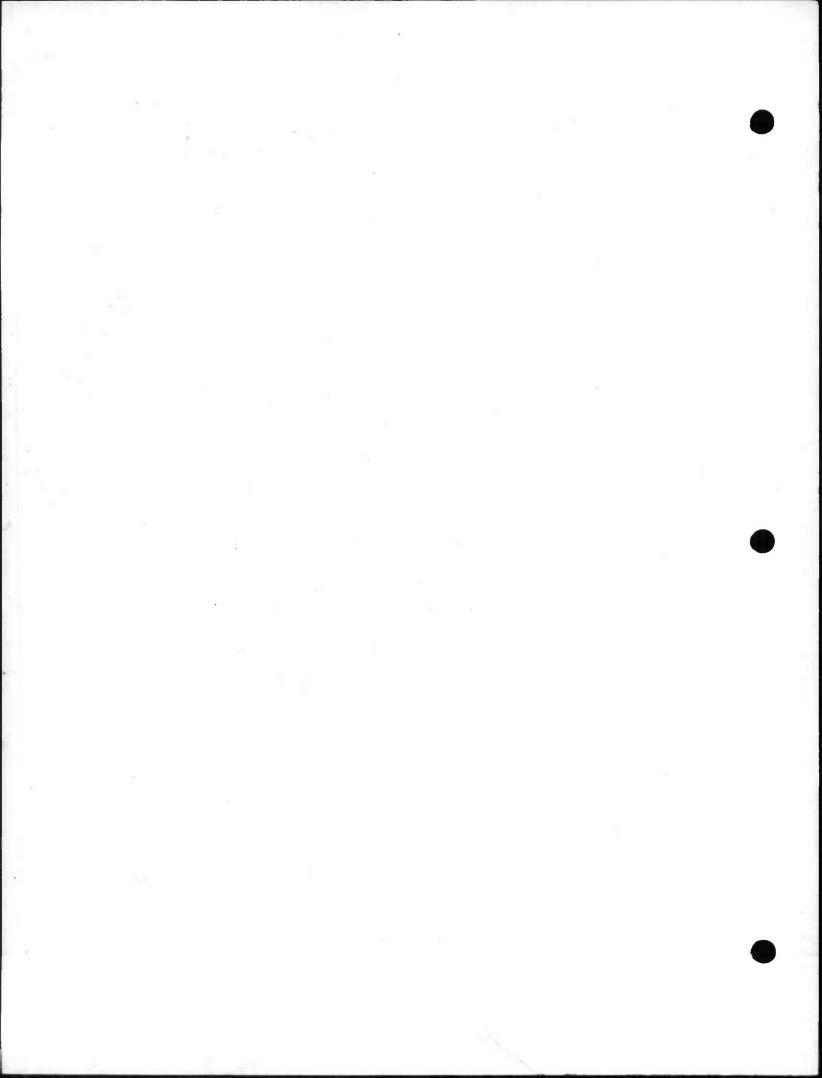
BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



•	4	~	
BALTIMORE, MARYLAND 21215-0020	TENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death, Page 6 may be retained by the hospital or attending physician.	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit parties death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	b	ly fille ation,	
SION OF VITAL RECORDS, P.O. BOX 68760	be executed with	TOR: After this certificate has been signed by the attending physician and completely filled in by the fi after death with the State Dept. of Health and Mental Hygiene prior to burial, cromation, or removal.	
BC	cate l	physic e price	
0	certif	Iding I	**
S, F	death	e atte	
RD	nat the	and N	
CO	lires th	signed Health	
R	w requ	been at. of	
FAL	The lan	e has te Dep	-
5	IAN:	rtificat ne Sta	
OF	HYSIC	his cer	
N	ING P	Vitter the	•
SIC	TEND	TOR: /	

		1 - STATE REGISTRAR	STATE OF MA			ICATE					YGIENE G. NO.	91		5754	b
		1. DECEDENT'S NAME (First, Middle, Last)						DEA.		2. DATE OF D	EATH		3.	TIME OF OEATH	
		DAVID			SI	HTIM	JR			01	30	94	AR	6:08AM	М
		4. SOCIAL SECURITY NUMBER		S. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BI (Month, Day)		0. B	OUNTRY)	CE (State or Foreign	
PA		246-42-3897 9a. FACILITY NAME (If not institution, give	1 XM 2 - F	62	YRS.					7/26				, NC	
3 should	Œ		,						ON OF DEA	ATH	9	c. COUNTY		1	
0	6	PG HOSPITAL CEN	TER			C	HEVE	RLY				P	G_		_
(47)	DIRECTOR	Md 10a. STATE 10b. COUNT	PG		10c. CIT	Y, TOWN C			ghts				100	I. INSIDE CITY LIMITS?	
(2)		10e. STREET AND NUMBER				Сар								YES 2 NO	
a tie	FUNERAL		Thursday				101.	ZIP CODE			10			COUNTRY?	
020 physician. burial-transit	S	3814 Ellis S	12. WAS DECEDENT			13.	WAS DEC		0743 F HISPANI	C ORIGIN? (Sp	ecify Yea or		USA RACE -	American indian.	_
9 2 4	В	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE WAI		0		If yes, spe	city Cuba		, Puarto Rican,			Block, Wi Specify: Black	American Indian, hita, atc.	
r attenduse as	밀	15. DECEDENT'S EOU (Specify only highest grade		16a. DEC	EDENT'S	USUAL OF	CCUPATIO	N It of workin	a	16b. KINC	OF BUSINE				
CA = 5		Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	se retired.)									
AND the hospit detached	COMPLET	12Yrs 17. FATHER'S NAME (First, Middle, Lest)	None	Tru	ck D	rive	r	40 10000							_
YLA by the be de		David Smith								IE (First, Middle		name)			
MARYLAND 2 retained by the hospital 5 should be detached to notifiled at once.	BE	19s. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street a			Selle oute Number, Ci		tate, Zip Codi	0)		_
43	2	Mary M Covingt	on						d.e.						
ALTIMORE, death. Page 6 may be funeral director, page		20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ren	ioval from State	20b.PLACE Al	ND DATE	OF DISPOS				DATE	20c. LOCAT	ION — City	or Town,	Stata	
MO age 6 directs		4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		Harmo		emor			2/	5/94	Land	over,	Md.		
ALTIN death, Pag tuneral di	8	21. SIGNATURE OF FUNERAL SERVICE LI	C C	/		22.	NAME AN	D ADDRES	SS OF FAC					, Inc.	
		Juan	mus										-	C 20017	
filled in to rei		23. PART Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CONC	on each line.								ory srrest,		Approximate interval Betwee Onset and Date	
68760 ecuted with nd completely burial, crematic															_
C 68760 executed wit and comple o burial, cre matte even	NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
	ATI	If any, leading to immediata cause. Enter UNDERLYING		IN THE					30.1	1000	DAI		i		
O. B ertificate ing phys griene p	IFIC	CAUSE (Disease or Injury that Initiated aventa	C. OUE TO (O	R AS A CONSEC	UENCE OF	F):	1	1 9.	1140	1013 11	0/0				
O the bar	CERTIFICATION	resulting in death) LAST	d												
0 9 6 2 3		PART II. Other algnificant condition	ns contributing to d	eeth but not re	sulting	in the un	derlying	ceuse g	iven in F	Part I. 24a.	WAS AN AUT		24b. WE	RE AUTOPSY FINDING	GS
that thar thar	JICAL										PERFORME		COL	RLABLE PRIOR TO WPLETION OF CAUSE	5
이 를 향을 밝	MEDI													DEATH?	
L law															
VITAL AN: The law rtificate has the State Dept or Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	1:		-1	ck only one)					_
F VIT. SICIAN: The certificate to the State 1, or item	HYS	1 YES 2 X NO 27. MANNER OF DEATH	1 Inpetient 2 I E		□ DOA I	_	28c. INJ			28d. DESCRIB		BA UCCIBE	n		_
ATTENDING PHYSICIAN: The ATTENDING PHYSICIAN: The ECTOR: After this certificate h is after death with the State E a marked, or litem	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,			M	1 Y	RK? ES 2	NO						
DIVISION DIRECTOR: After hours after death item 28 is man	ETED	3 Suicide 6 Could not be 4 Homicide determined	building, at	INJURY — Al horr c. (Specify)	10, 18rm, 1	street, ract	ory, office			26I, LOCATION City or Tow		Number or Ri	ural Route	Number,	
= 35 E	COMPL	one) 2 MEDICAL EXAMIN	ICIAN: To the best of m										use(a) and	I manner as stated.	
To the Hospi To the Funef De filed Within IMPORTANT:	O BE	296. SIGNATURE AND TITLE OF CENTIFIE	Cali	how	5			DZ	7 5°	77	29	DATE SIG	NED (Mo	nth, Day, Year)	
(4)	٦	30. NAME (NO ADDRESS OF PERSON WI	O COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)									
)		31. DATE FILED (Month, Day, Year) FFR 0 8 199	32. REGISTRAR	S SIGNATURE	Ponda	02								-	
		FFR 0 8 199	4	23.27 (Example											

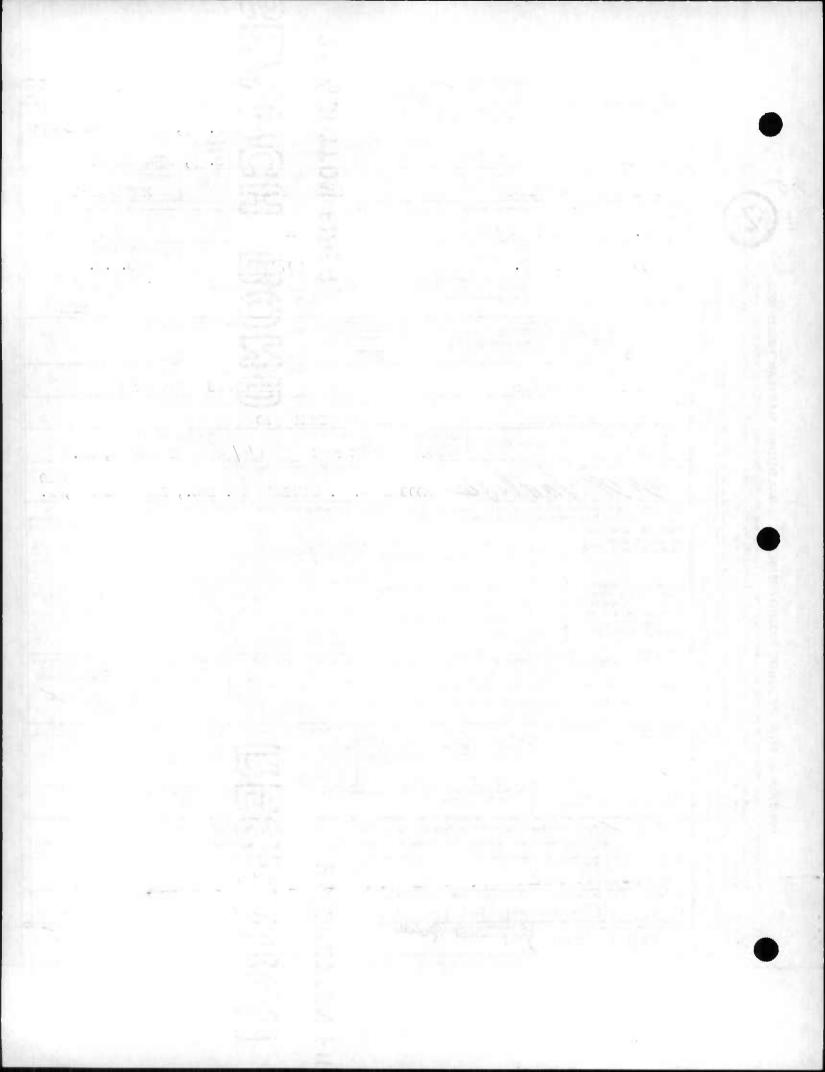


DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within Frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL REC	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law require	TO THE FUNERAL DIRECTOR: After this certificate has been signed be filed within 72 hours after death with the State Dept, of He	IMPORTANT: If item 28 is marked, or item 23 shows

Katherne C. Wh 31. DATE FILED (MONTH, DAY 1861) FEB 0 7 1994

	REGISTRAR					DEATH		REG. NO.		1 -6	00,0
	1, DECEDENT'S NAME (First, Middle, Leet) WACASTER, B	ABY FIRE	GIRL	WACASTI	ER T	EEGARDEN	MONT	OF DEATH DAY	1994	/EAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. les	MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mont)	OF BIRTH I, Day, Year)		Country)	NCE (State or Foreign
	NONE 90. FACILITY NAME (If not institution, give	1 M 2 F		YRS.	TV TOWAL	2		- //	1994		YLAND
5	HOLY CROSS HOSPITAL SILVER SPRING MON								NTGO		
DINECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	10c. CITY, TOW	N OR LOCA	ATION				100	d. INSIDE CITY		
	MD. PRI			L	ANHAM					LIMITS?	
מוצרושה	104. STREET AND NUMBER				10	Of. ZIP CODE	12.79	10g. CITIZEN OF WHAT C			
	7014 DOLPHI	12. WAS DECEDENT EVE	D IN II C AD	MED I	2 WMC DE	20706 CENDENT OF HISPA	_	2 Marada, Mara		U.S.	
5	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 Y	ES 2 2		en, Puerto 1 lly:	icen, etc.)	W NO - 14	Black, W Specify:	American Indian, hite, etc. WHITE		
	15. DECEDENT'S ED		(G	CEDENT'S USUAL	ne during m	ION lost of working	16b.	KIND OF BUSIN	IESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	. Do NOT use retired	3.)			20.7	ONTE		
	17. FATHER'S NAME (First, Middle, Last)			NOI	12	16. MOTHER'S N	AME (First, I		ONE		-
	BRIAN TEEG	ARDEN				27-1-1-1-1-1	NDY I		ACAST	ER	
	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING ADDR	ESS (Street	end Number or Rural	Route Numb	er, City or Town,	State, Zip Co	ode)	
	BRIAN TEEGAR	DEN		SAME	AS	ITEM #1	0				
	20e. METHOD OF DISPOSITION t Burlal 2 Cremation 3 Res		AND DATE OF DISP			2/6/9	,	IVERD			
	4 Donation 5 Other (Specify)		CHAM					74 IV.	TATITO	وتسيح	PID .
	21. SIGNATURE OF FUNERAL SERVICE L	anlend	e m	200091 W	2. NAME A	CHAMBER	S CO.	INC.,	SILVE	R SP	20910 RING,MD.
	21. SIGNATURE OF FUNERAL SERVICE L	anlend	lised the da n each lina	00091 Wath, Do not ent	2. NAME A	CHAMBER	S CO.	INC.,	SILVE	R SP	20910 RING, MD. Approximete interval Betwee Onset and De
ILICALION	23. PART i. Enter the diseases, or ahock, or heart failure immediate cause or condition resulting in deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	complications that cau. List only one cause of	ised the da n each lina M.C. AS A CONSEC	DOO91 W. DO NOT ENTER THE PROPERTY OF STREET O	2. NAME A	CHAMBER	S CO.	INC.,	SILVE	R SP	20910 RING, MD. Approximate interval Betwee Onset and Dec
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MEDICAL	23. PART i. Enter the diseases, or shock, or haert failure immediate cause (Finei disease or condition resulting in deeth) Sequentielly list conditions, if eny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Extre Bue To (or A C. Due To (or A d.	AS A CONSECURIS A	DOO91 Whath, Do not entitle. I'M M A DUENCE OF): DUENCE OF):	2. NAME A 7. W. Nor the mo	CHAMBER ode of dying, sur	ACILITY S CO. ch sa cerd	INC	SILVE story erress	24b. WE AM	20910 RING, MD. Approximate interval Between Conset and Dea 2 Moure RE AUTOPSY FINDING ILLABLE PRIOR TO MELETION OF CAUSE DEATH?
	23. PART i. Enter the diseases, or shock, or heart failure immediate cause (Finei disease or condition resulting in deeth) Sequentieily list conditions, if eny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Complications that cau. Liet only one cause of DUE TO (OR A	AS A CONSECUTAR A	DOOGL WAREH. Do not entit. I'M MA DUENCE OF): DUENCE OF): DUENCE OF):	2. NAME A 1. W. der the me tur; underlyir 26. P	CHAMBER Ode of dying, such	ACILITY S CO a ch as cerd	INC • pliac or respira 24a. WAS AN AL PERFORM 1 □ YES 2 □	SILVE story erress	24b. WE AM	20910 RING, MD. Approximate interval Between Conset and Dea 2 Moure RE AUTOPSY FINDING ILLABLE PRIOR TO MELETION OF CAUSE DEATH?
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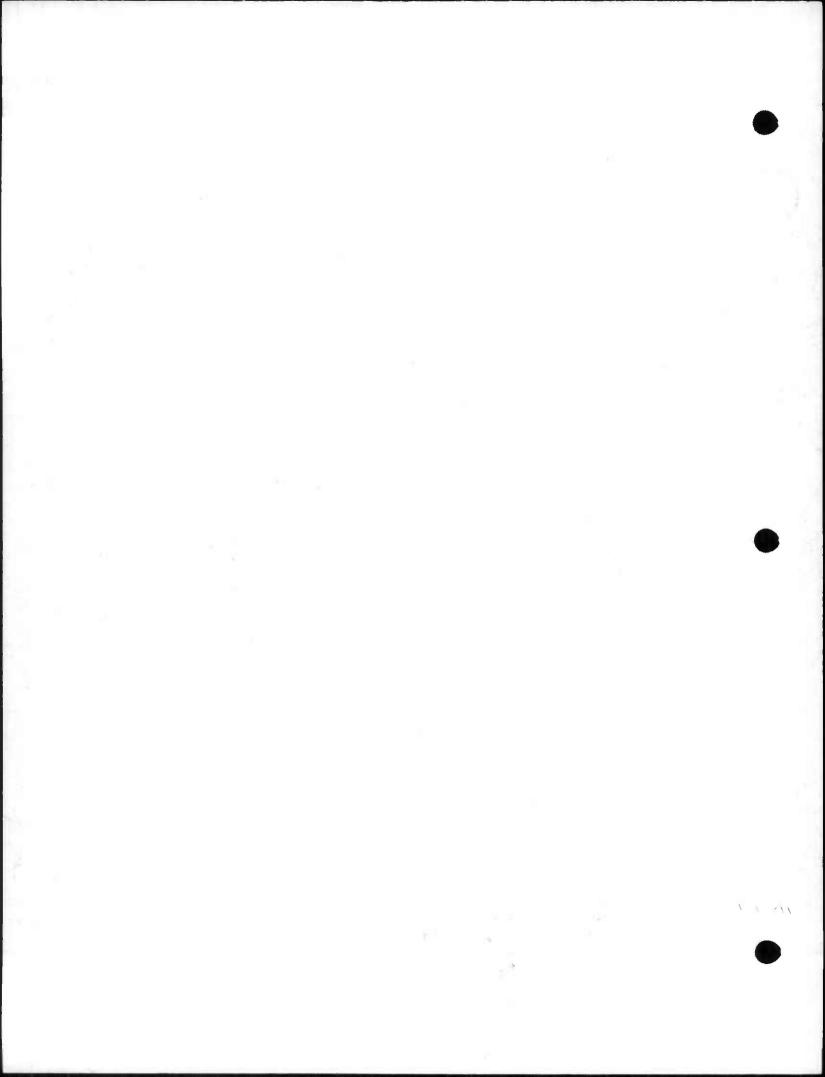
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TO BE COMPLETE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use oval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
fter death. Page 6 may be retained by the hospital or at	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within clours after death. Page 6 may be retained by the hospital or at
BALTIMORE, MARYLAND 212	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Last)		2. DATE OF OEATH MONTH DAY

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	1 - STATE REGISTRAR	STATE OF N	MARYLAND /		TMENT				MENTAI	REG. NO.		94	05756	
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF OEATH			3. TIME OF DEATN	
	Fred Par	ker Thrai	ilkill						Febr	uary 7	, 19	94	11:10 A _M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDER 1		IF UNDER		7. DATE OF BIRTH 8. 8 (Month, Day, Year)			B. BIRTHP Country)	LACE (State or Foreign	
	321-12-3662	77	77 YRS. MONTHS DAYS HOURS MIN									Carolina		
	9a. FACILITY NAME (If not Institution, give			9b. CITY, 1	OWN OR	LOCATIO	ON OF DE		7	9c. COUNTY OF DEATN				
S	14122 Chadwick		Roc	kvil	le				Mo	ntgom	erv			
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT													
E				Y, TOWN OR								10d. INSIDE CITY LIMITS?		
	Maryland Mon	tgomery]	Rockv:	-							1 YES 2 X NO	
RA						101. 2	ZIP CODI				10g. CIT	IZEN OF WI	SAT COUNTRY?	
FUNERAL	14122 Chadwick	12. WAS DECEDEN	T EVED IN II C AS	MED	1 40 340	DEOE		853					tates	
	1 Never Married 2 Married		YES 2		11/1	yes, spec	Ify Cuba	n, Maxica	n, Puarto F	? (Specify Yes (Rican, atc.)	or No —	Black,	- American Indian, White, stc.	
à l	3 Widowed 4 Divorced		II		1 10	YES 2	K NO	Specify	γ.			Specify	White	
	15. DECEDENT'S EDI (Specify only highest grad	JCATION	16a. Di		USUAL OCC			_	16b.	KIND OF BUSI	NESS/IND	DUSTRY		
91	Elementary/Secondary (0-12)	College (1-4 or 5	ille iile	. Do NOT u		-	OF WORKE	9						
M M	12		Po	lice	Offi	cer			M	ontgome	ery	Count	У	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18, MOTI	HER'S NA	ME (First, I	Middle, Maiden S	umame)			
띪	Eugene Thrailkil	.1					4.0			dgett				
[19a. INFORMANT'S NAME (Type/Print)									ber, City or Town,				
	Betty J. Thrailk	111						ne,		ville,				
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ren	noval from Stata	20b. PLACE cemetary, cu	ANO OATE	of disposition of their place) Memor:	ION (Nam	e of	- 2 /	OAT	E 20c. LOC		City or Tow		
	4 Donstlon 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE U	CENSEE	Parki	awn								<u> </u>	aryland	
	1	/			Kok	pert	A A	Pum tont	onre	y Funer	al E	Home/	Rockville, Inc.	
	Kaluf F	anh		10019										
	23. PART I. Enter the diseases, or shock, or haert fellure.	complications the List only one cau	t coused the de	eeth. Do i	not enter th	he mod	e of dyl	ng, suci	h es card	flac or respir	itory ar	rest,	Approximats interval Between	
	IMMEDIATE CAUSE (Final	·											Onset and Death	
	disease or condition resulting in death)		ate Can										12 Months	
		DUE TO	(OR AS A CONSE	OUENCE O	F):									
NO I	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	332.13	on as a consequence ory:											
밀	CAUSE (Diseese or Injury thet initiated events	DUE TO	(OR AS A CONSE	OUENCE O	F):								-	
H	resulting in death) LAST	d												
	DARY II Other decident and day													
CAL	PART II. Other significant conditions contributing to death but not resulting in									PERFORMED?			WERE AUTOPSY FINDINGS WAILABLE PRIOR TO	
									-	1 TES 2	Xno		OF DEATH?	
Σ									- 1	/		1	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL													
泛	EXAMINER?	HOSPITAL:	1 5000 1 1 1 1		OTHER:		1		eck only on					
PHYSICIAN: MEDI	27. MANNER OF DEATN	1 Inpetient 2		28b. TIM	4 Nursin	Bc. INJUI		sidence		CRIBE NOW IN	ILIRY OC	CUBED		
	1 Netural 5 Pending	(Month, D	ay, Ybar)	IN	URY M	WOR	K?	NO	200. 520	TOTAL TOTAL	20111 00	CONED		
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE O	F INJURY — AI ho	ome, farm,	street, factor			-	26f, LOC	ATION (Street an	d Number	or Rural Ro	ute Number,	
	4 Nomicide determined	building,	atc. (Specify)						City	or Town, State)				
COMPLETE	29a. CERTIFIER 1 CERTIFYING PNYS	SICIAN: To the best of	my knowledge de	eath occur	ad at the tim	a deta a	nd piace	and due	to the one	unc(n) and many				
ξ	(Check only one) 2 MEDICAL EXAMIN												and menner as stated.	
	29b. SIGNATURE AND TITLE OF CERT	1110	11		_									
8		/ h	$1.1/\Lambda$		my	$O \perp$		NSE NUN	MBEH	1			Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUS	SE OF DEATH (ITE	M 27) (7/200	Print)	1	D336	೮ ७			Fe	bruar	y 7, 1994	
	Kenneth D. Mille					lip	Dri	Ve #	327.	Olnev	, Ma	rylan	id 20832	
	31. DATE FILEO (Month, Day, Year)						2-1							
	FEB 1 0 1994	Julia Davido	R'S SIGNATURE											
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending I	DIRECTOR: After this certificate has been stoned by the attending physician and completely filled in by the funeral director page 5 should be detached by use as the
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AN:	tifica	eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE Q1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 5 PEARLINE BROWN THOMPSON 1994 FEB 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign Country) HOURS 1 M 2 F YRS. 368-30-2190 MAR 18 191 SOUTH CAROLINA 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NATIONAL NAVAL MEDICAL CENTER BETHESDA MONTGOMERY 10b. COUNTY 10e STATE 10c. CITY, TOWN OR LOCATION DISTRICT OF COLUMBIA 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20016 4520 BUTTERWORTH PLACE, NW UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced **BLACK** COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) CHRISTIAN SCIENCE PRACTITIONER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ? ANASTASIA ALFRED BROWN BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 THEODORE THOMPSON 4520 BUTTERWORTH PLACE, NW, WASHINGTON DC 20016 20a. METHOD OF DISPOSITION
1 © Burlel 2 Cremation 3 0 114
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE ARLINGTON NATIONAL CEMETERY2/9/94 ARLINGTON VA UNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY JOSEPH GAWLER S SONS 5130 WI AVE NW WASHINGTON, D.C. 20016 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition METASTATIC BREAST CANCER resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO PHYSICIAN: MEDICAL COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER:
4 \(\text{Nursing Home} \) 5 \(\text{Residence} \) 6 \(\text{Other (Specify)} \) HOSPITAL: 1 TYES 2 X NO 1 Xinpatient 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 📉 Natural 5 Pending investige 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED

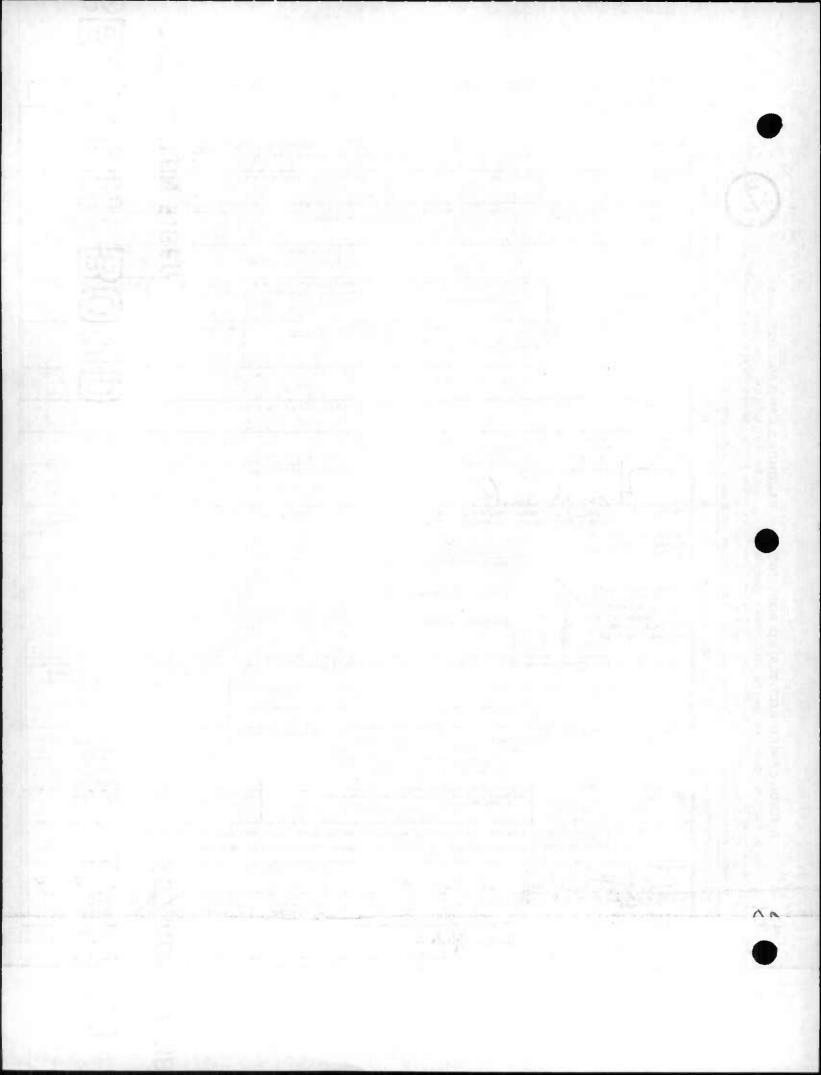
CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time one) 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my optic		
SIGNATURE SHOP CENTIFIED MA LT MC USN	29¢. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year) Feb 07 94
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	NATIONAL NAVAL MEI	DICAL CENTER
JASON D. MAGUIRE, LT, MC, USNR	BETHESDA MD 20889-	-5600
DATE FILED (MONTH, Day, Year) LER 1 0 1994 Julia Deutschaft Standard		No.

TO THE HOSPITAL DR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death w IMPORTANT: If Item 28 is marke

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HOSPITAL DR ATTENDING



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DIVISION OF VITAL RECORDS, P.O. BOX 68760

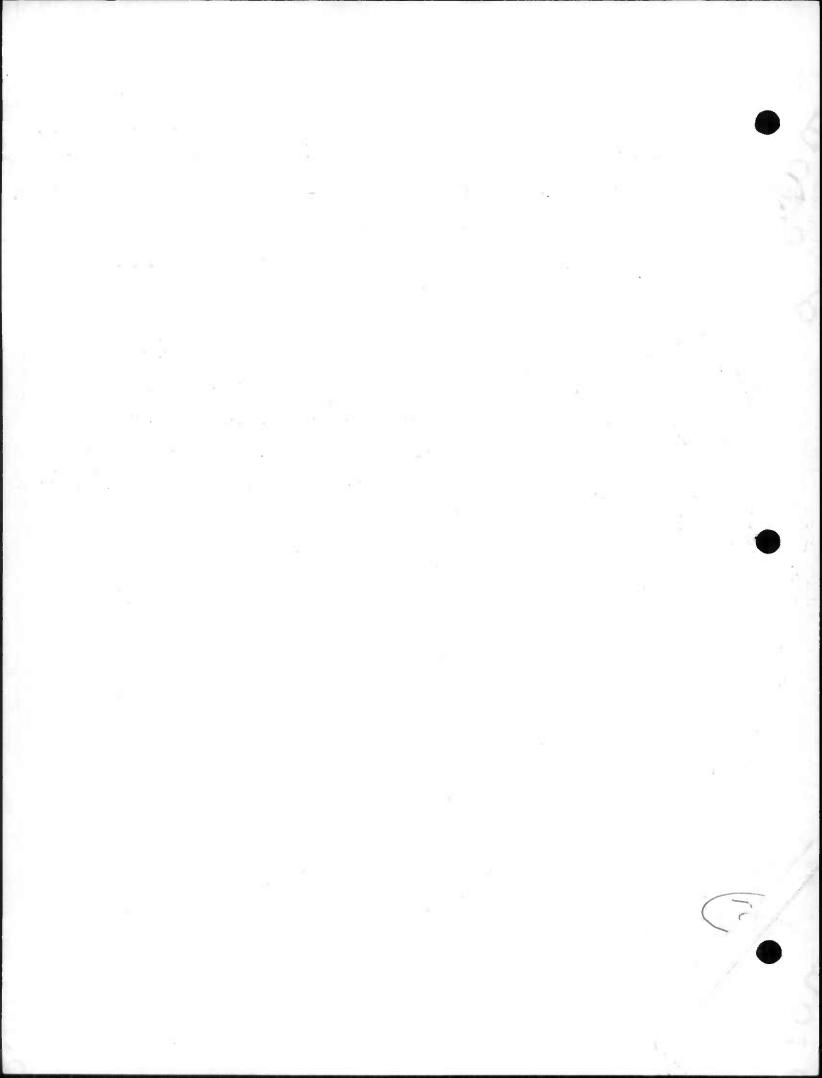
	1 - STATE REGISTRAR	STATE OF MARY					EALTH DEAT		MENTAL	REG. NO.		94	05758
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
	BARBARA J T	HOMAS							MONTH	BRUARS	16	1994	3:45p.m. M
			GE (In yrs. lest	birthday)	IF UNDER	R 1 YEAR	# UNDER	24 HRS.	7. DATE (OF BIRTH			1PLACE (State or Foreign
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	9e. FACILITY NAME (If not institution, give street			1110.	-					. 50,1.			
1		·			1		R LOCATIO				9c. COL	UNTY OF D	EATH
DIRECTOR		UNITY HOS	SPITAL	-	LA	NHAM	1-SEA	BROC)K		PR	INCE	GEORGE'S CO
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY						1-177						
Ĕ				10c, C11	Y, TOWN								10d. INSIDE CITY LIMITS?
		e George's	S		Lanc	love	=						1 TES 2 NO
₹	10e. STREET AND NUMBER					101.	ZIP CODE	E			10g. CIT	TIZEN OF	WHAT COUNTRY?
FUNERAL	8706 Reicher Stree	t					20	785			U.	S.A.	
3	11. MARITAL STATUS 12	2. WAS DECEDENT EVE	R IN U.S. ARK	WED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN	? (Specify Yee	or No-	14. BAC	E — Americen Indian, k, While, etc.
	1 Never Married 2 Merried	FORCES? 1 YE	ES 2XXN	0		If yes, spe	2XXNO	n, Mexicar	n, Puerto R	licen, atc.)		Blac Spec	
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8	15. DECEDENT'S EDUCAT	ION			USUAL O				16b.	KIND OF BUS	INESS/IN		Lack
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<u> </u>	12th	College (1-4 or 5 +)	Nur	rse						Hos	spit	al	
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		llen					IG. MOTE	Eva	MIC (FIST, N	Sue	-	rown	
BE	George H. A 190. INFORMANT'S NAME (Type/Print)	TIEII							_				
2	Carried Michael Control		196.							er, City or Town			007/0
	Pamela E. Pressley			202	/ Cha	adw10	ck Te	rr.	Temp	ole Hil	LIS,	Md .	20748
	20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Remova 4 Donetion 6 Other (Specify)		206. PLACE A cemetery, cren Harmo					ε 2	10 g		ation –	er,	wn, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN		rger		22.	NAME AN	D ADDRES	SS OF FAC	CILITY I	ee Fur	nera	1 Ho	me, Inc. nton, Md2073
	23. PART I. Enter the diseases, or con shock, or heert failure. Lis	nplications that caust privipes to the cause of	ed the dea	ath. Do r	nol enter	the mo	de of dyl	ng, suct	h ae card	lac or reepir	atory a	rreet,	Approximate interval Between
- 1	IMMEDIATE CAUSE (Finel	1/0				0							Onset and Death
- 1	disease or condition resulting in death)	fully	nno	my	e	els	un						15days
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z	•	Zind	Stow			en.	X	de	720	n			So day
ERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE 79 (OR A	S A CONSTO	VENCE OF	F)c								1
8	CAUSE (Disease or injury	de	Get	0									3419
E	that initiated events	DUE TO JOR	A CONSEO	UENCE O	F): /								0
F	resulting in death) LAST	81	4	841	whe	2							17days
2	22-2-10-		17-2										
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8									_ 1	1 YES 2			COMPLETION OF CAUSE OF DEATH?
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₹	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Chr	ack only on	0)			
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¥	27. MANNER OF DEATH	28a. DATE OF INJUR		28b. TIM		26c. INJ		sidence	8 Other				
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B	2 Accident investigation						ES 2	NO					
	3 Suicide 6 Could not be	28e. PLACE OF INJU	JRY — At hon Specify)	ne, ferm,	street, fact	tory, office	•			ATION (Street or or Town, State)	nd Numbe	er or Rural	Route Number,
	4 Homicide datarmined												
7	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my kn	nowledge, des	ith occur	ed at the t	ime, date	and place.	end dua	to the cau	se(e) end mani	ner an st	rted.	
COMPLETED	one) 2 MEDICAL EXAMINER: (s) end manner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	, ,		_									
BE	MI	1					29c. LICE	S C	a //>	٫	29d, DA	TE SIGNED	(Mgnth, Day, Year)
2	30 NAME AND ADDRESS OF PERSON WHO C	OMBI ETED OMBE ST	001711	_		- 133	المكار	لرد	17			011	17

				1 YES 2 X NO	OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)	
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 Nu	R: rsing Home 5 - Residence	8 Other (Specify)	
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	26c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCUR	NED
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	me, ferm, atreet, fac	tory, office	261. LOCATION (Street end Number or City or Town, State)	Rural Route Number,
29a. CERTIFIER				All Control of the Co	

296. SIGNATURE AND TITLE OF CENTIFIER	20	29c. LICENSE NUMBER	29d. DATE SIGNED (Mgnth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLET	ED CAUSE OF DEATH (ITEM 27) (Type, Pri	int)	
10274 LAKE BI	rson usy #	205 mor Colore	-Mus ans 2074

14	- 01-0	130 10	
31. DATE FILED (Month, D	8 1994	32. HEGISTRAB'S SIGNATURE POPULAR	

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cetal within counts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages filled within 72 hours after death with the State Dept. of health and Memial Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		sage	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within FLINERAL ORECTOR: After this certificate has been signed by the attending physician and completely if within 72 hours after death with the State Dept. of Health and Mental hyppene prior to burial, cernation 18 his marked, or item 23 shows any injury, or other traumatic event, th	BALTIMORE, MARYLAND 21203-3146	naturs after death. Page 6 may be retained by the hospital or attending physician. Bell in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proceedings of the control of the c	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exercEUNERAL DIRECTOR: After this certificate has been signed by the attending physician and within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to be INMIT: It item 28 is marked, or item 23 shows any injury, or other traumat	146,	uted within completely	ic event, ti
DIVISION OF VITAL RECORDS, P.O. E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending by refuneral to Records: After this certificate has been signed by the attending by refuneral representations after death with the State Dept. of Health and Merital Hygional Within: It item 28 is marked, or item 23 shows any injury, or other	30X 13	ate be exec hysician and	r traumat
DIVISION OF VITAL RECORDS, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deTHURFAL DIRECTOR: After this certificate has been signed by the within 72 hours after death with the State Dept. of Health and Men IAMT. If Item 28 is marked, or Item 23 shows any Injury	P.O. E	ath certific	r, or othe
DIVISION OF VITAL RECO HOSPITAL OR ATTENDING PHYSICIAN: The law requires FUNEAL OIRECTOR: After this certificate has been significant. 27 hours after death with the State Dept. of Health NAMT: If Item 28 is marked, or Item 23 shows a	RDS,	that the de	any injury
DIVISION OF VITAL HOSPITAL OR ATTENDING PHYSICIAN: The las FLINERAL DIRECTOR: After this certificate has within 72 hours after death with the State Deg MANT: If Item 28 is marked, or Item 22	RECO	w requires been signs	Shows a
DIVISION OF N HOSPITAL OR ATTENDING PHYSICI FUNERAL OIRECTOR: After this cer within 72 hours after death with in TAMR: if 18em 28 is marked, o	VITAL	AN: The la	r item 2
DIVISION HOSPITAL OR ATTENDIN FUNERAL DIRECTOR: Afturity 72 hours after dea TANT: If Item 28 is m	1 OF	3 PHYSICI	larked, o
DIN HOSPITAL OR FUNERAL OIRE WITHIN 72 HOUN TANT: If Item	/ISION	ATTENDIN	28 is m
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FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

94 05759

	26a. PLACE OF INJUR building, etc. (Sp YSICIAN: To the best of my kno INER: On the basis of axaminat	TY — At home, farm, streedily) wledge, death occurred ion and/or investigation,	M 1 YES et, factory, office at the time, date and pin my opinion, death of	place, and due poccured at the LICENSE NUI	to the cause time, data as	nd place, and due	to the cause(s)	
EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicident Investigation 4 Homicide 5 Could not if determined 29a. CERTIFIER Check only one) 2 MEDICAL EXAM	(Month, Day, Year) 26a. PLACE OF INJUF building, etc. (Sp YSICIAN: To the best of my kno IINER: On the basis of axaminst	TY — At home, farm, streecity) wledge, death occurred	M 1 TYS et, factory, office at the time, date and in my opinion, death of	place, and due	to the cause	Town, State) (a) and manner and place, and due	s stated. to the cause(s)	and manner as state
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EXAMINER?					100	THE CASE OF THE PARTY OF THE PA		
	1 Inpatient 2 ER/Ou	tpatient 3 DOA 4	Shursing Home 5			Specify) RIBE HOW INJURY	OCCURED	
	HOSPITAL:	10	26. PLACE	OF DEATH (Ch	reck only one)			
PART II. Other significent condition	ons contributing to death	but not resulting in	the underlying cau	se given in		4e. WAS AN AUTOI PERFORMED?		WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):						
Sequentielly list conditions, if eny, leading to immediate	- Con	A CONSEQUENCE OF): A CONSEQUENCE OF):	rale			0		1.
	e. List only one cause on							Interval Betwo
23. PART i. Enter the diseases, of	er complications that cause	ed the death. Do not	4739 Bal	timore	Ave.	, Hyatt	sville	•
4 Donation 5 Other (Specify)		etropolita	Cremato 22. NAME AND AD Francis	OBESS OF FA	CILITY			Virginia D A
20a. METHOD OF DISPOSITION 1 Devial 2 X Cremation 3 Re	amovel from State	other place)			16 101		N — City or Tov	
Jonathan L. Thom	ıas		Hershey					A 17554
George Raymond P	otterf	P		lanche		7		
17. FATHER'S NAME (First, Middle, Last)		Homemak		MOTHER'S NA		WII HOINE	ne)	
15. OECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 12		16a. DECEDENT'S US (Give kind of work life. Do NOT use in	done during most of watered.)	varking		wn Home	B/INDUSTRY	
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5400 VI	ANTAGE PO	IN U.S. ARMED	13. WAS DECENDE	210	044 NIC ORIGIN?	U	.S.A.	
10a. STATE 10b. COUNTIES 10b.	HOWARG	/	own or Location			1400		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
VANTAGE HOUSE-	-1 1/ 1	GE POINT AL	. Colun	nbial	n)	96, 0	HO	ward.
9a. FACILITY NAME (If not institution, give	1 - M 2 F	81 YRS. MC	NTHS DAYS HOU			22-12	Water	rloo, Iot
481-10-28			UNDER 1 YEAR IF U		2	4	1994	2:43.
4. SOCIAL SECURITY NUMBER 4. \$1 - 10 - 28	11)				2. DATE OF MONTH	OEATH DAY	YEAR	3. TIME OF DEATH

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requires that the death certificate be executed with	10	. of Health and Mental Hygiene prior to bun'al, cremation, or removal.	
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BALTIMORE, MARYLAND 21215-0020

medical examiner must be notified at once. the th TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complet be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cren IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MAR		DEPARTMEN RTIFICAT			MENTAL HYGIEN		l,	05760
	t. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		-	3. TIME OF DEATH
	PAULINE F	FRANCES		TUR	NER		February D	8, 19	94	9:22 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest b		R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHE	PLACE (State or Foreign
	213-22-3771	1 🗆 M 2 💢 F	85	YRS. MONTHS	DAYS	HOURS MIN.	Sep 7, 19	208	Country	•
	9e. FACILITY NAME (If not institution, give st	reet end number)	00	9b. CIT	Y, TOWN (OR LOCATION DE D		9c. CDUN		
TOR	Memorial Hospita		A1	lega	ny					
DIRECTOR	MD 106. COUNTY Allec			10c. CITY, TOWN Cumber						10d. INSIDE CITY LIMITS? 1X YES 2 NO
FUNERAL	12601 Wilson La	ane S.E.			101	21502		USA	EN OF W	HAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Merried 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC OR If yee, specify Cuben, Mexicen, Pual 1 YES 2 ND Specify:							e or No	14. RACE Black, Specify Whi	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give life, D	DENT'S USUAL (kind of work done to NOT use retired.)	during mo	ON st of working	16b. KIND OF BU	_	OHLI A	
ĭ.	17. FATHER'S NAME (First, Middle, Last)		THOM	emaker		18 MOTHED'S N	AME (First, Middle, Melden	n hor	ne	
BE C	George H. Freel	and					. Prim	Somemej		
10	199. INFORMANT'S NAME (Type/Print) ANITA F. JOHN:	SON				nd Number or Rurai	Route Number, City or Town			2
29e. METHOD OF DISPOSITION Market 2 Cremetion 3 Removat from State									vn, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home Cumberland, Maryland 21502									
	23. PART I Enter the diseeees, or c	omplications that cau	sed the deat	h. Do not ente	r the mo	de of dylng, su	ch es cardiac or respi	iratory srre	st,	Approximate
	shock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Pn		noria	2					Interval Between Onset and Death
N	Sequentially list conditions,	DUE TO (DR)	AS A CONSEĞU	ENCË DF):						
CATIC	If any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR /	AS A CONSEDU	ENCE DF):						
CERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO (DR /	AS A CONSEDU	ENCE OF):						
	PART II. Other significant conditions	s contributing to deel	h but not res	sulting in the u	nderiving	catise given in	Part I. 24s. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Ighamic	caro	lio	myo	pa	thy	PERFOR	RMED?		AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
ä						1				
NA N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PL	ACE OF DEATH (C	heck only one)			
Sic	1 TYES 2 NO	HOSPITAL:	Outpatient 3	DOA 4 Nu		e 5 🗆 Raaldence	8 Other (Specify)			
	27. MANNER DF DEATH 1. Natural 5 Pending	28a. OATE DF INJU (Month, Day, Ye	RY :	28b. TIME OF INJURY		URY AT RK? /ES 2 ND	28d. DESCRIBE HDW I	NJURY OCC	UREO	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJ building, atc. (URY — At home Specify)	e, farm, atreet, fac			281. LOCATION (Street of City or Town, State)	end Number (or Rural Ro	oute Number,
COMPLET							e to the cause(e) end med e time, date and place, en			end menner ee stated.
BE	296. SIAMATURA AND ATLE OF CERTIFIER	4	un m	m		29c. LICENSE NU D 254	MBER			(Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO								100	

Cumberland MD

21502

32. REGITTRAR'S SIGNATURE

47 Virginia Avenue,

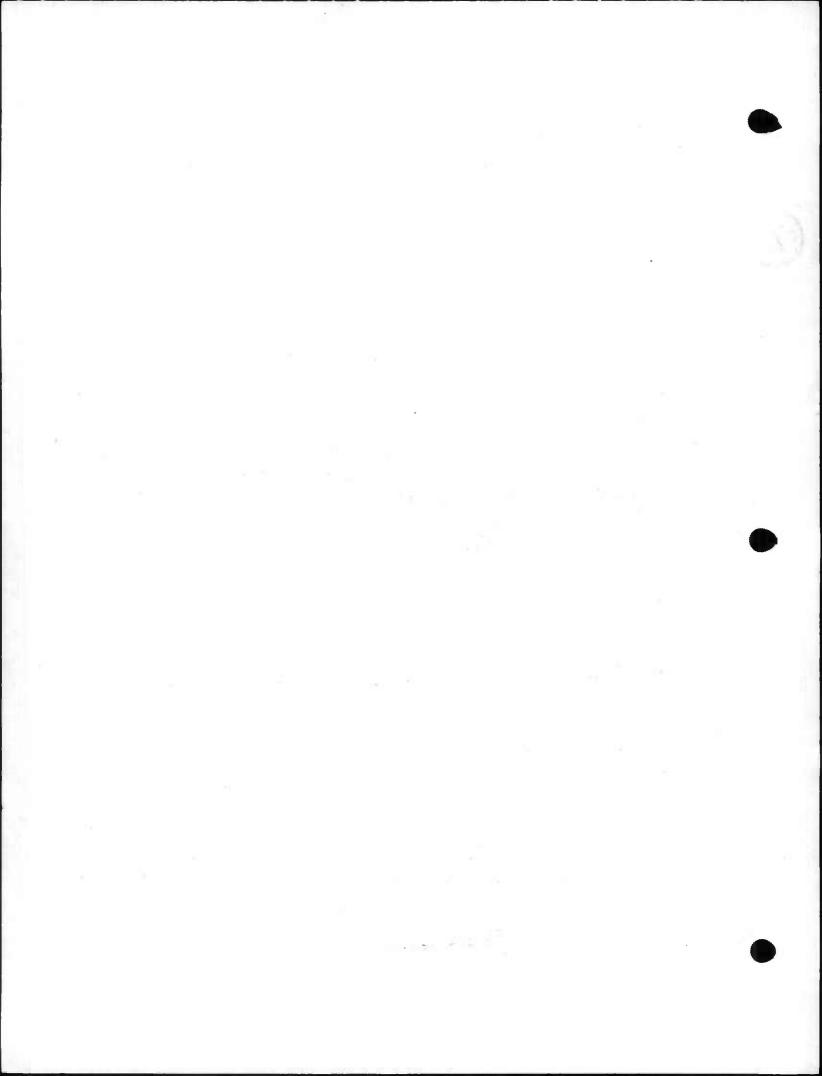
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1994

William Lamm M.D.,

31. DATE FILEO (Month, Day, Year)

DHMH-16 Rev 1/89



	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEF	PARTMENT OF	HEALTH AND	MENTAL HYGIENI REG. NO.	E 9	4 05761
	1. DECEDENT'S NAME (First, Middle, Last MABLE	GRACE	THOM			2. DATE OF DEATH	55 94°	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 243 76 8719	5. SEX 1	AGE (In yrs. lest birthe	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-1-48	8. BIRT	1:10 P M THPLACE (State or Foreign RTH CARDLIN.
TOR	9a. FACILITY NAME (If not institution, give PRINCE GEORGE RESIDENCE OF DECEDENT		TAL	96. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY OF	
DIRECTOR	MARYLAND PRINCE		10c.	CITY, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	3018 BRIGHTSE	EAT RD.	#204		20706		10g. CITIZEN OF	WHAT COUNTRY?
B∀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	VER IN U.S. ARMED YES 2 NO OR DATES	If yes, o		NIC ORIGIN? (Specify Yea an, Puerto Rican, atc.) by	Bla	CE — American Indian, ck, Whita, etc. celly: BLACK
COMPLETED	15. DECEDENT'S ED (Specify only highest grain Elamentary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5 +)	(Give kind life. Do No	NT'S USUAL OCCUPAT d of work done during n OT use retired.)	lost of working	16b. KIND OF BUS	PRIVA	
	17. FATHER'S NAME (First, Middle, Last) JAMES B. DOZI	ER			3 10 10 10	ME (First, Middle, Maiden :		
TO BE	19a, INFORMANT'S NAME (Type/Print) JOSEPH THOMA			LING ADDRESS (Street	and Number or Rural	Route Number, City or Town	, State, Zip Code)	M MD 20706
	20e. METHOD OF OISPOSITION 1 Burlel 2 Cremation X Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 1		20b. PLACE AND DA	ATE OF DISPOSITION (i or other place) FNS OHURCH 22. NAME	Isme of	2/10 ORT	ENTIAL, NOTE ENKINS FUN	Town, State
	23. PART I. Entar the diseasea, or	complications that c	OWN			, landover, n		Approximate
CERTIFICATION	shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Adva. DUE TO (OI	AS A CONSEQUENCE	Interst	ital-	Fibrosi Failu	.s	Interval Between Onset and Death
XK.	PART II. Other aignificant condition	Score Welling to de	eth but not reaulti	ing in the underlyi	ng ceuae given in	Part I. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		R/Outpetlant 3 🗆 DC	OTHER:	PLACE OF DEATH (Ch	6 Other (Specify)		
ВУ РН	2?. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		Year)	M 1	JURY AT ORK? YES 2 NO	28d. DEŞÇRIBE HOW IN	JURY OCCURED	
	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF II building, etc	IJURY — At home, fa . (Specify)	rm, atreet, fectory, off	ca	261. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
COMPLETED	- N	SICIAN: To the best of my						(a) and manner se stated.
TO BE C	290. SIGNATURE CHATTER EGY CHATTER	word	,		Md. DZ	2777700	294. DATE SIGNE	D (Mortin, Day, Mar)
	6492 LANDOU		HEVER	Y, Md.	2078	15		1. /
	FEB 0 8 1994	32. APOISTRANS	SIGNATURE POUT	leve				

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Hospital or attending physician. To THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit of filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

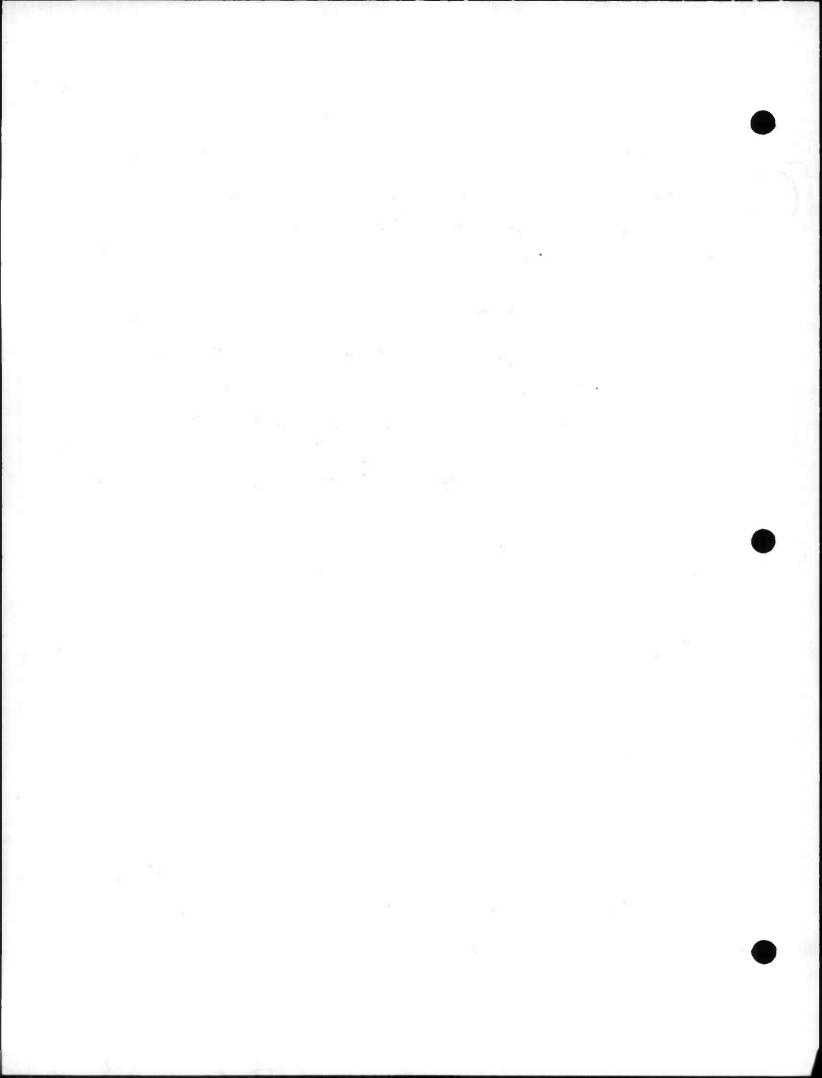
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		STATE OF N			TMENT OF CATE OF	HEALTH AND		HYGIENE REG. NO.	Q	u 05762
18	1. DECEPENT'S NAME (First, Middle Common Com	Walk	And in case of the last of the		7	WIGG	-	2. DATE OF MONTH	DEATH SAY	199	3. TIME OF DEATH A
7	4. SOCIAL SECURITY NUMBER 220-26-6979	1	SEX M 2 F	6. AGE (In yrs.	lest birthday) 61 YRS.	IF UNDER ! YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	May 8			BIRTHPLACE (State or Foreign Country) 2St Virginia
TOR	Prince Genta RESIDENCE OF DECEDOR			Hospit	al	Cheve	or location of d rly	DEATH		Princ	ce George's
DIRECTOR	10e. STATE 10b.	COUNTY	e Georg		10c. CITY	TOWN OR LOCA	ATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	15803 Pea	chwalk	er Dri	ve		10	20716				ted States
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merri 3 Widowed 4 Divorced		WAS DECEDENT FORCES? 1 IF YES, GIVE W 11-24-	YES 2	NO	II yes, s	CENOENT OF HISPA pecify Cuben, Mexic S 2 NO Speci	en, Puerto Rice			RACE — American Indian, Black, White, etc. Specify:
LETED	15. DECEDEN (Specify only high Elementery/Secondary (0-12)	1	ON	16a.	DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPAT ork done during me retired.)	ION lost of working		nd of Busi	NESS/INDUST	
COMPLET	1.7. FATHER'S NAME (First, Middle,	Last)	N/A_		Depot	CLERK	18. MOTHER'S NA				
BE	William Davi 190, INFORMANT'S NAME (Type/P)		19		401 444 410			Weese			
2	Patricia Twi						and Number or Rural				eand 20716
	20s. METHOD OF OISPOSITION 1V Burlet 2 Cremetton 3 4 Donation 5 Other (Spec	☐ Removal	from State	20b. PLAC cametery.	CEAND DATE O	r DISPOSITION (A	Feb 3, 19	94 DATE	Cho	ation - Chy Itonho	or Town, State
	21. SIGNATURE OF FUNERAL SEE	TVICE LICENS	/	11	4	Old A	and adoness of Fi Lexander	Ferry	Fune Rd,	ral Ho Clinto 135	ome, Inc 6633 on, Maryland
	23. PART I. Enter the disease shock, or heart IMMEDIATE CAUSE (Fine) disease or condition resulting in desth)	es, or com fallure. List a	only ona ceu	se on each i	ina.		1				Approximata Interval Betwee Onset and Dea
	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	DUE TO	(OR AS A CON	SEQUENCE OF):	adis-	vege	cul	~ 0	lesesse
	PART II. Other algnificant co	onditiona co	ontributing to	deeth but no	ot resulting i	n the underlyl	ng ceuse given in		a. WAS AN A PERFORM	MED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN: M	25. WAS CASE REFERRED TO ME		OCRITAL				PLACE OF DEATH (C	heck only one)			
PHISICI	1 VES 2 NO		OSPITAL: Inputient 2 a 28e. DATE OF		_		me 5 Residence	1			
_	1 Natural 5 Pend	ing tigation	(Month, D	ny, Your)	28b. TIMI INJ	JRY W	JURY AT ORK? YES 2 NO	28d. DESCH	IBE HOW IN	JURY OCCUR	EO
5	A [] A 1514		28e. PLACE O building,	F INJURY — Al etc. (Specify)	home, ferm, s	treet, factory, off	lce		ON (Street en fown, State)	nd Number or J	Rural Route Number,
TED BY	4 Homicide 8 Could detain	mined									
	4 Homicide determined to the control of the control	IG PHYSICIAN					is end place, and du				ause(s) end manner as stated.

32. PEGISTRAPIS SIGNATURE PONDALL

1107

DHMH-18 Rev 1/89



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05763 91,

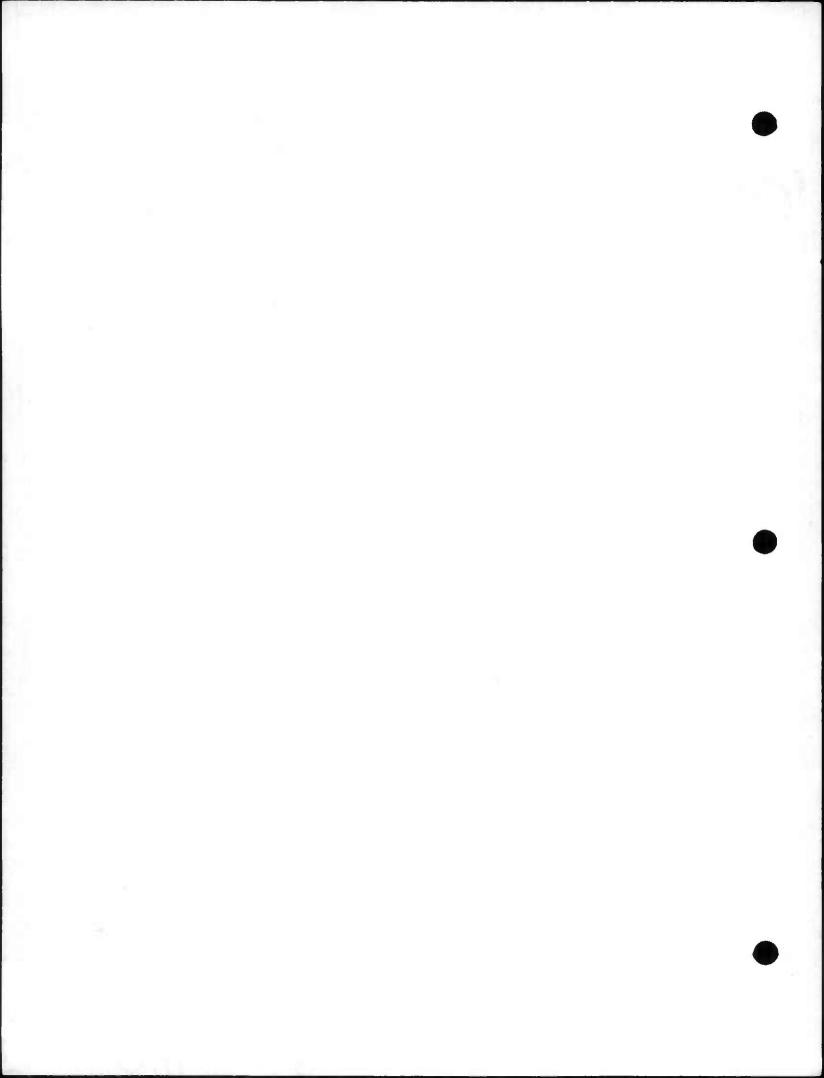
	REGISTRAR		CERTIF	ICATE O	F DEATH		REG. NO.		14	00100
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			3. TIME OF DEATH
	KATHERINE	L.	r	CHOMAS		MONTH			YEAR	M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEA		7. DATE O	1.25.	199		PLACE (State or Foreign
	255505050	1 □ M 2 🛣 F		MONTHS DAY		(Month,	Day, Year)		Country)
	267506250		72 YRS.			May	29,			nnsylvania
~	9e. FACILITY NAME (If not institution, give s	•		96. CITY, TOW	N OR LOCATION OF D	EATH		9c. COU	NTY OF DE	HTA
FUNERAL DIRECTOR	Livingston Hea	1th Care	Center	0xc	n Hill			Prince George's		
8	10a. STATE 10b. COUNTY			Y, TOWN OR LO	CATION					10d, INSIDE CITY
۶I	Md. Pri	nce Georg	101c	emple	Uille				10	LIMITS?
_	10e, STREET AND NUMBER	nce deorg	6 2 1	Impre	101, ZIP CODE			40 - 017		1 X YES 2 NO
A	The second secon				Service and the service and th	^		10g. CIT		
빌	2721 Keating S				2074					.S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	ER IN U.S. ADMED	13. WAS 1	DECENDENT OF HISPA	NIC ORIGIN?	(Specify Yes	or No-	14. RACE Black.	- American Indian, White, atc.
ВУ	1 Never Married 2 Married 3 Widowed 4 XDivorced	IF YES, GIVE WAR O			ES 2 NO Speci		rount, atout		Specify	γ:
	S WHOMES 4 DEPARTMENT			1						Black
Ħ	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUP	ATION most of working	16b.	KIND OF BUS	SINESS/INC	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during se retired.)	most of working					
필	10th		House	wife		- 1	Priv	ate		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, M	iddle, Maiden	Surname)		
	Perry Jones				Anna	π. τ	Davis			
H	19a. INFORMANT'S NAME (Type/Print)	-	19b. MAILING	AOORESS (Stre	et and Number or Rural				Code	
2	Constance Yvon	no Too								M.A. 207740
	20a. METHOD OF DISPOSITION	ue ree								Md. 20748
	1X Burial 2 ☐ Cremation 3 ☐ Rame	oval from Stata	20b. PLACE ANO DATE cometery, cramatory or o		(Name of	DATE			City or Tow	
	4 Donation 5 Other (Specify)		LEBONON			2/5	YOR	K	PENN	SYLVANIA
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE //	1 2 11		AND ADDRESS OF F		1 110			
	* 11101100111) (INTS	77	Jenkins				262	00705
	23. PART I. Enter the diseases, or o	complications that can	leed the death. Do	14/4	Landover	. Ka.	Lando	ver,	Ma.	
	ahock, or heart failure.	List only one cause o	n aach line.	not enter the	mode or dying, au	on all cardi	ec or reepi	ratory an	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Finel	0								Onset and Death
- 1	disease or condition reaulting in death)	Cance	r rectum v	vith me	tastasis					months
- 1		OUE TO (OR /	AS A CONSEQUENCE O	F):						
z		h								
은	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR /	AS A CONSEQUENCE O	F):						
S	cause. Enter UNDERLYING									
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR /	AS A CONSEQUENCE O	F):						
듄	resulting in death) LAST	i.								
뜅		0.								
PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other aignificant condition	a contributing to deet	th but not resulting	In the underly	ring cause given in	Part I.	24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
S							1 TES 3			COMPLETION OF CAUSE
묘						_	2	X	- 1	OF DEATH?
2						[1	1 TES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL									
ᅙᆘ	EXAMINER?	HOSPITAL:		O¥HER:	PLACE OF DEATH (C	heck only one)			
YS	1 YES 2 NO	1 Inpetient 2 ER/	Outpatient 3 DOA	4 🚇 Nursing I	fome 5 🗆 Raeldenca	8 🗆 Other	(Specify)			
표	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye		ME OF 28c.	INJURY AT WORK?	28d. DE\$0	CRIBE HOW II	NJURY OC	CUREO	
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
	3 Suicide 8 Could not be	28a. PLACE OF INJ building, atc. (URY - Al home, larm,	street, factory, o	ffice	281. LOCA	TION (Street a	and Number	or Rural Ro	oute Number,
E	4 Homicide datermined	building, atc. (Specify)			City o	r Town, State)			
COMPLETED	29a. CERTIFIER							0121.5		
P P		CIAN: To the best of my k								
ĕ ∥	2 MEDICAL EXAMINE	R: On the beals of examin	ation and/or investigati	on, in my opinio	n, death occured at the	e time, data :	and place, an	d due to th	ne cause(s)	and manner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	IMBER		29d, DAT	E SIGNED	(Month, Day, Year)
	NU		M		1854	5		▶ J	an.2	5. 1904
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	, Print)	I. Um					
	6188 Oxon Hi'l				MD 207/5					
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAP'S	SIGNATURE	* 11T, T	20743 עוני					
		10. K	idson-Randals	2						
	FFR 0 1 1994	quia vai	INCOL - NO. 11							
	LEDO T 1991	U								DHMH-18 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit per filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

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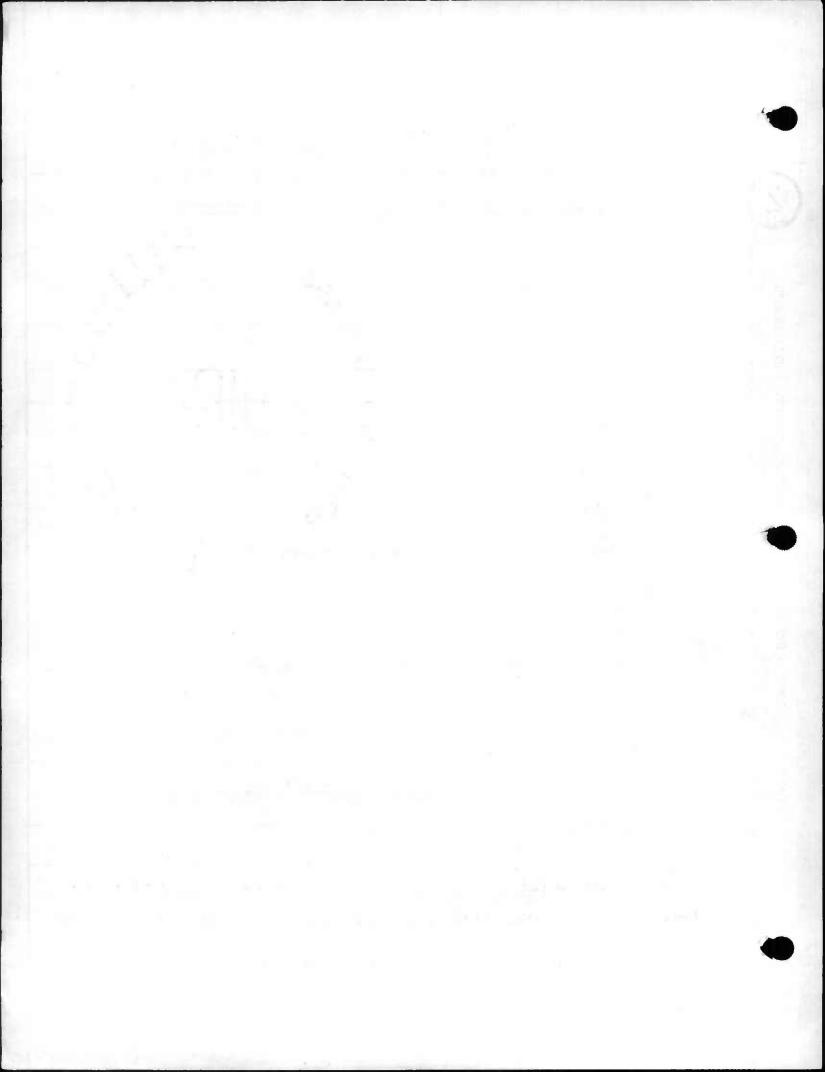
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89



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	5	R: Af	er de	55
-	AI IENDII	ECTOR: Af	rs after dea	n 28 is n
00	L UR AI IENDI	DIRECTOR: Af	hours after dea	item 28 is n
	PITAL OR ALTENDI	ERAL DIRECTOR: Af	in 72 hours after dea	T: If item 28 is n
	HUSHIAL UR ALIENDI	FUNERAL DIRECTOR: Af	within 72 hours after dea	TANT: If item 28 is n
The same of the same of the same	IN THE MUSTIAL UR ALLENDING PHYSICIAN: THE LAW POPULES THAT THE DESTRICATE DESTRUCTED WITHIN 24 NOVINS SHOT DESTR. PAGE 6 MBY DE FRAIMED BY THE MOST	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

E THE 4. SOCIAL SECURITY NUMBER 577-22-6456	L A >	THOI	MAS			MONTH		YEAR,	3. TIME OF DEATH
	5. SEX		1			121	22	94	3:56 PM
5/1-22-6456			s. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS			Dey, Year)	Count	HPLACE (State or Foreign try)
9a. FACILITY NAME (If not institution, giv	1 M 2 X F	78	YRS.	AL CUTY TOWN	OR LOCATION OF				plane, Va.
Washington Ad		Hosp	ital		ma Par			ntgo	
10e. STATE 10b. COU			10c. CIT	orth E	rentwo	od			10d. INSIDE CITY LIMITS? 11 YES 2 NO
10a. STREET AND NUMBER 3907 Webs	atom Ct				101. ZIP CODE		1000		WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDED	IT EVER IN U.S	. ARMED	13. WAS D	20722		(Specify Yes or No	U.S.	A . E — American Indian,
1 Never Married 2 Narried 3 Wildowed 4 Divorced	FORCES?			If yes,	specify Cuben, Me ES 2 NO Sp	xican, Puerto R	ican, etc.)	Spec	ck, White, atc.
15. DECEDENT'S E (Specify only highest gro		160	. DECEDENT'S	USUAL OCCUPA work done during se retired.)	TION most of working	16b,	KIND OF BUSINESS	INDUSTRY	
Elementary/Secondary (0-12) 12th	College (1-4 or 5			** r****** keeper			Univ	of M	aryland
17. FATHER'S NAME (First, Middle, Last)			nouse	reeper		NAME (First, M	iddle, Malden Suman		aryland
James S.	Marshal!	1			1.0		. Chinn		
190. INFORMANT'S NAME (Type/Print)							er, City or Town, State		20710
Cheryl A. Coa	ites								nsburg,Md.
1 № Burial 2 □ Cremation 3 □ R	amoval from State	cemeter	, cremstory or o	of disposition (4		4 Brent		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	- FL	<u> </u>	COLN C	AND ADDRESS OF	F FACILITY			
Wary 1	V. Pre	ett		H.	25 Bur	ingto: rough:	n & Son s Ave.,	s,Ind N.E.	·
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	OR AS A COL	NSEQUENCE O	f):	HE MER	is ty,	PE		
resulting in death) LAST	d		-						
PART II. Other algolficant conditi	iona contributing to	death but n	ot resulting	in the underly	ng cause given		24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH	(Check only one)		
1 TES 2 NO	HOSPITAL:		H 3 DOA	OTHER:	ome 5 🗆 Residen	ice 6 🗆 Other	(Specify)		
27. MANNER OF DEATH 1 (C) Natural 5 Pending 2 Accident Investigation		A (bar)		M 1	NJURY AT VORK?] YES 2 NO		CRIBE HOW INJURY	OCCURED	
3 Suicide 6 Could not t 4 Homicide determined	™ building,	of INJURY — A atc. (Specify)	t home, ferm,	street, factory, of	lice	28f. LOCA City o	TION (Street and Nur r Town, State)	mber or Rural	Route Number,
	YSICIAN: To the best of								e) and manner se stated.
296 SIGNATURE AND TITLE OF CERTIF	re he				29c. LICENSE	NUMBER			(Month, Day, Year)
		SE OF OFATH	/ITEM 27\ /Tma	(Delet)					
30. NAME AND ADDRESS OF PERSON	REMA 4	+203	10		my Rd	Had	Tto:11	4 KM	0 20781

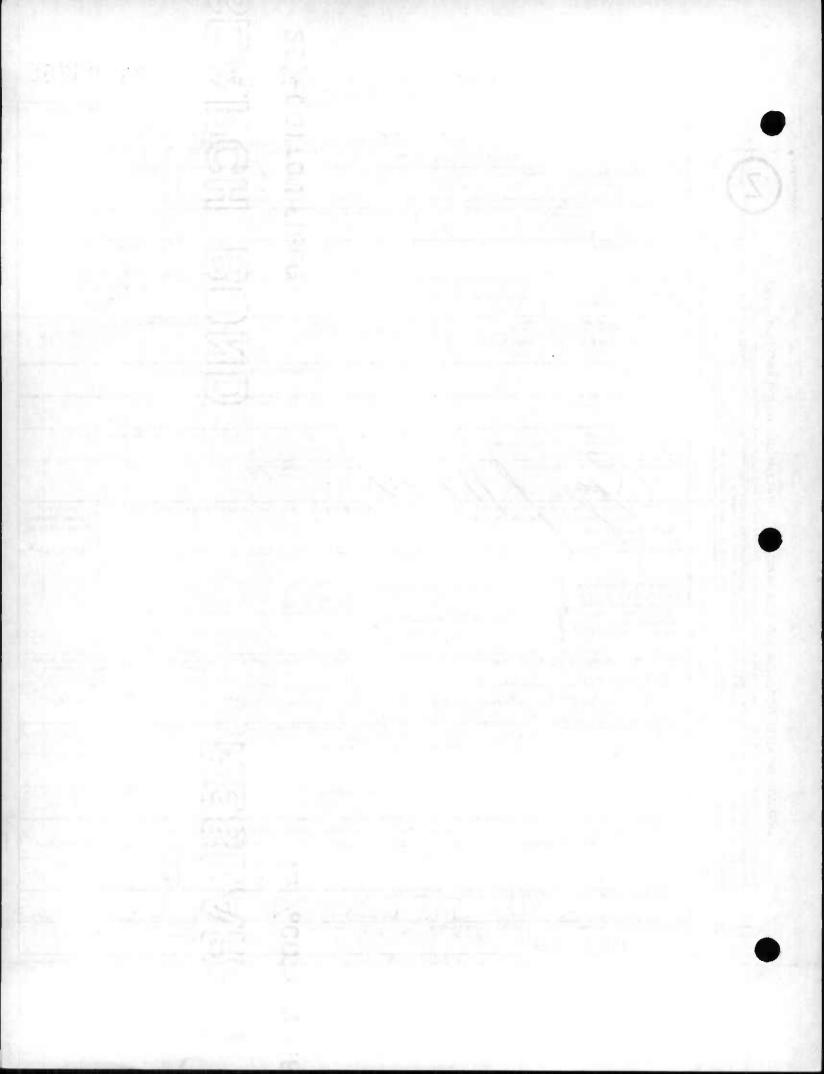


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	1. DECEDENT'S NAME (First, Middle, Last)								a DATE	OF BEATH			3. TIME OF DEATH
	ROBERT	THOMAC							MONT			YEAR	
	4. SOCIAL SECURITY NUMBER	THOMAS 5. SEX	6. AGE (In yrs. In:	et delette elev d	IF UNDER	Mrs.	IF UNDER			UARY 2	7,199		12:33 M
	M 1946/2011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1XXM2□F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	h, Day, Year)		Countr	y)
	227-78-0723 9a. FACILITY NAME (If not institution, give s		40	11.0.	96. CITY, TOWN OR LOCATION OF DEATH					-5-53			
r		C42.441	- A 1									EAIN	
FUNERAL DIRECTOR	THE JOHNS HOPKIN	AS HOSPII	AL		RAL	IIM	ORE (CITY	_				
ן נַ	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN C	OR LOCA	TION						10d. INSIDE CITY
5	Maryland			В	alt	imo	re						LIMITS?
1	10s. STREET AND NUMBER						f. ZIP CODE	E			10g. CITI	ZEN OF W	WHAT COUNTRY?
Ì	1834 Wolfe St						21	202	153			USA	
5	11. MARITAL STATUS	12. WAS DECEDEN					CENDENT C	F HISPAN	VIC ORIGIN	f? (Specify Yes		14. RACE	— American Indian,
10	1X Never Married 2 Married	FORCES? 1 IF YES, GIVE W		NO			ecify Cube			Ricen, etc.)		Speci	t, White, etc.
	3 Widowed 4 Divorced					330	7.						lack
Ĭ	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, Di	CEDENT'S live kind of v Do NOT us	USUAL O	CCUPATH during mo	ON ost of working	ng	16b	. KIND OF BUS	INESS/IND	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	,						17				
	10			Unem	plo	ved						124	
	17. FATHER'S NAME (First, Middle, Lest)						18. MOTI		- ,,	Middle, Maiden			
u l	Robert	B. Thom								Bank			
2	19a. INFORMANT'S NAME (Type/Print)									ber, City or Yowi			
	Karen Tho	mas Sco						St		ersbu			
	20a, METHOD OF DISPOSITION 1XX Burlel 2 Cremation 3 Rem	oval from State	20b. PLACE cemetary, cri DINW	AND DATE (of DISPOS	SITION (No	ame of		DAT	1 111111			
1	4 Donation 8 Other(Specify)		DILIM	Iddi		***	Park		-1-9	94 D.	INMI	аат	e Va.
1	1 stand one of repeated service on	/	MA	1 . 1.	1	Wil	kers	on	Fune	eral	Esta	bli	shment
	Male	1/	11100	din		102	S.o	uth	Ave	e. Pe	ters	bur	g Va23803
AL CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO DUE TO DUE TO d.	0	OUENCE OF	F):	1S	g cause (given in	Part I.	24a. WAS AN PERFOR		246.	Onset and Desth OUE WEEK WERE AUTOPSY FINDINGS AWALABLE PRIOR TO
Ś		LAVAScul	4	1 WP		1			_	1 TES 2	□ №		OF DEATH?
	RHABBAHYOLYSIS	1	-	FAI		1			-				1 TES 2 NO
THE SICIAL.		NODERGU	sucy Syn	JOLOM	E								
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	eck only or	10)			
2	1 YES 2 NO	1 Inpetient 2			- 7		ne 5 🗆 Re	sidence	_				
10	1 Natural 5 Pending	28a. DATE OF (Month, D	ay, Year)	28b. TIM	E OF URY M	WC	VES 2] NO	28d. DE	SCRIBE HOW I	NJURY OC	CURED	
2	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At he etc. (Specify)	ome, farm, s	street, fact	tory, offic	:•		28f. LOC City	ATION (Street of or Town, State)	and Number	or Rural F	Route Number,
JMPLEIE	anal stay	CIAN: To the best of R: On the basis of a) end manner as stated.
2	29b. SIGNATURE AND TITLE OF CERTIFIE	1.4 1.4	^				29c, LICI	ENSE NUI	MBER		29d, DAT	E SIGNED	(Month, Day, Year)
	acol Am	COMPLETED CALL	D DEATH STE	M 270 /X	Deleti		L	4718			> 1	1274	14
)	DR. CARUL ANN	HUFF	Dith!	5 Hbs	KIN	5 K	tosp	M	_ 6	200N	wou	Æ '	ST TOWER
	31. DATE FILED (Month, Day, Year)	0	ia Davidson	1-Ring	lass					BALTI	MORE	, MO	21387
	JAN 3 1 199	141 500	m long (m)	-1									



BALTIMORE, MARYLAND 21215-0020

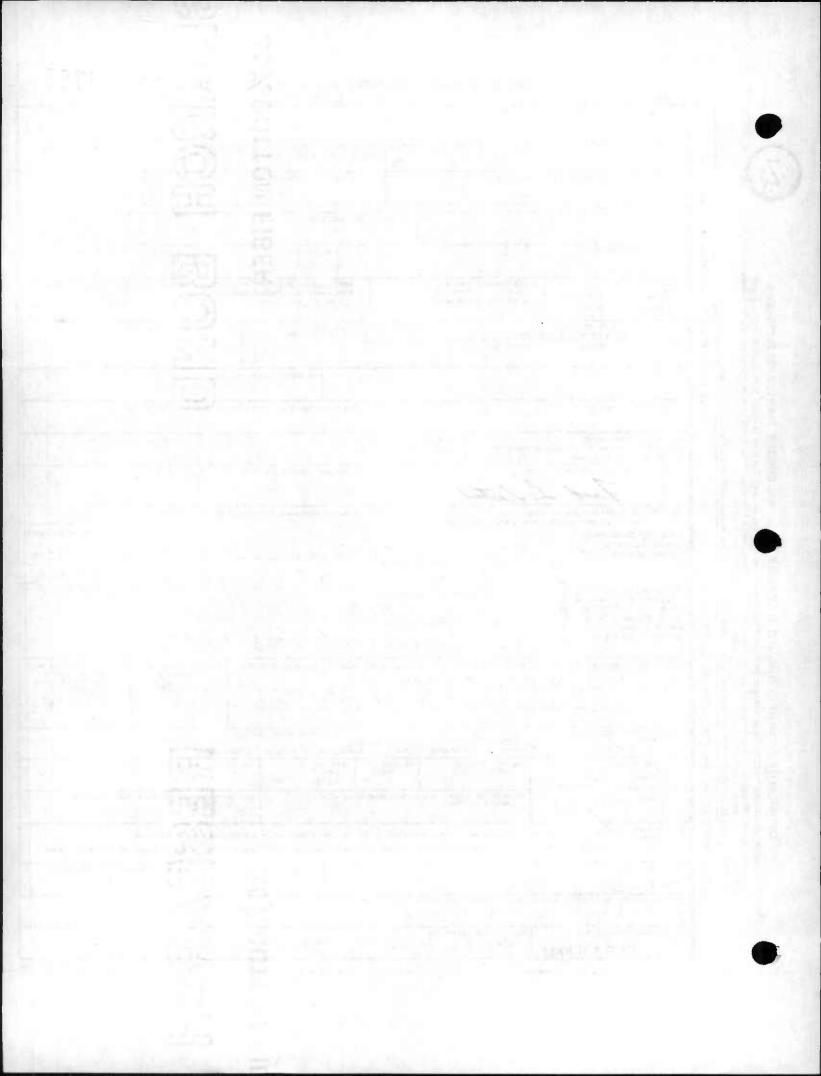
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flows after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

- 6	1. DECEDENT'S NAME (First, M	OSEP	HOH!	RES	SCH	_				2. DATE OF MONTH	DEATH D	4 9	Paglin	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 140-24-3044		5. SEX	6. AGE (In yrs. les	st birthday) YRS.	MONTHS	DAYS	# UNDER	MIN.		ov Year)	928	New	PLACE (State or Foreign TV). York
CTOR	Washington RESIDENCE OF DECE	County		a1		100		rstov		ATH	Ä		hing	
DIRECTOR	Maryland	Washir	ngton			ty, town on Location lear Spring						10d. INSIDE CITY LIMITS? 1 YES 2 A NO		
RAL	100. STREET AND NUMBER 12752 Indepe	ndance	Poad				10	217						States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 M 3 Widowed 4 Divorce	arried	2. WAS DECEDENT	YES 2 1	RMED	- 100	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 12. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— Black, Wh					E — American Indian, k, White, atc.		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) 12 (Give kind of the Do NOT Not Do NoT Not Do NoT N													
00	17. FATHER'S NAME (First, Mide	die, Last)						18. MOTI	HER'S NAM	ME (First, Midd	le, Malden	Surname)		
BE	Joseph Tr									Krau	_			
10	190. INFORMANT'S NAME (Type Mary Pietry	ka		R	t. 2	Вок	119	Belv		ce, Ne	w Je:	rsey	078	
	26a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 4 Donation 6 Other (S	3 Removi		20b. PLACE. cametery, cre St.		oh Ce	emet	ery		DATE	Wasi	hing		New Jersey
	21. SIGNATURE OF FUNERAL		SEE VASTA							Blvd.				HOme , Md 21740
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSCOURT OR AS					FI ARI	ALL RE	IRE					Tout,	Approximate interval Between Onset and Death
	resulting in death) LAST	d.	IF							UMO.				
N: MEDICAL	PART II. Other algorificant	DE	HYDR ROSI	ATIC	Ht) LA	NC,	(I)	given in i		PERFOR	MED3	246	N. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO I EXAMINER? 1 VES 2 NO	1	10SPITAL:			OTHE	R:	1 10		ick only one)				
BY PHYSICIAN:	27, MANNER OF DEATH 1 Notural 5 Pe		26a. DATE OF (Month, Da	INJURY	26b. TIM		28c. INJ WC			6 Other (S) 28d. DESCRI		O YRULY	CURED	
		ould not be termined	26e. PLACE Of building, o	FINJURY — At ho etc. (Specify)	ome, farm,	street, fac	tory, offic	•		261. LOCATIO City or To	ON (Street a own, State)	nd Numbe	or Or Rural i	Route Number,
COMPLETE	1		AN: To the best of on the basis of ex											s) and manner ee stated.
TO BE	7APAR	MA	JK to	In the	5			29c. LICI D 4	HSE NUM	9G	jir	29d. DA	TE SIGNED	(Month, Dey, Year)
	20311 Cap	rans	Ra	Boom	S60	Print)	M	0 2	17	13				
	31. DATE FILED (Month, Day, Ye.			R'S SIGNATURE	لعبايس	Ĺ				5				

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 arrs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
e retained	5 should		notified
6 тау b	ector, page		must be
eath. Page	funeral din		caminer
urs after d	in by the	removal.	edical ex
thin 24	tely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	it, the m
ecuted wit	nd comple	burial, cre	atic even
cate be ex	physician a	e prior to	er traum
eath certifi	attending p	ital Hygien	y, or oth
that the d	ed by the	h and Mer	any Injur
v requires	peen signe	t, of Healt	shows 2
N: The lav	ficate has	State Dep	Item 23
PHYSICIA	r this certi	h with the	arked, or
TTENDING	TOR: After	after deat	28 is m
TAL OR A	TAL DIREC	72 hours	If Item
HE HOSPI	HE FUNER	led within	ORTANT
101	2	De 1	IMP

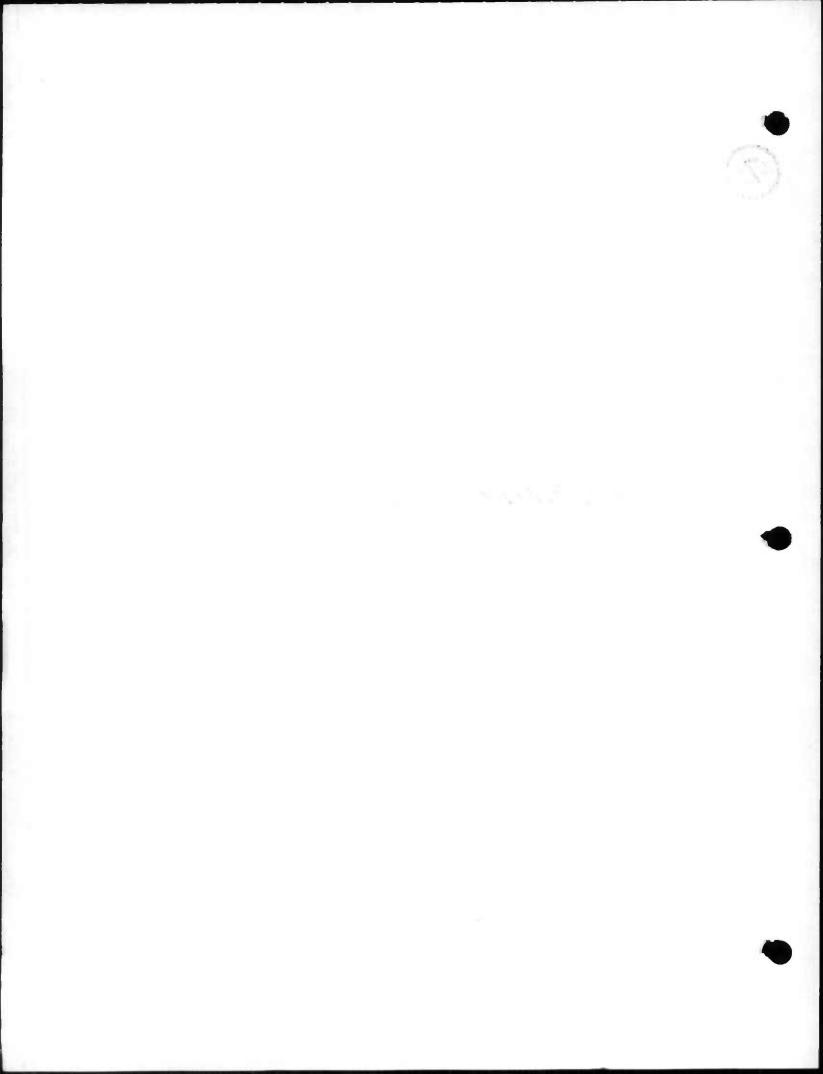
	1 - FOR REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR	RTMEN	IT OF I	HEALTH DEA	AND	MENT	AL HYGIEN		914	05767
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME OF DEATH
Per	Thelma Lorraine	TURNER							MON	cb . 1	7 /	994	11:30pm
7	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Id	st birthday)	IF UND	ER 1 YEAR	IF UNDER	1		E OF BIRTH		8. BIRTI	NPLACE (State or Foreign
	220-16-0956	1 □ M 2 🔀 F	68	YRS.	WORTHS	DAYS	HOURS	MIN.		an. 24, 1	1926		
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CIT	TY, TOWN	OR LOCATI	ON OF D				UNTY OF E	
FUNERAL DIRECTOR	833 W. Washingt	on Street				Hag	erst	own			W	ashi	ngton
IREC	10a. STATE 10b. COUNT					OR LOCA							10d. INSIDE CITY LIMITS?
2	Maryland Was	hington			Hage	rsto							1 XES 2 NO
RA						10	I. ZIP COD	E			10g. Cl	TIZEN OF	WHAT COUNTRY?
N N	802 W. Washingto							1740					SA
BY FU									IN? (Specify Ye Rican, etc.)	a or No—	Spec		
G	15. DECEDENT'S EDU	CATION	16a. D	ECEDENT'S	USUAL	OCCUPATION	ON		10	b. KIND OF BU	eweee and		nite
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(0	Give kind of v	work done	during mo	st of working	ng	"	io. King or bu	SINESS/IN	DUSTRY	
4	8	0	'	hous	seke	epin	o-			nure	ing	homo	
ON	17. FATNER'S NAME (First, Middle, Last)					ории	7	NER'S NA	ME (First	Middle, Maiden		nome	
BE C	Richard L. Smith	n								. Mill	,		
TO B	19a. INFORMANT'S NAME (Type/Print)		15	b. MAILING	ADORES	SS (Street a				nber, City or Tou		io Codel	
Ţ	Connie Pepple												ryland 2174
	20a. METHOD OF DISPOSITION 1 Deputial 2 Cremation 3 Ram	oval from State	20b. PLACE	ANDDATE	OF DISPO	SITION/Ne	me of		DA	TE 20c. LC	CATION -	City or To	wn, State
	4 Donation 5 Other (Specify)		cemetery, cri	e Hil	1 C	emet	ery	2-	-21-	94 Ha	gers	town	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	20-	•			ICH I	SS OF FA	CILITY				
	000	17/1	lun	xel								~ to	n, Md. 2174
	23. PART I. Enter the diseases, or o	omplications that	causad the de	aath. Do n	ot ante	r tha mo	de of dyi	ing, suci	h as car	rdiac or resp	Iratory ar	rest.	Approximata
	shock, or heart feliure. iMMEDIATE CAUSE (Finel	List only one csu	se on each line	0.								1001,	Interval Between
	diseese or condition resulting in death)	Car	sino	ma	,	fu	na						3 mout
	resulting in destri)	OUE TO	(OR AS A CONSE	OVENCE OF	F):		0						
ATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	QUENCE OF	7):								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE OF	7):								
- 1	PART II Other significant condition	a contribution to	disable to a										
S	PART II. Other significant condition	s CD	O D	resulting I	n the u	nderlying	ceuse g	jivan In	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ED	hotostate	i low	e con	500					_	1 TYES 2	MO		OF DEATH?
PHYSICIAN: MEDICAL	7 0000 37 0000	C 0 071		US.									1 TYES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF OR	EATH (Che	ock only o	(ne)	-		
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHE	R:	5 (Ra						
ξ	27. MANNER OF DEATH	26a. DATE OF	INJURY	28b. TIME	E OF	28c. INJ	URY AT	ardence		SCRIBE NOW I	NJURY OC	CUREO	
BY F	1 Miliural 5 Pending Investigation	(Month, Da	ly, Year)	INJ	URY M		RK? 'ES 2 🗌	NO					
0	3 Suicide 6 Could not be determined	26s. PLACE Of building,	FINJURY — At ho	ome, tarm, a	treet, lac	tory, office			261. LOC	CATION (Street in or Town, State)	and Number	or Rural R	loute Number,
J.E	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge de	ath occur-	d at the	time dui-	and at-		4- 41				
COMPLET	(Check only one) 2 MEDICAL EXAMINE	R: On the beals of ax	amination and/or	Investigation	n, In my	opinion, de	eth occur	ed et the	time, date	a snd place, an	d due to the	ted. he cause(a) and manner as steted.
O III	29b. SIGNATURE AND TITLE OF CERTIFIER		<u></u>			Т	29c. LICE				_		(Month, Day, Year)
TO BE	Gloria	7.6	me				D	198	24	+	D in	2//	8/9K
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF OFATH STE	84 AT /T	Philada .								

PLETEO CAUSE OF OBATH (ITEM 27) (Typo, Print)

The Bandon Randoll

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Morth, Day, Year) FEB 2, 2, 1994



		2, 3 should
17	0.00	
020	physicien.	the funeral director, page 5 should be detached for use as the burial-timent person of 2, 3 should loval.
21215-0	al or attending	for use as the
YLAND	by the hospit	d be detached
RE, MAR	nay be retained	page 5 shoul
BALTIMORE, MARYLAND 21215-0020	ifter death. Page 6 may be retained by the hospital or attending physicien.	funeral director,
8	ther c	the the

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or TO THE FUNERAL DIRECTION: After this certificate has been aloned by the attending physician and completely filled in by the funeral director, page 5 should be detached for up telled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First Mary Lorra									r				
		IOMAS							2. DATE OF MONTH	DEATH DAY	, ر ــــ	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM		5, SEX	8. AGE (In yrs. les	1 from de d				R 24 HRS.	redua	TU 15	- 4	794	00101
215-26-173		1 M 2 K F	63	YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF (Month, De	10.19	30	Country)	
9a. FACILITY NAME (If not i	institution, give a	street and number)			9b. CITY	, TOWN	OR LOCAT	ION OF DE		10,17		NTY OF DE	
Washington		y Hospit	al			Hage	ersto	own		-43	Wa	shing	gton
RESIDENCE OF DE	10b. COUNT	Y		10c CIT	y mwa c	OR LOCAT	TION					1.	IN INDIDE OUT
Maryland	Maryland Washington				E. CITY, TOWN OR LOCATION Hagerstown					10d. INSIDE CIT LIMITS? 1 X YES 2			LIMITS?
10e. STREET AND NUMBER	10e. STREET AND NUMBER				101. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?			
316 S. Locust Street			21740						USA				
11. MARITAL STATUS 1 Never Merried 2 2 3 Widowed 4 Div	The second second	IF YES, GIVE WAR OR DATES 1 ☐ YES 2 🔀 NO Specify: Specify Whi											
15. DEI (Specify on	CEDENT'S EDU	CATION completed)		CEDENT'S				ina	16b. KIP	ND OF BUSI	NESS/INC	USTRY	
Elementary/Secondary (-	College (1-4 or 8	- Alfa	Do NOT us	make					ner or	m h		
17. FATHER'S NAME (First, A	Material 1 11	U		поше	шаке	r				-		one	
Lee Younki									ME (First, Midd Wilke		urname)		
19a. INFORMANT'S NAME (Type/Print)		10	MAILING	ADDRESS	E /Street s		-	Route Number	_	Otata Zia	Codel	
Robert J.		, Jr.							lagerst			/	0
20a, METHOD OF DISPOSIT	on 3 🗆 Rem	oval from State	20b. PLACE / cometery, cre	AND DATE (OF DISPOS	SITION (NE	eme of		1	20c. LOCA			•
4 Donation 8 Other		PENGEE	rair	view				-00 05 54	2-17		iysv	ille,	Maryland
		m	20-	-	M	ÎNNÎ	CH F	UNER	AL HOM	IE .			
120	190	XYY	/ lens	uch	3 4.	15 E	. Wi	1son	Blvd.	, Hag	gers	town,	Md. 21740
disease or condition resulting in death) Sequentielly list conditions, leading to immediate. Enter UNDERLY	tions, ediata /ING ury	DUE TO	(OR AS A CONSEC	C GARCE OF	0 4 c		Hea	1+	Disa	e us a	2		45. hr
CAUSE (Disease or Injuthat initiated events resulting in death) LAS		d											
that initiated events	-	na contributing to	death but not r	eaulting	In the un	ndariyin	g cause	given in		n. WAS AN AN PERFORM	ED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
that initiated events resulting in death) LAS PART II. Other aignific 25. WAS CASE REFERRED	ant condition	na contributing to	death but not r	eaulting	In the un					PERFORM	ED?		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
that initiated events resulting in death) LAS	ant condition	HOSPITAL:	death but not r		OTHER	26. PI	LACE OF I	DEATH (Ch	ack only one)	PERFORM YES 2	ED?		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	ent condition	HOSPITAL:	ER/Outpetlent 3	DOA 28b. TIM	OTHEF	26. PI R: sing Hom 28c. INJ WC	LACE OF I	DEATH (Chi	10	PERFORM YES 2 [ED?	1	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
that initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1	ant condition TO MEDICAL Pending Investigation Could not be	HOSPITAL: 1 inpatient 2 28e. DATE 0 (Month, i	ER/Outpetlent 3 FINJURY Pay, Year) OF INJURY — At ho	DOA 26b, TIM	OTHER 4 Nun E OF URY	26. PI R: sing Horr 28c. INJ WC	LACE OF I	DEATH (Chi	ack only one) 8 Other (S) 28d. DESCRI	PERFORM YES 2 [Decily) Decily) DN (Street and	HED? ⊒ NO	CURED	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
that initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident	ant condition TO MEDICAL Pending Investigation	HOSPITAL: 1 inpatient 2 28e. DATE 0 (Month, i	FINJURY	DOA 26b, TIM	OTHER 4 Nun E OF URY	26. PI R: sing Horr 28c. INJ WC	LACE OF I	DEATH (Chi	ack only one) 8 Other (S) 28d. DESCRI	PERFORM YES 2 { Decily) BE NOW INJ	HED? ⊒ NO	CURED	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
that initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED : EXAMINER? 1	Pending Investigation Could not be determined	HOSPITAL: 1 Inpatient 2 28e. DATE Of (Month, it	ER/Outpetient 3 FINJURY BY, Year) FINJURY — At ho etc. (Specify) I my knowledge, de	DOA 26b. TIM INJ	OTHEF 4 Num E OF URY M street, fact	26. Pi R: sing Hom 28c. INJ WC 1 tory, office	LACE OF I	DEATH (Chi	eck only one) 6 Other (S) 28d. DE\$CRI 28f. LOCATIC City or R	PERFORM YES 2 Decity) BE NOW IN. ON (Street annum, State)	IURY OCC	CURED or Rural Rosed.	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
that initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	Pending Investigation Could not be determined ITIFYING PHYSI DICAL EXAMINE E. OF CERTIFIEL	HOSPITAL: 1 Inpatient 2 28e. DATE Of (Month, if building) 28e. PLACE (building) ICIAN: To the best of a	FINJURY Pey, Year) OF INJURY — At ho etc. (Specify) I my knowledge, de examination and/or	DOA 28b. TIM INJ	OTHEF 4 Nun E OF URY M street, fact ed at the tion, in my o	26. Pi R: sing Hom 28c. INJ WC 1	LACE OF E	DEATH (Christollers) NO e, and due ared at the SENSE NUM - (6	eck only one) 6 Other (Sp. 28d. DESCRI 28f. LOCATIC City or R to the cause(of time, data and WBER)	PERFORM YES 2 [Decily) BE NOW IN. ON (Street and win, State) a) and mann t place, and	JURY OCC	CURED or Rural Ro	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! YES 2 NO
that initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1	Pending Investigation Could not be determined ITIFYING PHYSI DICAL EXAMINE E. OF CERTIFIEL	HOSPITAL: 1 Inpatient 2 28e. DATE Of (Month, if building) 28e. PLACE (building) ICIAN: To the best of a	FINJURY Pey, Year) OF INJURY — At ho etc. (Specify) I my knowledge, de examination and/or	DOA 28b. TIM INJ	OTHER 4 Nun E OF URY M street, fact	26. Pi R: sing Hom 28c. INJ WC 1	LACE OF E	DEATH (Christollers) NO e, and due ared at the SENSE NUM - (6	eck only one) 8 Other (S) 28d. DESCRI 28f. LOCATIC City or R to the cause(time, data and	PERFORM YES 2 [Decity] BE NOW IN. ON (Street anown, State) a) and mann I place, and	JURY OCC	or Rural Ro	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! VES 2 NO Unter Number, and manner as stated.
that initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	Pending Investigation Could not be determined ITIFYING PHYSI DICAL EXAMINE E. OF CERTIFIEL	HOSPITAL: 1 Inpetient 2 28e. DATE Of (Month, incident) 28e. PLACE (building) ICIAN: To the best of incident	FINJURY Pey, Year) OF INJURY — At ho etc. (Specify) I my knowledge, de examination and/or	DOA 28b. TIM INJ	OTHEF 4 Nun E OF URY M street, fact ed at the tion, in my o	26. Pi R: sing Hom 28c. INJ WC 1	LACE OF E	DEATH (Christollers) NO e, and due ared at the SENSE NUM - (6	eck only one) 6 Other (Sp. 28d. DESCRI 28f. LOCATIC City or R to the cause(of time, data and WBER)	PERFORM YES 2 [Decily) BE NOW IN. ON (Street and win, State) a) and mann t place, and	JURY OCC	or Rural Ro	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! VES 2 NO Unter Number, and manner as stated.

Pow. €dwa

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			NTAL HYGIEN		94	05769
1. DECEDENT'S NAME (First, Middle, Li	est)			2.	DATE OF DEATH	MY	YEAR 3	. TIME OF DEATH
xxx Clemen	te P	Tootse	V		bruary	5 19		8:18 pm
4. SOCIAL SECURITY NUMBER 200285733	5_SEX 6. AGE (II		IF UNDER 1 YEAR	IF UNDER 24 HRS, 7. HOURS MIN. N	Month, 30 Hear)	1934	8. BIRTHPL Country)	ACE (State or Foreign
98. FACILITY NAME (If not institution, 9 Southern Mary				enton of Death Cinton			TY OF DEA	H Georges
RESIDENCE OF DECEDENT 100. STATE Maryland Decedent	ince George's		TOWN OR LOCAT					Dd. INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMBER			andywir	ZIP CODE			ZEN OF WH	AT COUNTRY? States
16001 Crain Hw	12. WAS DECEDENT EVER IN	II C ADMED	140 400 050	20613				
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPANIC Concily Cuban, Maxican, Pt. 2 NO Specify:	reign? (specify to	8 OF NO	Black, V Specify: Whit	- American Indian, White, stc.
15. DECEDENT'S (Specify only highest g	EDUCATION rade completed)	15a. DECEDENT'S US	rk done durina mo	ON st of working	166. KIND OF BU	ISINESS/IND		.e
Elementary/Secondary (0-12)	College (1-4 or 8+)	Insulat		Tarabay E	Asbest	os wo.	rkers	Local 24
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME (,		
Joseph Tootsey 190. INFORMANT'S NAME (Type/Print)				Catherine				
Jack R. Jenkin				nd Number or Rural Route				
20a. METHOD OF DISPOSITION		PLACE AND DATE OF	Chain H	me of SW I	DATE 200 LO	DCATION -	D 206	13 State
1 Burial 2 Cremation 3 1 1 4 Donation 5 Other (Specify)	lamoval from State ceme	tery, cremetory or other	toru Fo	b 7,1994	CP	intan	Man	uland
21. SIGNATURE OF FUNERAL BERLYCH	LICENSEE		22. NAME AN	ID ADDRESS OF FACILITY	Lee Fu	neral	Home.	Inc. 6633
· Moss	Dhel		old Al	exander F	rry Road	d, ce	inton	, Marylan
23. PART I. Enter the diseases, shock, or hear fallu IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	a. Due to (or As A	CONSEQUENCE OF):	AR	TERY !			-	Approximate Interval Betwee Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CARDRO	CONSEQUENCE OF:		Milh				
PART II. Other eigniticant condi	OBSTORICTIV	et not resulting in	ow ARy	DISEASE	24a. WAS AFPERFO	RMED?	C	/ERE AUTOPSY FINDING MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
	V . / /				4			TES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	1	26. PL	ACE OF DEATH (Check of	only one)			
1 YES 2 □ NO	1 Inpatient 2 ER/Outpi	ntient 3 DOA 4	☐ Nursing Hom	e 5 Residence 5				
27. MÄNNER OF DEATH 1 Natural 5 Pending 2 Accident Investigati		28b. TIME INJUI	M 1 🗆	PRK?	d. DESCRIBE HOW	INJURY OCC	CURED	
3 Suicide 5 Could not 4 Homicide determine		— At home, farm, atr	eet, factory, offic	28	LOCATION (Street City or Yown, State		or Rural Rou	ite Number,
Name of the second seco	HYSICIAN: To the best of my knowled							ind manner as stated.
29b. SIGNATURE AND TITLE OF CERT	IFIER W	moface	, c	29c. LICENSE NUMBER	44	29d. DATE	6 9	forth, Day, Year)
30 NAME AND ADDRESS OF PERSON		ATH (ITEM 27) (Type, F	rine) PISC	ATAWAY	RD	C	in	OM WE
31. DATE FILED (Month, Day, Year)	QA 32. REGISTRAR'S MIGNA	TURE Pandal	2					

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60	TAL	以下	=
1	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Dept, of Health and Mental Miglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 91, CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Raymond Thacker February 1994 12:02P 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 227-05-5171 57.6 1 XM 2 🗆 1916 January Virginia 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR Doctors Community Hospital Lanham Prince George's RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince Georges Lanham Maryland 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 20706 10g. CITIZEN OF WHAT COUNTRY? 5634 Whitfield Chapel Road, #T-1 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried
3 Widowed 4 Divorced If yee, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify BY White ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify o (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Vanner Fuel Company COMPL Supervisor 17. FATHER'S NAME (First, Middle, Last)
William Thacker 18. MOTHER'S NAME (First, Middle, Maiden Surname) Artha Dovie Ħ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
5634 Whitfield Chapel Road, #T-1, Lanham, MD 20706 2 Dorothy T. Thacker must be 20e. METHOD OF DISPOSITION
1 Disposition 3 20c. LOCATION — Cify or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Burlel 2 Cremetton 3 L 4 Donatton 5 Other Specify) Maryland National Memorial Park 1/10/94 Laurel, MD examiner 21. SIGNATURE OF FOR 22. NAME AND ADDRESS OF FACILITY
Rendon/Hale Fuenral Home MAL SERVICE LICENSEE 20706 9013 Annapolis Road, Lanham, MD medicai 23. PARTA. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition event, resulting in death) traumatic CERTIFICATION Sequentielly list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other thet initieted events resulting in death) LAST injury, or PART II. Other significent conditions contributing to deeth but in Part I. not reculting in the underlying ceuse gives MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO ma shows any YES 2 NO COMPLETION OF CAUSE 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem HOSPITAL: OTHER: 1 YES 2 NO 1 Impetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. OESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending М 1 YES 2 NO BY Investigation 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) ETED. 69 Could not be 4 Homicide 28 determined Hem . 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) and manner ee stated. COMPL = 2 MEDIGAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. AND TITLE OF CERTIFIER 29b, SIGNATUR 29d. DATE SIGNEO (Month, Day, Year) BE 9 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5632 Aunapolis

MD

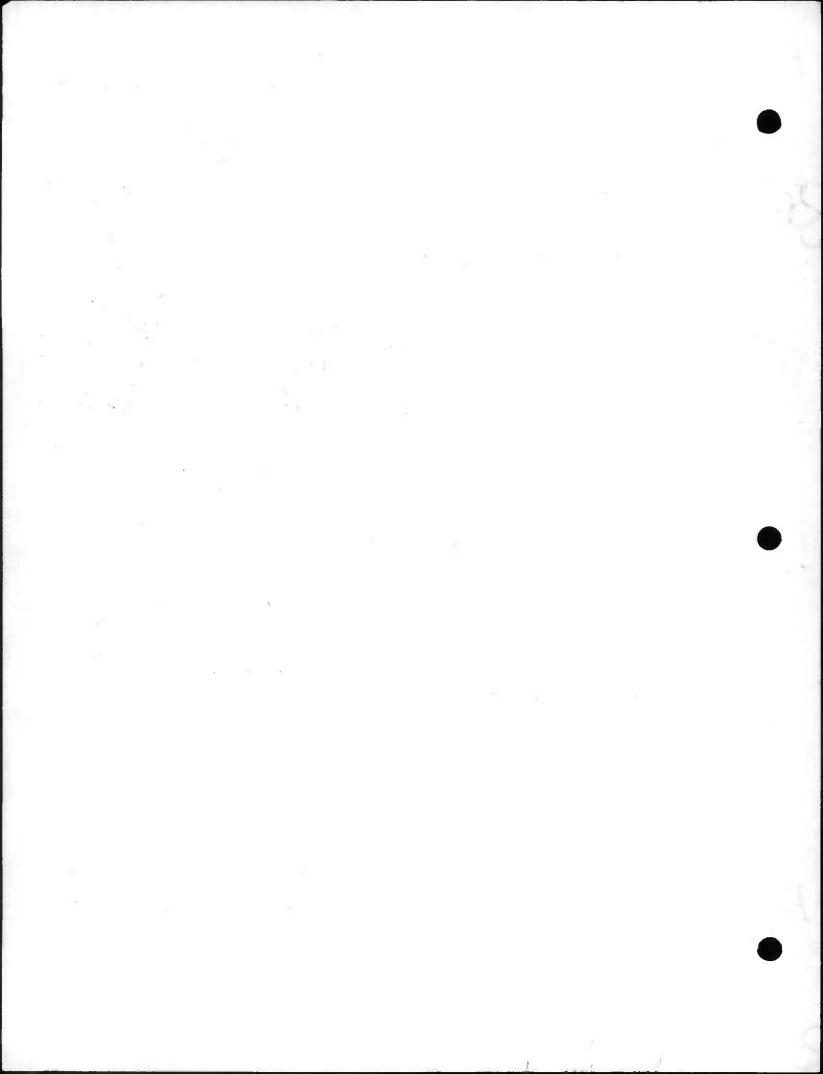
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32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

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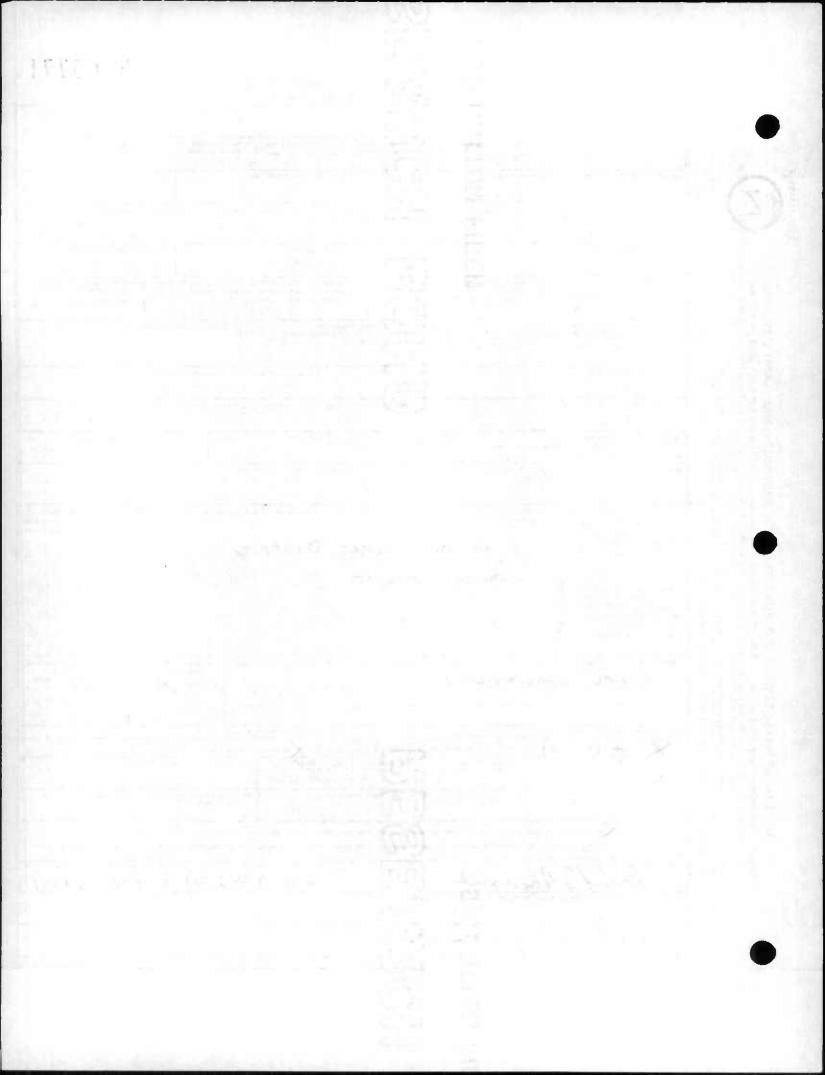


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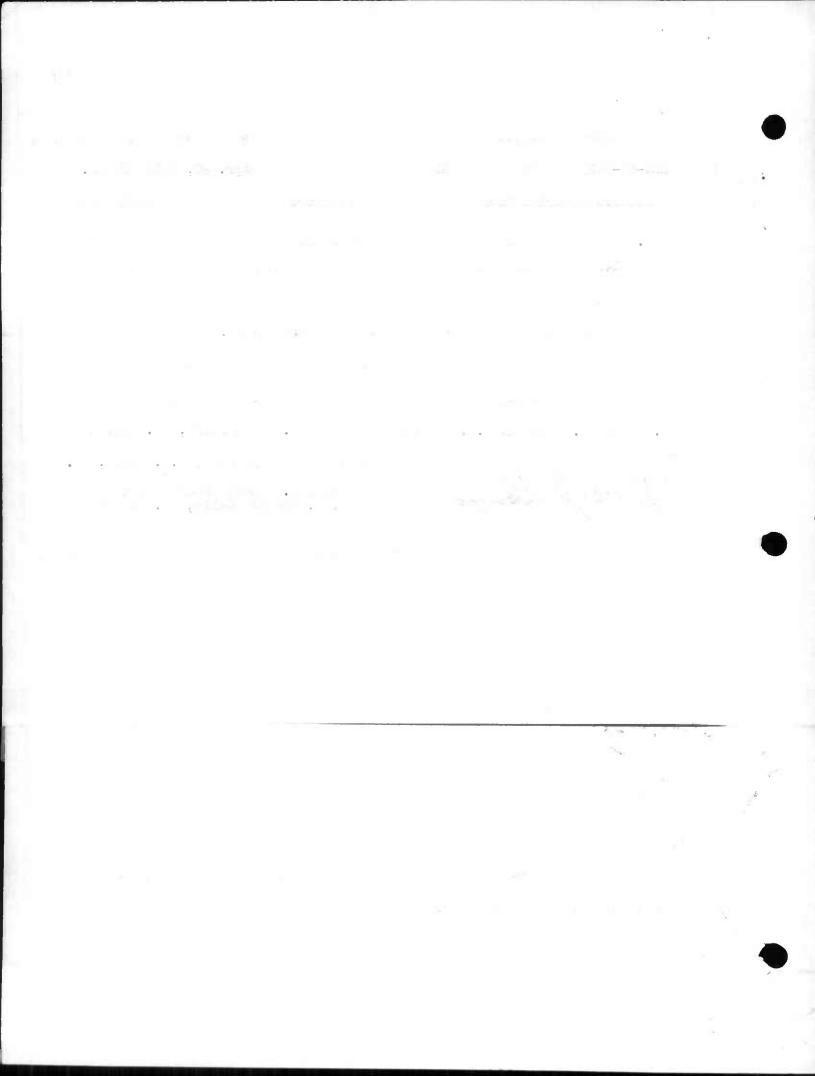
e hospital or attending physician etached for use as the burillaming. R. FRANCIS MA by the l 2 5 should to BY notified a he funeral director, page 5 shral. RELEASED | rurs after death. Page 6 may n by the fi medical completely filled in I the event, burial, traumatic and other 10 signed by the shows any has been a OR ATTENDING PHYSICIAN: The law 23 the the this c marked, 99 DIRECTOR: / 28 If Item FUNERAL I TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

BALTIMORE,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1994 SAMUEL UNGER FEBRUARY 8:30 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR DAYS HOURS 155-30-3666 87 1X M 2 F MARCH 7, 1906 **NEW YORK** Se. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN 10500 ROCKVILLE PIKE #1306 DIRECTOR ROCKVILLE MONTGOMERY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND MONTGOMERY ROCKVILLE XX YES 2 NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 10500 ROCKVILLE PIKE #1306 20852 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Married 1 TYES AND Specify: Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (14 or 5+) STATE OF MARYLAND CLAIM EXAMINER 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Sumame) MAX UNGER MOLLY FRUENDLICH BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 10500 ROCKVILLE PIKE #1306 - ROCKVILLE, MD. 20852 ELLA L. UNGER 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE WELLWOOD CEMETERY 2/4 FARMINGDALE, NEW YORK 21. SIGNATURE OF HUNEFIAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY
DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE-ROCKVILLE, MD. 20852 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or he in fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) CURONARY HEMY DISEASE DUE TO (OR AS A CONSEQUENCE OF): CARPIA ARREST CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? INSUFFICIENCY 1 | YES 2 00 OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? YES 2 LIB (Released HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as attated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, dets and place, and due to the cause(s) and manner as atested. 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 034250 Morest 1999 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RICHARD L. MORRISSEY - NATIONAL NAVAL MEDICAL CTR.-8901 WISC. AVE-BETHESDA, MD. 20889 32 REGISTRAT'S SIGNATURE TONGE DEVICES TONGE PROPERTY OF THE P 1994



		1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIEN		† UJ112			
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
		Joseph - V				T	2- 1	3 94	2:08 a ^M			
should	I.	210-03-8423 9a. FACILITY NAME (If not institution, give si	1.☐M 2 ☐ F	ln yrs. last birthday) 81 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Apr. 20,	1912	BIRTHPLACE (State or Foreign Country) Penna.			
.2. 3 sh	СТОВ	Reeders Memor			Boons	or location of t	DEATH	9c. COUNTY Wash	of DEATH lington			
(x	DIREC	10a. STATE 10b. COUNTY	hington	10c. CIT	Y, TOWN OR LOCA Boons				10d, INSIDE CITY LIMITS? 1. YES 2 NO			
No.	ERAE	100. STREET AND NUMBER 141 South	Main Street		10	1. ZIP CODE 21.7	13	10g. CITIZEN	OF WHAT COUNTRY?			
MARYLAND 21215-0020 retained by the hospital or attending physician 5 should be detached for use as the bunal-train	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	2 V NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Bla							
or atten	ETED	15. DECEOENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of ille. Do NOT u	USUAL OCCUPATION	ON ost of working	16b, KIND OF BU					
YLAND 21215 by the hospital or attend be detached for use as	IPLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)		entar		Shi	p build	ling			
LAND 2 the hospital detached to	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, Middle, Melden					
A part part part part part part part part	BE	Joseph 1941. INFORMANT'S NAME (Type/Print)	Volejak					dley				
	TO B	Dr. Edward M. Vo	lejak. M.D.				House Number, City or Town		² 21742			
R Pag	mesi ne	20a. METHOD OF DISPOSITION 1 2 Denation 5 Other (Specify)	DATE 20c. LO	CATION — City	or Town, State							
Page al direc		21. SIGNATURE OF FUNERAL SERVICE GC		Dunmyer		ND ADDRESS OF F						
w = 1	a axemination	· Nomes y.	George		P.	O. Box	eorge Fune: 44 Salix.	Pa. 1	L5952			
24 nours filled in the	מבפוור, נוופ ווופפוו	23. PART i. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due 10 (OR AS A CONSEQUENCE OF): Approximate Interval Between Onset and Description of the condition of the										
co. BOX 687 certificate be executed nding physician and con Hygiene prior to burial.	TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
DS, the de	MEDICAL CE	PART II. Other aignificant condition. Alpherana	Direct (ut not resulting		g cause given in	Part I. 24e. WAS AN PERFOR	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
he law has be Del-i.		25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	ack only one)					
AN: The			HOSPITAL: 1 Inpatient 2 ER/Outpu	tient 3 DOA	OTHER: 4 3 Mirsing Home	5 Residence	6 Other (Specify)		T. Servery			
NG PHYSICIA fer this certification with the	199	27. MANNER OF OEATH 1 Pleasure 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJI	URY WO	JRY AT RK? 'ES 2 NO	28d. DEŞCRIBE HOW IN	NURY OCCURE	D			
TTENDI TTENDI TTOR: A after d	TED	2 Accident 3 Suicide 6 Could not be determined	28e. PLACE DF INJURY building, etc. (Specification)		treet, factory, office		26t, LOCATION (Street e City or Town, State)	and Number or Ru	ıral Route Number,			
DIR.	COMPLE	(Uneck only	IAN: To the best of my knowle : On the basis of examination					d due to the cau				
TO THE HOSPITAL TO THE FUNERAL De filed within 72 h	BE		Zatemo			P 180			(3。てく			
	2	30. NAME AND ADDRESS OF PERSON WHO	ch mo	334 A	مردد ١-	T MAGG	ERSTOWN	, ms 3	21740			
		31. DATE FILED (NOTE) 25 1994	32. REGISTRAN'S SIGN	THE PHONE			-					



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR						DEATH					
DECEDENT'S NAME (First, Middle, Last)	4	Λ.		15	1 :	-1-	2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
Maraai		COX		1	101	at	-	20-	6 -	94	1-30
SOCIAL SECURITY NUMBER		6. AGE (In yrs. I		IF UNDER 1	YEAR DAYS	F UNDER 24 HRS.	(Mont	OF BIRTH			THPLACE (State or Foreign
216-44-2814	1 🗆 M 2 💢 F	82	YRS.	WONTING.	UM I O	HOUNS WIN,	OCT	. 5,	1911		RĞINIA
a. FACILITY NAME (If not institution, give a				96. CITY, 1	TOWN OF	LOCATION OF DE	EATH		9c. C0	OUNTY OF	DEATH
7051 CARROLL	AVENUE,	#217		TA	KOMA	A PARK			M	ONTG	OMERY
RESIDENCE OF DECEDENT 10b, COUNT	,		100 CITY	r, TOWN OR	LOCATA	AN .					10d, INSIDE CITY
	NTGOMERY										LIMITS?
DO. STREET AND NUMBER	NIGOMERI		1.5	AKOMA	_	ZIP CODE			1	WT:TCN 00	1 YES 2 NO
	AVENUE :	4017			101.		1.0		10g. C		WHAT COUNTRY?
7051 CARROLL	12. WAS DECEDENT	#217	DMCD	1 49 110	20000	209		10.0010		USA	
Never Married 2 Married Wildowed 4 Divorced	FORCES? 1	YES 2		Pf :	yes, spe-	city Cuben, Mexice	n, Puerto	Rican, etc.)	THE OF NO-	Bio	CE — American Indian, ack, White, etc. ecity: WHITE
15. DECEDENT'S EDU		16a, C	ECEDENT'S	USUAL OCC	CUPATIO	N .	168	. KIND OF	BUSINESS/	INDUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 8 +)	- 4	Give kind of w le. Do NOT uso	vork done du e retired.)	iring mos	t of working					
, 15,	4		ATHEMA	ATICI	AN			U.S.	GOVE	RNMF	NT
7. FATHER'S NAME (First, Middle, Last)	V-F					18. MOTHER'S NA					
ODIE MONROE	COX					BESSIE		RUTH	S	PENCI	ER
Da. INFORMANT'S NAME (Type/Print)		1	9b, MAILING	ADDRESS ((Street on	d Number or Rural					
MARGARET E. TU	CKER		8811	COLES	WTT.I	LE ROAD,	#62	0 91	LVER	CDR.	ING, MD 209
De. METHOD OF DISPOSITION		20b. PLACI	E AND DATE O	F DISPOSIT	TION (Ner		DAT				Town, State
	ouml from State	cemetery, c	remetory or atl	her plece)		THE PARTY	2/1	0 07	T TOTAL	ann:	TMC MD
Burial 2 ☐ Cremation 3 ☐ Rem	Oval ITOM State	GATI	E OF E	FAVE	N CI	HIMHLIHKY		11 1 5 1	L.VER	SPR	I NI - IVI I
		GAT	remetory or at E OF H	22. N	AME AN	EMETERY D ADDRESS OF FA	CILITY				ING, MD
Ď Donation 6 □ Other (Specify)	COMPlications that List only one cause.	mpbl couled the c se on asch iir	lesth. Do n	FR 500 oot enter to	ANCI O UN	D ADDRESS OF FA IS J. CO NIVERSIT	LLIN Y BL	S FUN VD.,	W.,	HOMI	
Donation 6 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE LIC 23. PART I. Enter the diseases, or shock, or heart failure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury het initiated eventa	DUE TO (mpbl. couled the c	Jesth. Do n	22. Number of FR 500 or enter to the second	ANCI O UN	D ADDRESS OF FA IS J. CO NIVERSIT da of dying, auc	LLIN Y BL	S FUN VD.,	W.,	HOMI	E, INC. SP., MD 20
Donation 6 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE LIC 23. PART I. Enter the diseases, or shock, or heart failure. MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, farry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury)	DUE TO (d	coulod tha consecutive for as a consecutive for as a consecutive for as a consecutive for as a consecutive for as a consecutive for as a consecutive for as a consecutive for as a consecutive for as a consecutive for as a consecutive for as a consecutive for as a consecutive for as a consecutive for as a consecutive for as a consecutive for as a consecutive for as a consecutive for a cons	Jesth. Do nis.	22. No. FR. 50° oot enter to e	AME AND O UN	D ADDRESS OF FA	CLITY LLIN Y BL	S FUN VD., diac or re	W.,	HOMI SIL.	Approximate Interval Betwo Onset and De Cape Cape Cape Cape Cape Cape Cape Cap
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TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-furnity be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

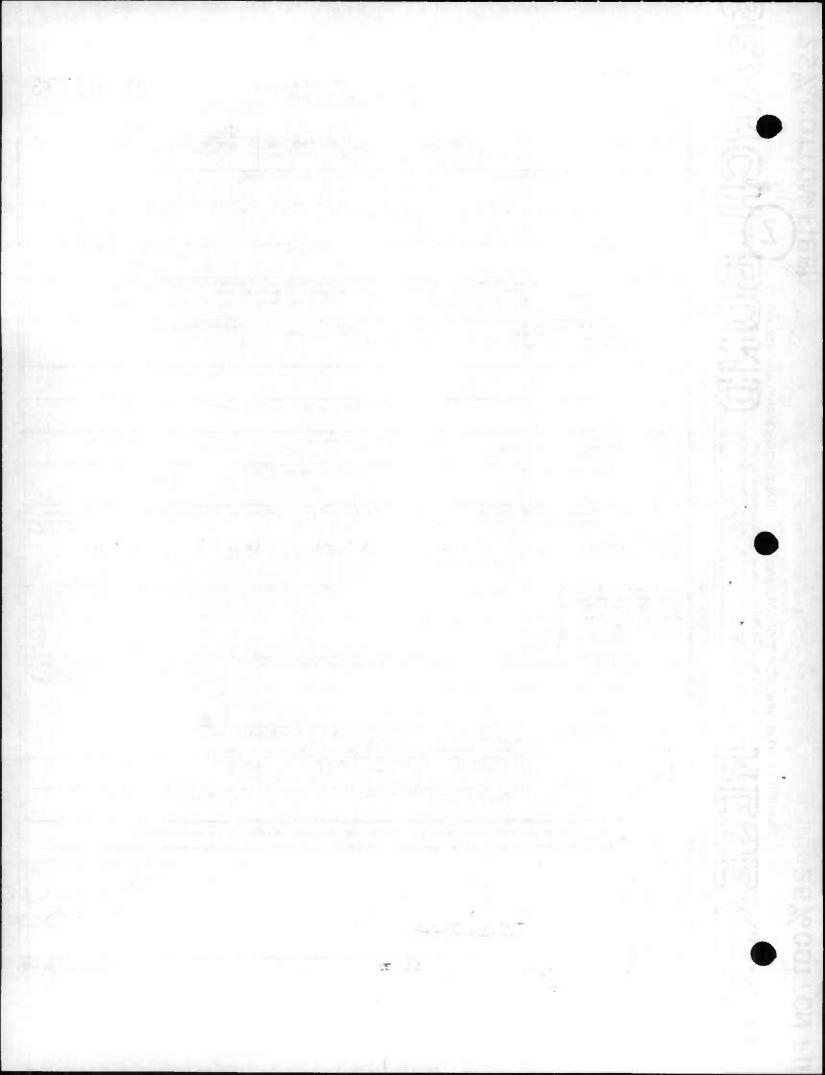
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

hours after death. Page 6 may be retained by the hospital or attending physicials. BALTIMORE, MARYLAND 21215-0020

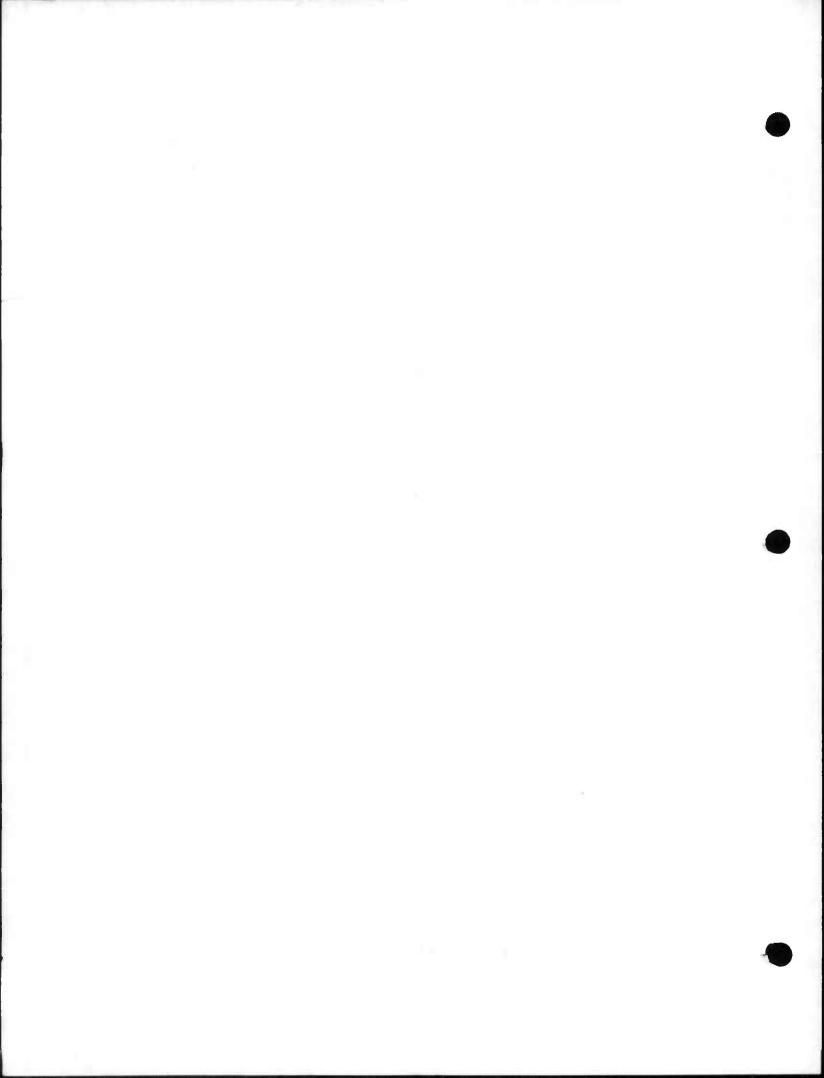
FOR

DHMH-16 Rev 1/89



-		13
BALTIMORE, MARYLAND 21215-0020	n 24 nours after death. Page 6 may be retained by the hospital or attending physician. by filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Property or comment	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 moust after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page the within 72 hours after death with the State Dent of Health and Mental Horison prior in burial cremation or seconds.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

- 3	1. DECEDENT'S NAME (First							- D-L-A		2. DATE OF				3. TIME OF DEATH
	Elizabet	h S. 1	Van Wyen							Febru	ary	8. 19	994	6:00 P. M
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs.			R 1 YEAR	-	R 24 HRS.	7. DATE OF (Month, D	BIRTH	,		IPLACE (State or Foreign
	None		1 M 2 X F		85 YRS.	MONTHS	DAYS	HOURS	MIN.	Augus		,1908		ew Jersey
E	9a. FACILITY NAME (If not if		The state of the s			9b. CITY, TOWN OR LOCATION OF DEAT				EATH 9c. COUNTY OF DEATH				
DIRECTOR	KENSINGTON	GARDI	ENS NURSI	NG HOM	E	KENSINGTON						Mo	ntgo	omery
	10a, STATE	10b. COUNT	Y		10c. Cl	ry, town	OR LOCA	TION						10d. INSIDE CITY
	Maryland	Mont	gomery		Kensington								LIMITS?	
AAL	10s. STREET AND NUMBER							f. ZIP COD	-			10g. CIT	IZEN OF Y	WHAT COUNTRY?
FUNERAL	3000 McComb	Avenu						2089.					ed S	States
	1 Never Married 2	Married		YES 2	ARMED ∐NO	13.	If yes, sp	ECENDENT OF HISPANIC ORIGIN? (Specify Year specify, Cuban, Maxican, Puarto Rican, etc.)			e or No.— 14. RACE — American Indian Black, White, etc.		E — American Indian, k, White, etc.	
B	3XXWidowed 4 ☐ Divo	rced	IF YES, GIVE V	WAR OR DATES	I ☐ YES 2 ZX.NO Specify:					Wh:				l'e
COMPLETED	15. DEC (Specify oni	EDENT'S EDU y highest grade	CATION completed)	16a,	DECEDENT'S	ENT'S USUAL OCCUPATION ind of work done during most of working NOT use retired.)				16b, Kil	ND OF BUS	SINESS/INC	DUSTRY	
12	Elementary/Secondary (I	1-12)	Coffege (1-4 or 5	''				or worn		,,				
N N	17. FATHER'S NAME (First, M	licicile (aet)	4		louse	wife		T			ome			
E C	William So							1		WE (First, Midd Vince:		Surname)		
00	19a. INFORMANT'S NAME (1				196, MAILING	ADDRES	S (Street a			Route Number,		n. State. Zic	Code)	
임	Adrian Van	Wyen								nden,			226	642
	20a. METHOD OF DISPOSIT 1 □ Burlel 2 X Cremetic	ION on 3 🗆 Ram	oval from State	20b. PLAC	EAND DATE	OF DISPOS	SITION (Na				20c. LO			
	4 Donation 5 Other	(Specify)		Balt	imore	Was	sh. (Crema	itory	7 2/9	Lau	rel,	Mar	yland
	McGuire Funeral Service, Inc.													
Щ	23. PART I. Efter the diseases, or complications that reused the death. Do not enter the mode of dying, such as cerdisc or respiretory arreat, Approximate													
	23. PART I. Efiter the di shock, pr h	sesses, or c	Dmplications the	t saused the	desth. Do ne.	not ents	ths mo	ds of dy	ing, auci	h as cerdisc	or respi	retory an	eat,	Approximats Interval Between
	IMMEDIATE CAUSE (Final disease or condition) Onsat and Daar											Onsat and Death		
	resulting in dsath) s. OUE TO (OR AS A CONSEQUENCE OF):													
z			car	rdia		arrhy Hunias								
CERTIFICATION	Sequentially list conditi if any, leading to imme	diate	DUE TO	(OR AS A CONS	A CONSEQUENCE OF):									
를 기	CAUSE (Disease or Inju		U	CUS ST		ustic nearly differ					vic			
Ē	that initiated events resulting in deeth) LAS	т	. LE	(On AS A COMS	EUUENCE U	OF):								
뜅	BART II ON A AIR		0.											
EDICAL	PART II. Other significe	nt condition	e contributing to	deeth but no	reculting	In the ur	nderlyin	g cause	given in	Part I. 24	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	1021	er we	oan c	MAL	2/1	54		1		_ 11	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
Σ∥	78000		Jan C	1000	un	80	ju c	dir	me					1 YES 2 NO
AN	25. WAS CASE REFERRED TO	MEDICAL	7				26. PL	ACE OF D	EATH (Che	ock only one)				
Sic	EXAMINER?	i	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER	R:			8 Other (Sc	anothr)			
PHYSICIAN:	27. MANNER OF DEATH		26a. OATE OF (Month, D	INJURY	26b. TIM		28c, INJ			28d. DESCRI		JURY OCC	CUREO	
ВУ		Pending nvestigation	(moning D	uy, rowy	114	M		YES 2] NO					
		Could not be	26e. PLACE O building,	F INJURY — At atc. (Specify)	home, farm,	street, fact	tory, offic	•		261. LOCATIO	N (Street a	nd Number	or Rural R	Poute Number,
COMPLETED	24- 0507/5/50													
MP	(Check only		CIAN: To the best of											
	29b. SIGNATURE AND TIME			unmination and/o	r investigatio	on, in my o	opinion, d				place, and) and manner se stated.
H	296, SIGNATURE AND THE	AAY	1 Shu	~ }	SUD			29c. LICI	IO I	O I		29d. DATE	SIGNED 9	(Moeth, Day, Year)
2	30. NAME AND IDDRESS OF	PERSON WHO	O COMPLETED CAUS	SE OF DEATH (IT	EM 27) (Type	Print)			1-1	<u> </u>		- 1	1 /	177
	Joseph Sol						ia A	venu	e. S	ilver	Spri	no N	·⁄Π	
	31. DATE FILED (Month, Day,	Year)		R'S SIGNATURE		b	11	, ond	٠, ٥.	V C.I	OPLL	ug, l	עד	
31. DATE FILED (MONTH, Day, Year) FEB 1 0 1994 Sunday Anglase Anglase 32. REGISTRAR'S SIGNATURE FEB 1 0 1994 Sunday Anglase														



1 -	FOR STATE REGISTRAF

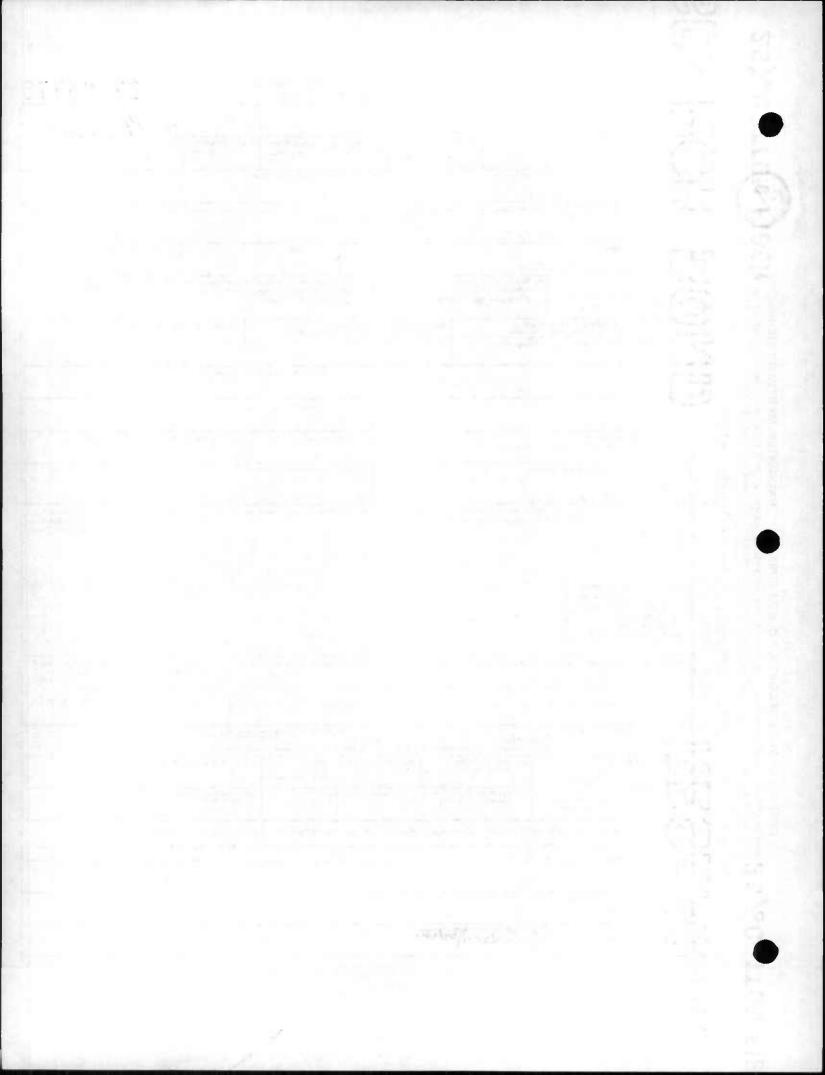
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1	4	0	V	- 1	-	2

	1 - STATE REGISTRAR	SIAIE UF W		RTIF	ICATE	OF D	DEAT	H	MENIAL	REG. NO		94	05775
	1. DECEDENT'S HAME (First, Middle, Last)								2. DATE OF	DEATH	NAW 4 /	241	3. TIME OF DEATH
	JAMES	H. VO	EGLER						MONTH	2 '	DAY4	99	1709 M
	4. SOCIAL SECURITY HUMBER	5. SEX	8. AGE (In yrs. lest b	irthday)	IF UNDER 1		IF UNDER		7. DATE OF	BIRTH Day, Year)		8. BIRTHI	PLACE (State or Foreign
	Unavailable	1 X M 2 - F	41	YAS.	MONTHS	DAYS F	HOURS	MIN.	Aug		1952		York
	Se. FACILITY HAME (If not institution, give street	et and number)			9b. CITY, T	OWN OR	LOCATIO	OH OF DE				UNTY OF DE	EATH
OR	Shady Grove Advent	ist Hos	pital		Rock	(vil	le				Mo	ntgom	erv
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			ine Cit	Y, TOWN OR	LOCATIO	M.						
E		gomery			ckvil								10d. IHSIDE CITY LIMITS?
7	100. STREET AND HUMBER	gomery		110	CKVII	_	UP CODE		-		10a CI	TIZEN OF W	1 YES 2 X NO
BY FUNERAL DIRECTOR	17216 Vestry Cour	t					2085						States
3		12. WAS DECEDENT	T EVER IH U.S. ARME	D	13. WA				HC ORIGIN?	Specify Ye			- American Indian, White, atc.
F	1 Never Married 2 XMarried	FORCES? 1	YES 2 XNO		If y	res, speci	Ify Cuber		n, Puerto Ric			Black Specif	
	3 Widowed 4 Divorced												White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co		16a, DECE	DEHT'S	Work done dur se retired.)	UPATIOH ing most	of working	g	16b. K	IHD OF BU	JSINESS/IN	IOUSTRY	
۳		College (1-4 or 5+	,										
×	Unavailable 17. FATHER'S HAME (First, Middle, Lest)		Rea.	l Es	state	_						e Sal	es
8	Henry	Voeg	rler						ME (First, Mic		,		
BE	19a. IHFORMANT'S HAME (Type/Print)	VUCÇ		AAH IMC	ADDRESS (S	Named and		othy			ern	in Codel	
5	Greer Voegler (W	life)			e as #		Number	or nurei r	noute Number	City or low	wn, State, 2	ip Code)	
	20a. METHOD OF DISPOSITION		20b. PLACEAHI				e of		DATE	20c. L0	OCATION	- City or Tox	un State
	1 X Burial 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	of from State	St. Jo						2-9		ookly		NY
	21. SIGNATURE OF FUHERAL SERVICE LICEN	OSEE /	100.00	1113	22. NA	ME AND	ADDRES	S OF FA	CILITY				
	Rapp Funeral Services, P.A.												
	22. PART I. Enter the diseases, or cor	molications that			1 93.	5 G1	ST /	Ave,	S11V	er Sp	oring	, MD	20910
	ahock, or heart failure. Lis	st only one caus	se on each lina.									rrout,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. MYOCARDIAL IN FARCTION											Onset and Death	
	resulting in death) a.	DUE TO	(OR AS A CONSEQUE	ENCE O	F):			-					
z													
은	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEGUE	EHCE O	F):								
2	CAUSE (Disease or injury												
F	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	resulting in death) LAST												
	PART II. Other aignificant conditions	contributing to	death but not res	ulting	In the unde	erlying o	cause g	lven in	Part I. 2		N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL	SEIZURI	3 D	15 URT) e	R					PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
										res	z psi no	18	OF DEATH? 1 ☐ YES 2 ☑ NO
						- 14							10 120 1
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PLAC	CE OF DE	EATH (Ch	eck only one)				
Sic		OSPITAL:	(ER/Outpatient 3 □	DOA	OTHER:	g Home	6 🗆 Re	sidence	6 Other	Specify)			
Ŧ	27. MAHHER OF DEATH	26a. DATE OF (Month, Da		28b. TIN	IE OF 20	Bc. INJUR	TY AT		28d. DESC	RIBE HOW	IHJURY O	CCURED	V 1
BY	1 Matural 5 Pending 2 Accident Investigation		-,,			1 YE		NO					
	3 Suicide 6 Could not be	28e. PLACE Of building,	F IHJURY — At home atc. (Specify)	, farm,	street, factory	y, offica			281. LOCAT	ION (Street Town, State	and Number	er or Rural A	oute Number,
	4 Homicide detarmined												
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of	my knowledge, death	occurr	red at the time	o, data ar	nd placa,	and due	to the cause	(s) and ma	enner aa st	ated.	
0	one) 2 MEDICAL EXAMINER:	On the beals of ax	xamination and/or inv	estigation	on, in my opi:	nion, des	th occur	ed at the	time, data as	nd place, a	nd due to	the cause(s)	and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	1			10	2	29c. LICE	NSE NUN	ABER	2 0	29d. DA	TE SIGHED	(Month, Day, Year)
00	Michael	non	win,	- 1	VV		Di	20	1/-	50	-	2-	4-94
2	30. NAME AND ADDRESS OF PERSON WHO		and the same of	T) (Type	Print)	1 0 -		~~	CPI	100	1.0	7	0877
	16220 1-1600	accic.		2	100	MI.	(N	6R	>120	16	100	1	
	31. DATE FILED (Month, Day, Year)	32. PEGISTRA	A MATERIAL										
	EER 1 0 1994 / 1/4	10 13 10 (1000)											

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed with. Abours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. Releasey by Dr. Mayle DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



ASP

	1 - FOR STATE REGISTRAR	ATE OF MARYLA		TMENT OF			NTAL HYGIENE				
	1. DECEDENT'S NAME (First, Middle, Last)			Ortic O	DEATT		DATE OF DEATN		3. TIME OF DEATH		
	VICKI LEE VA	LENTINE					MONTH DAY		1 • E 1		
	4. SOCIAL SECURITY NUMBER 5. SE		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24		DATE OF BIRTH	1994	PLACE (State or Foreign		
	The second of th			MONTHS DAYS		MIN.	(Month, Day, Year)	Countr	γ)		
	01 2101	V 14	THS.					1949 Mar			
œ	9e. FACILITY NAME (If not institution, give etreet and	,		9b. CITY, TOWN		OF DEATH		9c. COUNTY OF D			
0	2414 KAETZELL RD	•		KNOXV	ILLE			WASHI	NGTON		
E	10e. STATE 10b. COUNTY		10c CITY	, TOWN OR LOC	ATION				10d. INSIDE CITY		
DIRECTOR	Maryland Wash	ington							LIMITS?		
	100, STREET AND NUMBER	ington	KII	oxville	of, ZIP CODE				1 YES 2 NO		
RA								10g. CITIZEN OF V	704		
FUNERAL	2414 Kaetzel Rd.				2175			U.S.			
BY FU	1 Never Married 2 V Married F	AS DECEDENT EVER IN DRCES? 1 — YES YES, GIVE WAR OR DAT	2 X NO	If yes,	CENDENT OF I specify Cuben, I S 2 X NO	Mexican, P	ORIGIN? (Specify Yes ouerto Ricen, stc.)	or No 14. RACE Black Speci	E — American Indian, c, White, atc. My: White		
8	15. DECEDENT'S EDUCATION	ness E	16a. DECEDENT'S I	USUAL OCCUPAT	ION		16b. KIND OF BUSI	NESS/INDUSTRY			
E	(Specify only highest grade completing (Specify only highest grade completing (Secondary (0-12) Colleting (Seconda	ege (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during r retired.)	nost of working		100				
PL	12	ge (1-4 or 5 +)	Book Ke	eper			Bankiı	ng Busi	nece		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			00[-02	18 MOTNES	P'S NAME	(First, Middle, Maiden Si		11033		
Ö	Robert E. Thomps	on					Mae Lopp	orrientej			
BE	19e. INFORMANT'S NAME (Type/Print)	011	105 MARING	ADDRESS (Own-			Number, City or Town,				
2	Richard A. Valenti	neTr		14 Kaet					50		
	20e. METHOD OF DISPOSITION					• N	noxville,				
	ty⊡ Buriel 2 ☐ Cremetion 3 ☐ Removal fro	m State ceme	PLACE AND DATE O tery, crematory or otl	her place)				ATION City or To			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Br	cownsvil		Cem,			vnsville	, Md. 21715		
	11 2 2 2 6	John H. Ba	st, Jr.				7606 (OME, Boonsk	oro. Md	onal Pike		
	23. PART Inter the disesses, or comili	ations that coused	the death. Do n	ot enter the m	ode of dying	, such s	s cardlec or respire	story screet.	Approximate		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	niy one ceuse on es	ch line.	Vale		^ .	cpie		Interval Between Onset and Desth		
CERTIFICATION	DUE TO (OR AS A COMSEQUENCE OF): Sequentially lifet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
	PART II. Other aignificant conditions conf	ributing to deeth bu	t not resulting in	the underly	ng cause give	en in Par	t I. 24a. WAS AN A PERFORM	EO?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDICAL								NO	OF DEATH? YES 2 □ NO		
NA N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.	PLACE OF DEAT	TN (Check o	only one)				
Sic	nos	PITAL:	tient 3 DOA	OTHER: 4 Nursing Ho	me 5 X Resid	ience 6	Other (Specify)				
Ξ	27. MANNER OF DEATH	Se. DATE OF INJURY	28b. TIME	OF 28c. II	JURY AT		d. DESCRIBE NOW IN.	JURY OCCURED			
	Natural 5 Pending	(Month, Day, Year)	INJU		YES 2 N	10					
ВУ	2 Culate	Se. PLACE OF INJURY -	- At home, farm, at	treel, fectory, off	ce	26	f. LOCATION (Street an	d Number or Rural F	Poute Number		
COMPLETED	4 Homicide determined	building, etc. (Specif	y)			1	City or Town, State)				
u	29e. CERTIFIER										
P P	(Check only 1 CERTIFYING PNYSICIAN: T										
Š	2 MEDICAL EXAMINER: on 1	he beels of examination	end/or investigation	n, in my opinion,	death occured	st the time	e, date end place, end	due to the ceuse(e) end menner ee stated.		
BE	296. SKINATIFIE AND TITLE OF CERTIFIER	whe M	M		O.C.		R	PEB	(Month, Day, Year) 16,1994		
임	10 NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEAT							1		
	1/4mon là	Let 1	11	1 Penr	Stre	et,	Baltimo	re, Ma	ryland 2120		
	31. DATE FILED (Month), Day, War) FEB 1 8 1994	2. REMETHAR'S SIGNA	TURE						1		

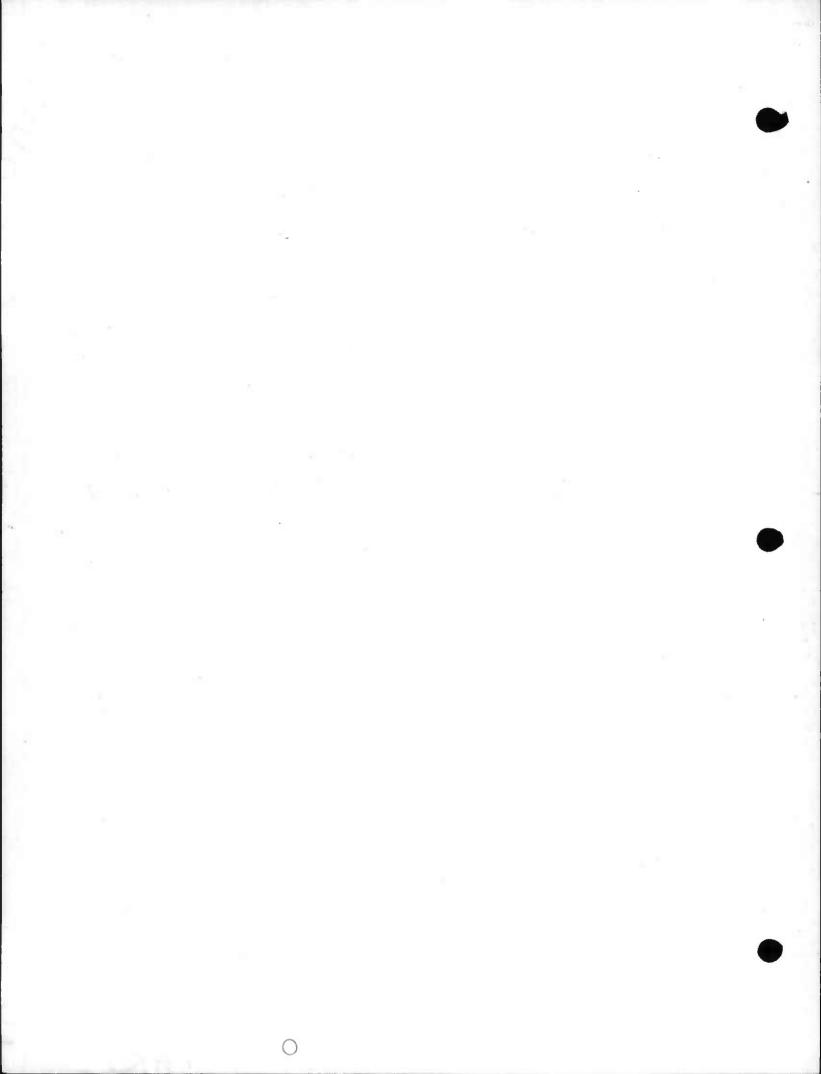
24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transif permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



-	3	1
	050	ter death. Page 6 may be retained by the hospital or attending physician.
	BALTIMORE, MARYLAND 21215-0020	ding p
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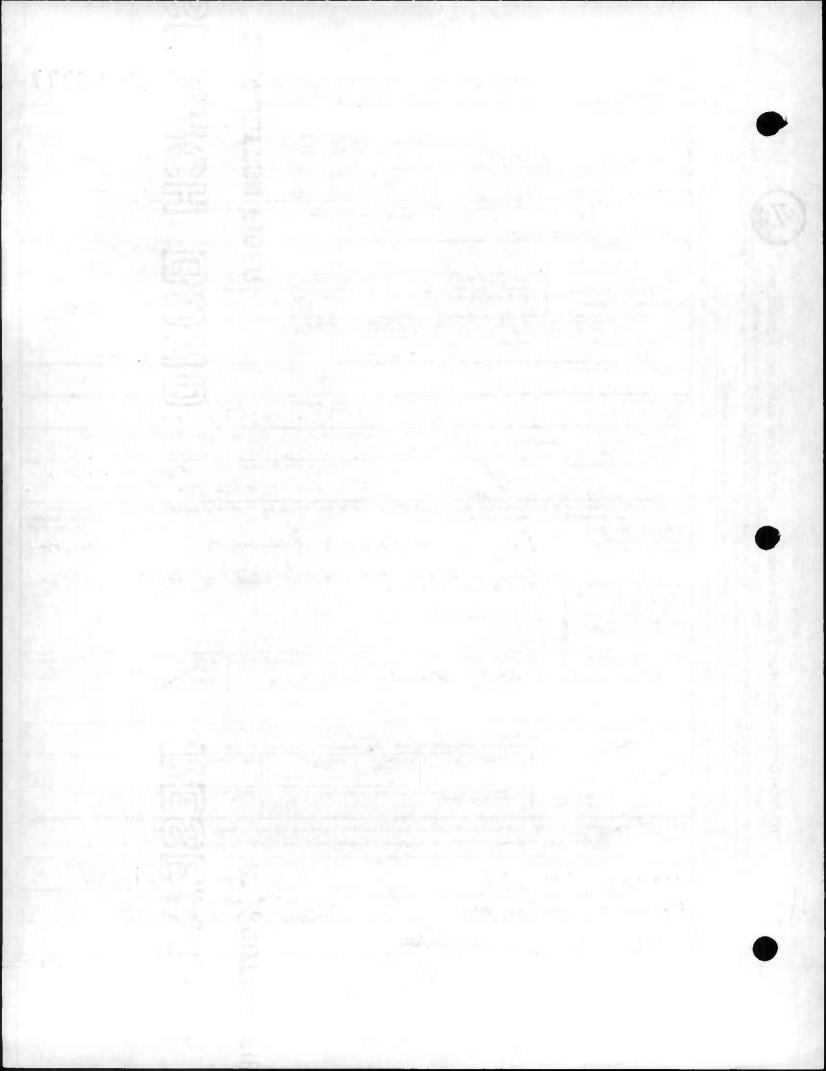
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Press 2.2 and within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

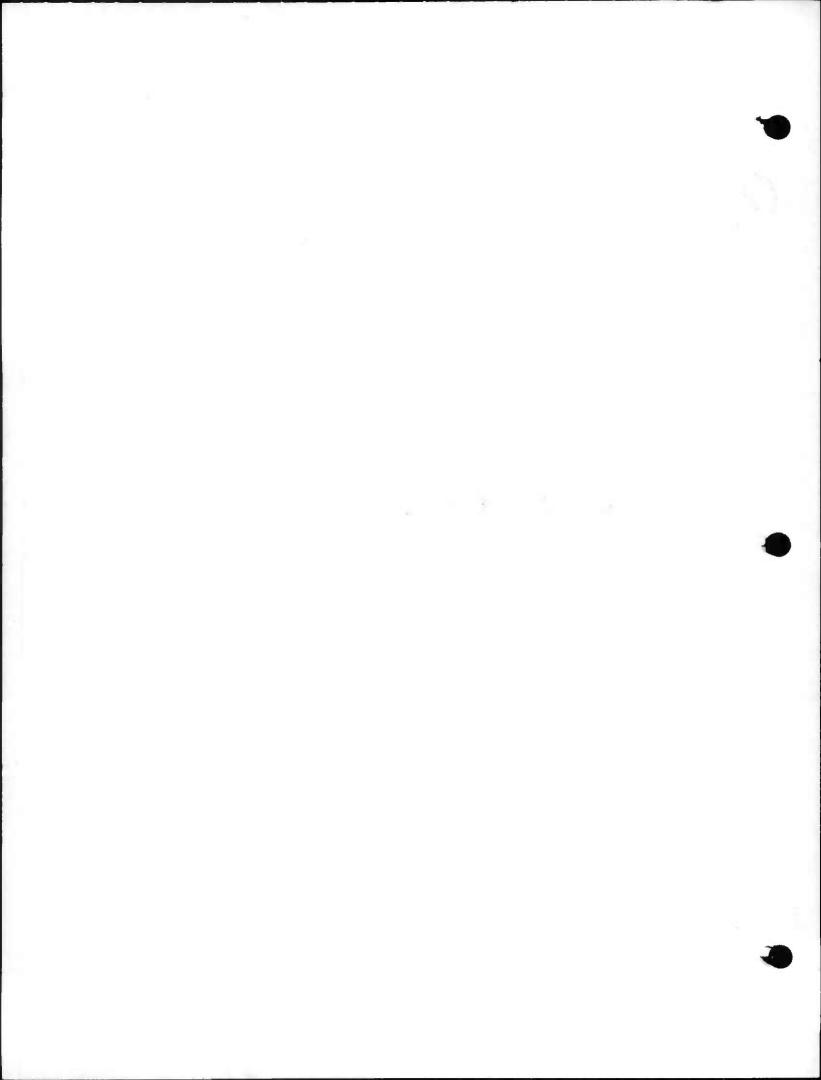
	REGISTRAR		CERTIF	ICALE	IF DEA	IH	REG. NO).				
	1. DECEDENT'S NAME (First, Middle, Last) Ida A	Andrea	Wolter				2. DATE OF DEATH MONTH February	AY 2 100	YEAR	9:10 A M		
	4. SOCIAL SECURITY NUMBER		AGE (In vrs. lest birthdev)	IF UNDER 1 YE	AR IF UNDER	04 1000	7 DATE OF BURTH			ACE (State or Foreign		
	388-22-5120	1 M 2 P	89 YRS.	MONTHS DA		MIN.	October 8	1904	Country) Minne			
	Sa. FACILITY NAME (If not institution, give s	treet and number)		96. CITY, TO	VN OR LOCATI	ON OF DE			NTY OF DEA	тн		
8	Arcola Nursing H	lome		Silver	Sprin		Mont	gomer	v			
5	Arcola Nursing H					-6		Triotte	80	7		
R	10e. STATE 10b. COUNT	Υ	10c. CIT	TY, TOWN OR LO	CATION				1	Dd. INSIDE CITY LIMITS?		
FUNERAL DIRECTOR		gomery	Roo	kville					1	YES 2 NO		
IA	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITI	ZEN OF WH	AT COUNTRY?		
ÿ.	17004 Cashell Rd				20853				ed St	ates		
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV	YES 2 TO NO	13. WAS	DECENDENT C	F HISPAI	NIC ORIOIN? (Specify Years, Puerto Rican, etc.)	s or No-	14. RACE -	- American Indian, White, etc.		
BY	35 Wildowed 4 Divorced	IF YES, GIVE WAR			YES 2 NO				Specify:			
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	LIEUAL OCCUE	MTION		16b. KIND OF BU			White		
COMPLETED	(Specify only highest grade	completed)		work done during		ng	190. KIND OF BU	SINESS/IND	USINT			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Calas	C11-			D-4-21	D	0.5			
NO.	17. FATHER'S NAME (First, Middle, Last)			Clerk	18. MOTI	HER'S NA	Retail ME (First, Middle, Malder		. SEC	re		
Ö	Torkel Hoilar	. J			101 1101			Gurnamey				
8	19e. INFORMANT'S NAME (Type/Print)	(d	19b. MAILING	ADDRESS (Str	et and Number		KNOWN. Route Number, City or Tox	vn Stata Zin	Codel			
2	Arthur Wolter		17004	Cashel	1 Rd.	Rocl	kville, Md	. 208	53			
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE		N (Name of		DATE 20c. LO	CATION —	City or Town	, State		
	Ŭ☐ Burial 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	oval from Stata	Valhalia	Mem F	ark 2	-11-	-94 Mil	tra 1 ka	e Mi	c		
50	21. SIGNATURE OF FUNERAL SERVICE LIC	cengle //		22. NAM	E AND ADDRE	SS OF FA	Hines-	Rina1	di E	H Inc		
	Doring	T the	9							pring, Md.		
\vdash	1000	- CV um	/							Approximate		
	shock, or heart fallure. List only one cause on sech lins.											
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, DIE TO (OR AS A CONSEQUENCE OF): DIE TO (OR AS A CONSEQUENCE OF): DIE TO (OR AS A CONSEQUENCE OF):									Onset and Death		
	reaulting in death)	B. DUE TO (OR	AS A CONSEQUENCE O	F):	,,,,	,0,22	{ M(00 1) (MONTA		
z		DREADIC	BRAND SI	INDRO,	ue wi	SEV	ERF DER	ENTIF	+	45ARS		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE O	h:				2-7				
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	c										
E	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE O	F):								
HH	resulting in duality Exst	d										
	PART II. Other significant condition	n contributing to dea	ath but not resulting	In the under	ving ceuse (given in	Part I. 24s. WAS AI	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS		
EDICAL	PALKIDSONS?					-	PERFO	RMED?		MILABLE PRIOR TO OMPLETION OF CAUSE		
		-	70(1 TYES	2 DATO	0	F DEATH?		
2							-		1	YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			21	B. PLACE OF D	EATH CA	not only one)					
PHYSICIAN:	EXAMINER? 1 YES 2 FO NO	HOSPITAL:	Moderation 1 DO	QTHER:								
¥	27. MANNER OF DEATH	28a. DATE OF INJ			INJURY AT	seldence	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCC	CURED			
	1 Selectural 5 Pending	(Month, Day,)	(bar) IN	JURY	WORK?	□ NO						
BY	2 Accident Investigation 3 Suicide S Could not be	28e. PLACE OF IN	JURY — At home, farm,				281. LOCATION (Street	and Number	or Rural Rou	te Number,		
빌	4 Homicide determined	building, etc.	(Specify)				City or Town, State)				
4	29a. CERTIFIER 1 CERTIFYINO PHYSI	ICIAN: To the best of my	knowledge, death occur	red at the time	data and place	and due	to the cause(s) and m	moer se stet	ad			
COMPLETED	(Check only one) 2 MEDICAL EXAMINE									nd manner as stated.		
ш	29b. SIONATURE AND TITLE OF CHATTER				29c. LICI	ENSE NUI	MBER	29d. DATI	E SIGNED (M	fonth, Day, Year)		
TO B	Mutic On	age lo			n	05	944	12	121	74		
	30. NAME AND ADDRESS OF PERSON WH MAKTIN C SHA	CALL M	DE DEATH (ITEM 27) (Type	e, Print)	3720	SF	MAGUT	AVE	3			
	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S	SIGNATURE		LADAR	1200	an Jus	208	73			
	EED 0 7 1004	Sucha Sainds	- Bando 12									



68760,	
BOX	
P.0	
OF VITAL RECORDS,	
OF VITAL	
DIVISION OF	

BALLIMORE, MARTLAND 21213-0020	lined by the hospital or attending physician.	hould be detached for use as the burial-transmorth permit. Page 12		fled at once.
DALLIMORE, M. BALLIMORE, M.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 meurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAR DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trainer permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF N		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE 9	05778
		LEMS		2. DATE OF DEATH MONTH FEBRUARY 1, 19	3. TIME OF DEATH 11:00 A. M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2 □ F	47 YRS.	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	DEC. 25, 1946	6. BIRTHPLACE (State or Foreign Country) GERMANY
TOR	96. FACILITY NAME (If not institution, give street and number) HOLY CROSS HOSPITAL RESIDENCE OF DECEDENT	9	SILVER SPRING		TY OF DEATH TGOMERY
DIRECTOR	MARYLAND MONTGOMERY		TOWN OR LOCATION LVER SPRING		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10413 TENBROOK DRIVE		101. ZIP CODE 209		EN OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U.S. ARMED YES 2 NO AR OR DATES	13. WAS DECENDENT DF HISPA II yes, specify Cuban, Maxic 1 PES 2 ND Speci	an, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +	Ille De MOT use -	k done during most of working etired.)	- I	AL-PAK
OM	17. FATHER'S NAME (First, Middle, Last)	TRESTDE		METRO MARKE' AME (First, Middle, Maiden Surname)	TING GROUP
BE C	NORMAN WILLEMS		HELEN	JOHNSON	
5	19a. INFORMANT'S NAME (Type/Print)			Route Number, City or Town, State, Zip C	
	DEBORAH F. WILLEMS 200. METHOD OF DISPOSITION	20b. PLACE AND DATE OF I		SILVER SPRING,	
	1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	cemelery, crematory or othai			PRING. MD
		msey	FRANCIS J. CO 500 UNIVERSIT	CLLINS FUNERAL HOLLINS FUNERAL HOLLINS SINCE	OME, INC. L. SP., MD 2090
	23. PART I. Enter the diseases, or complications thet ahock, or heart fellure. List only one cause	caused the death Dp npt se on each line.	enter the mode of dying, aud	ch ea cerdiac or reapiratory arres	at, Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	OR AS A CONSEDUENCE DF:			County Onset and Death
TION	Sequentially list conditions, if any, leading to immediate	OR AS A CONSEDUENCE OF):			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	OR AS A CONSEQUENCE DF):			
AL CE	PART II. Other significant conditions contributing to	death but not resulting in t	the underlying cause given in	Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDIC			and and the second seco	PERFORMED?	AME.ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE DF DEATH (C/	neck only one)	
YSI	1 YES 2 NO 1 Inpetient 2	ER/Outpatient 3 DOA 4	THER: Nursing Home 5 Residence	6 Other (Specify)	
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(, Year) INJURY	WORK? M 1 YES 2 ND	28d. DEŞCRIBE HOW INJURY OCCU	RED
ETED	4 Homicide determined building, a	INJURY — At home, larm, streetc. (Specify)	el, 1ectory, office	261. LOCATION (Street and Number or City or Yown, State)	Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of a medical Examiner: On the best of axi				
TO BE (296 O'ONATURE AND TITLE OF CERTIFIER WHI.	W	D2/4	69 10	SIGNED (Month, Day, Year)
_	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSES OF SILVER, MA	OF DEATH (ITEM 27) CHOS PTI	The PARK DI	P, SILVER SPRING	i.ald 20902
	FEB 0 4 1994 Julia Dev	idson-handers -			

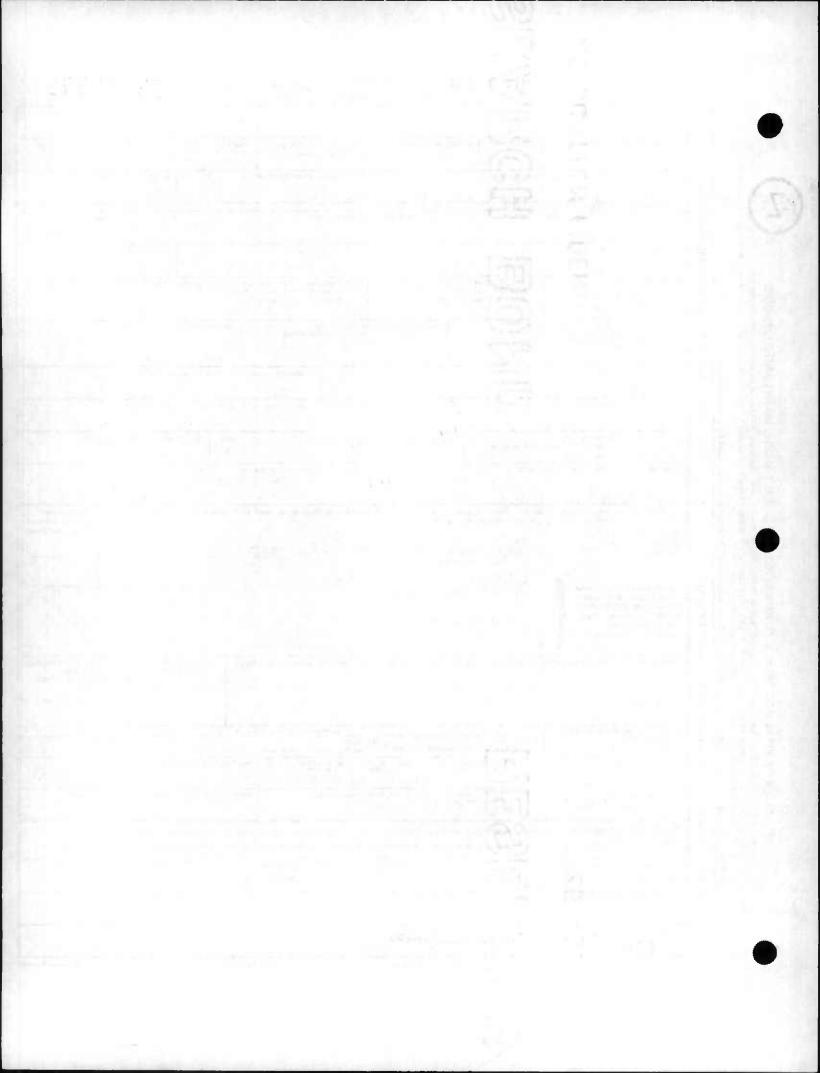


מחורמן באפווווופן וווחסו הם ווחסו פו חורמי	ווארטהואחו. וו ופנוו גפ וא וומואסע, טו ונפווו גט אוטעי מוץ יווןטוץ, טו טנוופן נופטוומני פעפווי, וופ ווופטונים
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 94

	1. DECEDENT'S NAME (First, Middle, Last)	Marie	Parmele	. / .	Wood	warc			2. DATE OF MONTH	DEATH DA	,	YEAR 94	3. TIME OF DEATH
7	4. SOCIAL SECURITY NUMBER	6. SEX	8. AGE (In yrs. less	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF ((Month, De	sy; Year)		Country)	LACE (State or Foreign
	148-56-5583 Sa. FACILITY NAME (If not institution, give:				9h CITY	TOWN (OR LOCATION	ON OF DE	Jan 7	, 19		NEW NTY OF DE	Jersey
DIRECTOR	Shady Grove OF RESIDENCE OF DECEDENT		Hospita			ckvi						ntgom	
	10s. STATE 10b. COUNT	Y		10c, CIT	Y, TOWN (OR LOCA	TION						10d. INSIDE CITY
				Wa	shin	gtor	, D.	C.					LIMITS?
FUNERAL	10e. STREET AND NUMBER					10	. ZIP COD		1				IAT COUNTRY?
E I	4886 MacArthur E	, ,					2000	_				ted S	tates
BY	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES					If yes, sp	ecify Cuba 2 NO	n, Mexica:	IC ORIGIN? (S n, Puerto Rica	specify Yea n, etc.)	or No-	14. RACE - Black, Specify	- American Indien, White, etc. : White
8	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON works		16b. KIR	ID OF BUS	INESS/IND	USTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +	·) /// /// /// /// // // // // // // // /	Do NOT u	se retired.)	during me	ist or world	4		odit.	Umá		
₩.	17. FATHER'S NAME (First, Middle, Last)	3	ма	nage	Г					redit		on	
	Robinson	lale	oodward						ME (First, Midd			ita	
BE	19a. INFORMANT'S NAME (Type/Print)	W		. MAILING	ADDRESS	S (Street)		ria or Burnel B	loute Number, (de M			
임	Albert M. Woodwa	rd (Bro							ashing			2001	5
	20a, METHOD OF DISPOSITION 1 Burlel 2 X Cremation 3 Rem 8 Other (Specify)	noval from State	20b. PLACE A cemetery, cre-	matory or o								City or Tow Sprin	n, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE /		827	22. R	ADD	Fune	ss of fac	Service Silve	ces.	P.A.		20910
	23. PART I. Enter the disesses, or	complications the											Approximats
NC	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	SUBA DUE TO DUE TO		DUENCE O	UR 49		RICH	HAGE	2				Interval Between Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initieted events resulting in death) LAST	c	(OR AS A CONSEC										
	PART II. Other significant condition	ns contributing to	death but not n	eaulting	in the ur	nderlyln	g cause (alven in	Part i. 24	a. WAS AN	AUTOPSY	246. 1	VERE AUTOPSY FINDINGS
MEDICAL										PERFOR			MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL					00 0	405 OF D	FATNL (O)					
SC	EXAMINER?	HOSPITAL:	EB/Outpetlest 2	□ pos	OTHE	R:			ock only one)				
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, D	INJURY	28b. TIA		28c. IN.	URY AT PRES 2		6 Other (S) 28d. DESCRI		YJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE O building,	F INJURY — At ho	me, ferm,	street, fact	lory, offic	•		28f. LOCATIO	ON (Street a own, State)	nd Number	or Rural Ro	ute Number,
COMPLET	20a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of ER: On the basis of a											and manner as stated.
TO BE C	2964 SIGNATURE AND TITLE OF CERTIFIE	Cle						ENSE NUN			29d, DAT	E SIGNED	Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WI ALAN S. CHANAG	FA ISVL	SE OF DEATH (ITEM 5 - JHAWY	6,C	OUE	RO	Ro	CKU	LLE	MO	20	850	
	FFB 0 7 1994	32. BEGISTBA	R'S SIGNATURE	LIR									





Amended #23a. & 27, P.G. County, CYW

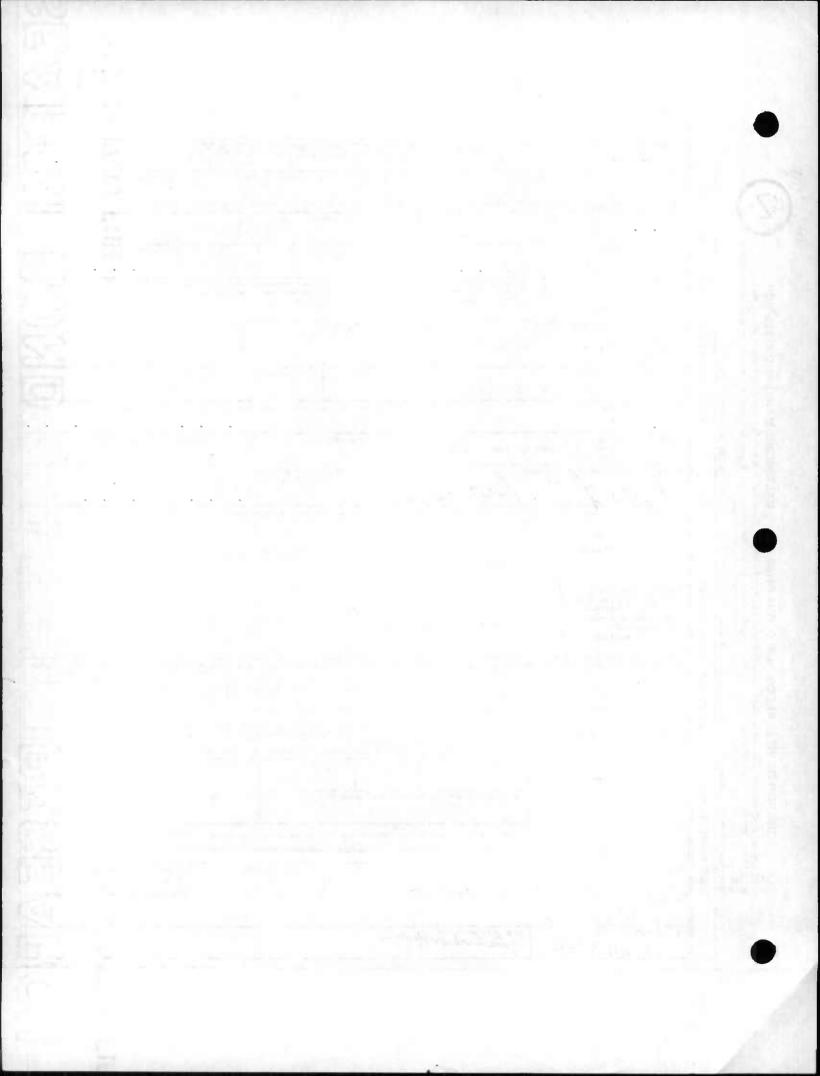
1 - STATE REGISTRAR		STATE OF I	MAKYLAN[OF DEPAI	FICAT	E OF	DEA.	TH	MENTA	REG.	NO.	3)57	
1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE	OF DEATH	DAY	YEAR		OF DEATH
	IRISTI	NE	WILL	LIAMS					JAN			994		:34 F
4. SOCIAL SECURITY NUM 579-66-35		5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDE	DAYS	HOURS	R 24 HRS.		OF BIRTH	25, 1	9. BIR		State or Foreign
9a. FACILITY NAME (If not I		treet and number)			9b. CIT	Y, TOWN	OR LOCAT	ON OF D	,			UNTY OF	DEATH	
PRINCE GEORGE MEDICAL C				CENT	ER		CHE	VERI	LY.		Pri	nce	Geo	rge's
D. C.	1		10c. CITY, TOWN OR LOCATION Was			shington				LIR	SIDE CITY AITS? ES 2 NO			
10. STREET AND NUMBER 1549 45th Street, N.E				10f. ZIP CODE			2001	0	10g. CI	U . S	WHAT CO	UNTRY?		
1549 450	in Str													
1 Never Married 2 3 Widowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2)	ARMED (A)	13.	If yes, sp		an, Maxica	in, Puerto	N? (Specify Rican, etc.)	Yea or No	Bia	CE — Americk, White,	
15. DE((Specify on	CEDENT'S EDU	CATION completed)	16a.	. DECEDENT'S	work done	during me	ON ast of worki	laa	16	b. KIND OF	BUSINESS/II	NOUSTRY		
Elementary/Secondary ((0-12)	College (1-4 or 5	+)	Into Do NOT a	mp1	•					N/A	1		2
17. FATHER'S NAME (First, A		e Willia	2 m c	1,000			10. MOT	HER'S NA	,		Gett			150
19a. INFORMANT'S NAME (WITTE	11115	10h MAILIN	G ADDRES	R /Street	and Numbe	r or Bural			Town, State, 2	_		
Mr. Marce		William	ns (s	on)							E. #7		Wash	
20a. METHOD OF DISPOSI 1 X Burlal 2 Cremeti 4 Donation 5 Othe	on 3 🗆 Rem	ovel from State		CE AND DATE					1/3	1 / 9 /	LOCATION -		ngto	-
21. SIGNATURE OF FUNER	AL SERVICE LIC	CENSEE /	1		22	NAME A	ND ADDRE	SS OF FA	CILITY	1 H	ome,	Inc		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Hospital or attending physician.

TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 M 2 F 220 80 8803 YRS. 80 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR FROSTBURG HOSPITAL FROSTBURG RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MARYLAND ALLEGANY FROSTBURG FUNERAL 10e, STREET AND NUMBER 101. ZIP CODE 134 BOWERY ST. 21532 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) t TYES 2 NO BY 3 Widowed 4 Divorced USE as The COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUS jo College (1-4 or 8+) 9 detached HOUSEWIFE 17. FATHER'S NAME (First, Middle, Leet) 18. MOTHER'S NAME (First, Middle, Maiden be retained by WILLIAM C. FISHER BE MARY ELLEN PLI notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town WILBERT L. WILLIAMS 134 BOWERY ST., FROSTRURG 2 20s. METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must FROSTBURG MEMORIAL PARK 2/8 examiner 21. SIGNATURE OF FUNERAL SURVICE LICENS 22. NAME AND ADDRESS OF FACILITY vurs after death. SOWERS FUNERAL HOME, P.A 60 W. MAIN ST. attending physician and completely filled in by the rital Hygiene prior to build, cremation, or removal. FROSTBUR medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapi ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate aceme cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 the atter PART II. Other aignificant conditions contributing to death but not resulting in the underlying cau PHYSICIAN: MEDICAL signed by the amy has been s . OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has brours after death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE certificate h the State 1, or Item HOSPITAL:

| OTHER: | 4 | Nursing Home 5 1 | YES 2 NO 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY / WORK? marked, 1 Natural 2 Accident 5 Pending 1 YES BY 28s. PLACE OF INJURY — At home, term, street, fectory, office building, atc. (Specify) 3 Suicide 89 COMPLETED 4 Homicide 28 Item 29a. CERTIFIER

(Chank only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and plants on the control of the time, date and plants on the control of the time, date and plants on the control of THE HOSPITAL O I THE FUNERAL D filed within 72 h APORTANT; If IR 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

2. DATE OF DEATH

02-

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Leet,

4. SOCIAL SECURITY NUMBER

Ethel J. Williams

HYGIENE 94	05781
DEATH DAY YEAR 05- 94	3. TIME OF DEATH 12:25 PM
ny, Year) Counti	ZLAND
ALLEGAN	NY.
	10d. INSIDE CITY LIMITS? TYPES 2 NO
10g. CITIZEN OF V	WHAT COUNTRY?
specify Yea or No— 14. RACI Blact Spec	E — American Indian, t, White, etc. ny: WHITE
OWN HOMF	
N_PI.IIMMER City or Town, State, Zip Code)	
D 21532	
20c. LOCATION — City or To	
IFROSTBURG, M	11 /153/
P.A. STRURG. MD 21	F 2 0
STRIIRG MD 21 or reapiratory arrest,	Approximate interval Batween Onset and Death

se given in Part I.		24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 100	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
OF DEATH (C	check only o	nne)	
Residence	8 🗆 Oth	er (Specify)	
2 🗌 NO	28d. DE	SCRIBE HOW INJURY OCCU	JRED
		CATION (Street and Number of Yor Town, State)	r Rurel Route Number,
lace, and du	e to the co	suse(a) and manner as state	4

29d. DATE SIONED (Month, Day, Year) 1 13/6 Frostburg, MD 21532

37 REGISTRAR'S SIGNATURE i Dinkowsk

lugell

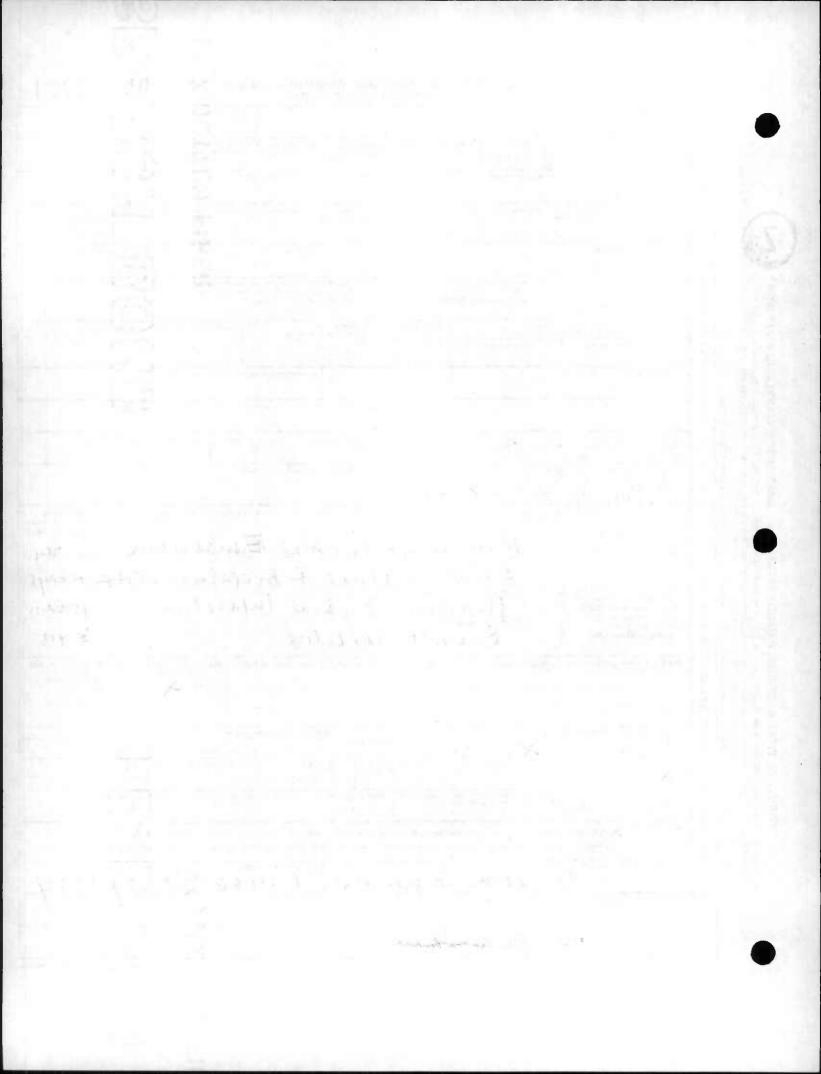
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Angel Roque 48 Tarn Terrace

2

31. DATE FILED (Month, Day, Year)

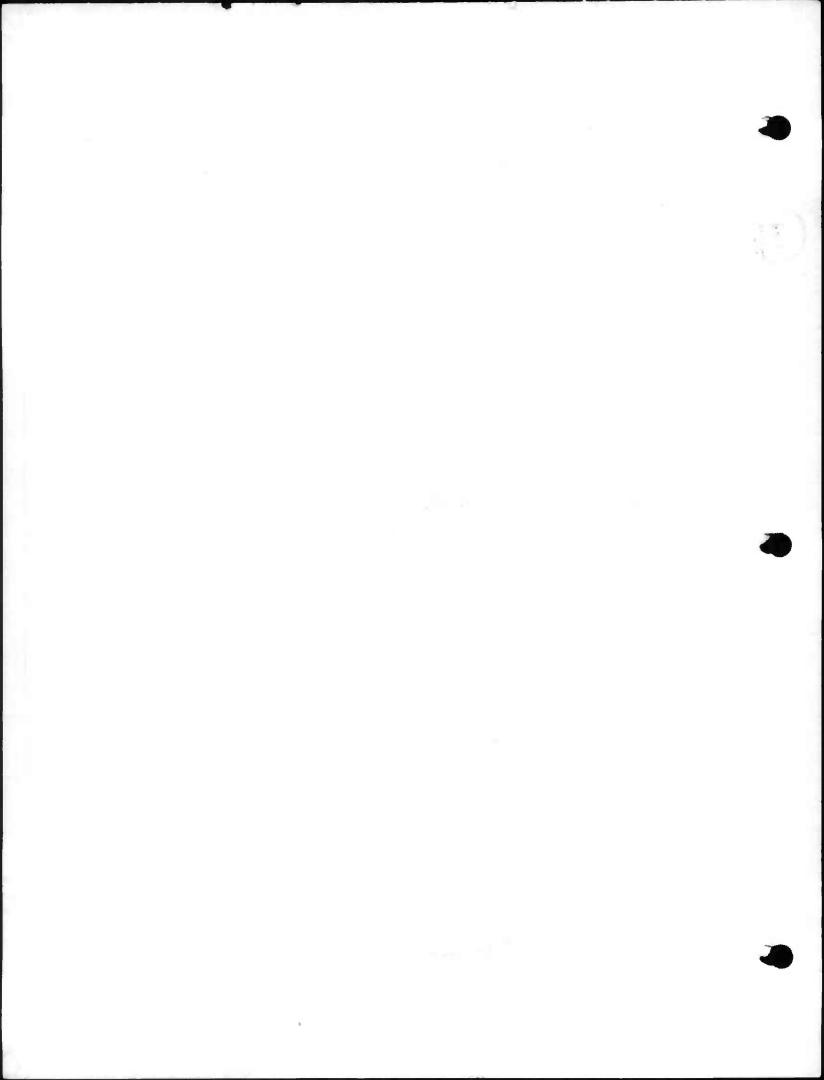
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SUDDING O	ifter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	otified
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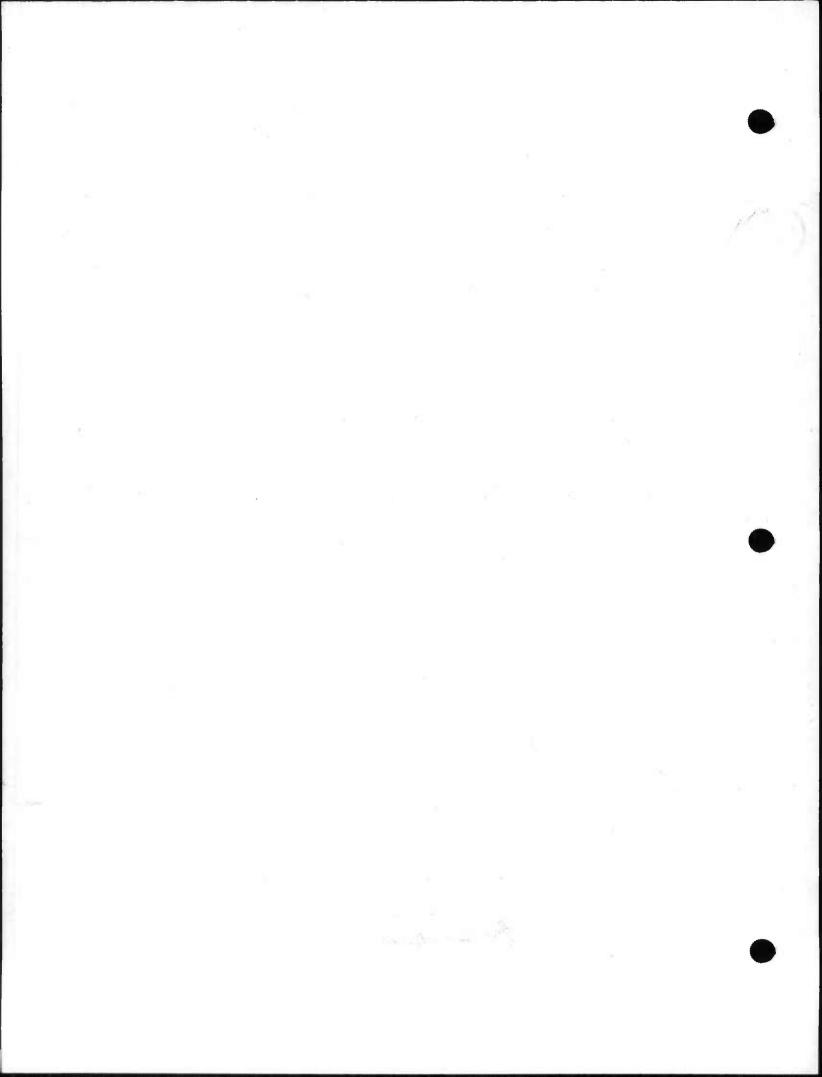
	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	RTMENT	OF HI	EALTH DEAT	AND I	MENTAL	HYGIEN REG. NO.		L	0578	32
	1. DECEDENT'S NAME (First, Middle, Last) ALMA GRACE	WILT						2. DATE (MONTH 02		AY	YEAR 94	3. TIME OF DE	
		□ M XØF	90 YRS.		DAYS	IF UNDER	MIN.	7. DATE 0 (Month, 06		03	6. BIRTH Count		A M
DIRECTOR	SACRED HEART HOSPITAL RESIDENCE OF DECEDENT					BERLA	AND	ATN		9c. COUNTY OF DEATN ALLEGANY			
	MD ALLEG	ANY		y, town or IMBERL								10d. INSIDE CI LIMITS? 1 YES 2X	
FUNERAL	100. STREET AND NUMBER ROUTE 4 BOX 58					ZIP CODI 2150.				10g. CITI		WHAT COUNTRY	•
ВУ	11. MARITAL STATUS 1	12. WAS DECEDENT EVER IN U.S. ARMED			res, spe	city Cuba	F NISPAN n, Mexicer Specify	n, Puerto Ri	(Specify Yes	or No-	14. RACI Blac Spec	E — American in k, White, etc. ://y: WHITE	dien,
COMPLETED	15. DECEDENT'S EOUCAT (Specify only highest grade con Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT us. L.P.N	work done dur se retired)	UPATION	N t af workin	g	16b. I	OFFIC		USTRY		
COM	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NAI	ME (First, Mi	ddle, Maiden				
BE	GEORGE W. HITE 190. INFORMANT'S NAME (Type/Print)		Description						CROO				
2	RUTH E. EARLY		ROUTE	ADDRESS (S									
	20a. METHOD OF DISPOSITION Burtel 2 Cremation 3 Removal Condition C	from State	06. PLACE AND DATE of the start	OF DISPOSITI	ON (Nam	ne of		OATE	20c. LO	CATION —	City or To		-
	21. SIGNATURE OF FUNERAL SERVICE LICENS Gamas 7	Skar	oulli	SC CT	ME AND	ELLI	FUN	VERAL	HOME				
CERTIFICATION	23. PART Enter the diseases, or com shock, or heert failure. List iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO (OR AS	ed the death. Do i each line. A CONSEQUENCE OF A CONSEQU	lie Peron	H s	e of dyl	0 -		icor respl		eat,		nate Batween nd Daath
PHYSICIAN: MEDICAL CE	PART II. Other algnificent conditions of	ontributing to death	the	In the unde	rlying	ceuse g	iven in F		PERFOR	MED?	24b.	. WERE AUTOPSY AMILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2	R TO CAUSE
ICIA		OSPITAL:		OTHER:	26. PLA	CE OF DE	ATH (Che	ck only one)					
HYS	1 TYES X NO	26e. DATE OF INJUR		4 - Numing	Home				Specify)	11187 000	N IDED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year		URY	WOR			200. 0230	NIBE NOW IF	SONY OCC	UNEU		
	3 Suicide 8 Could not be determined	28e. PLACE OF INJUI building, etc. (Sp	RY — Al home, ferm, s secify)	street, factory	, office				ION (Street e Town, Stete)	nd Number	or Rural F	Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN One) 2 MEDICAL EXAMINER: O											r) end manner ee	stated.
BE	29b. SIGNATURE AND TITLE OF GERTIFIER	> .	1				NSE NUM	BER		29d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF	EATH (NEM 27) (Time	Print)		D114	43			P {	L -	8-7.4	
	DR. WAYNE SPIGGLE,	3	1 //		BERI	AND	, MD	2150	2				
	31. DATE FILEO (Month, Dey, Year) FEB 1. 0 1994	32 DE TTOANTE OU											



200)	transit permit. Pages 1.2, 3 should		
BALLIMORE, MARTEAND ZIZIS-0020	hours after death. Page 6 may be retained by the hospital or attending physici	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pagee 7.3 should	ion, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOX 681800	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

12

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM			ENTAL HYGIEN	- 1	0576	22
8	t. DECEDENT'S NAME (First, Middle, Last)					. DATE OF DEATH	21	3. TIME OF D	EATH
	WILLIAM	ARTHUR	WE	ELLS	F		12, 199	EAR 2:4	7 Рм
1	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. 7	DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State of Country)	Foreign
	579-58-6093	1 X M 2 □ F 84	YRS.	NTHS DAYS	HOURS MIN.	lov. 14,1		WV	
~	9a. FACILITY NAME (If not institution, give s	treet and number)	96	CITY, TOWN O	R LOCATION OF DEAT		9c. COUNTY	OF DEATH	
DIRECTOR	Memorial Hospi	tal		Cumb	erland		A	11egany	
EC	10e. STATE 10b. COUNTY		toc. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE C	ITY
F	WV Mi	ineral	Bu	rlingto	n			1 YES 2	X NO
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY	
FUNERAL	Rt 1, Box	97			26710		T	U.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	S. ARMED	13. WAS DEC	ENDENT OF HISPANIC	ORIGIN? (Specify Ye	a or No— 14.	RACE — American In Black, White, atc.	ndlen,
ВУ	1 Never Married 2 Married 3 Nidowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DATE	:S	t TYPES	2 NO Specify:	ruanto Hican, etc.)	1	Specify:	
	15. DECEDENT'S EDU	CATION	- 0500051710 1101			120 120 120 120 120		White	
	(Specify only highest grade	completed)	(Give kind of work life, Do NOT use re	done during mo:	IN st of working	16b. KIND OF BU	SINESS/INDUS1	RY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)				II.S.	Govern	ment	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME			HOTTE	
BE C	Arthur	Wells			Emma				
	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural Rou	te Number, City or Tox	n, State, Zip Coo	de)	
2	Josephine C. Wel	11s	Rt 1, B	ox 97	Burlingto	n, WV 26	710		
	20a. METHOD OF DISPOSITION 1 Derived 2 Cremetion 3 Rem	20b. Pl	LACE AND DATE OF D	ISPOSITION (Na	me of	DATE 20c. LC	CATION — City	or Town, State	
	4 Donation 5 Other (Specify)	Th	e Cumber	land Ci	rematory2/	13/94 Cu	mberla	nd, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	D ADDRESS OF FACIL	ITY			
	1 min	Katurely			South Mair			V 26726	
	23. PART I. Enter the diseases, or canock, or hear failure.	complications that caused to	ha daath. Do not						lmata
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	disease or condition resulting in death)	Mondo	nen	1/5	unt	hen	, 0	1/10	wek
	rosuling in duttiny	BUE TO JOH AS A CO	ONSEQUENCE OF		10	1	-	100	
Z	Sequentially list conditions,	· Huls	rillo	in	cers	rhas	w	145	2015
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	ONSEQUENCE OF):					1	
FIC	CAUSE (Disease or Injury	DUE TO (OH AS A CO	ONSEQUENCE OF						
E	that initiated evants resulting in death) LAST							i	
CE		I							
AL	PART II. Other significant gondition	s contributing to death but	not resulting in t	N	111 1 1 -	PERFO	AUTOPSY RMED?	24b. WERE AUTOPSY AWARABLE PRI	
9	Haule	nespera	long	may	fuelon	ed 10 YES :		OF DEATHT &	
ME		V	-0	00	/	7	~	1 □ YES €	NO
PHYSICIAN: MEDIC		C=02	· ·						
5	25. WAS CASE REFERRIED TO MEDICAL EXAMINER?	HOSPITAL	0	26. PL THER:	ACE OF DEATH (Check	only one)			_
ΙΥS	1 YES 2 WO	Inpatient 2 - ER/Outpatie	ent 3 00A 4	Nursing Hom	5 El Residence 6	The second second			
	1 Sentural 5 Pending	(Month, Day, Hear)	28h. TIME OF	WO	RICY	Id. DESCRIBE HOW	MJURY OCCUR	ED	
В	2 Accident Investigation	28s. PLACE OF INJUSTY	At home farm street		ES 2 NO	M. LOCATION (Street	101		_
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	10	n, minory, ormer		City or Itwo, State	NA	ture reuse number	
COMPLETED	29a. CERTIFIER		-/-/				10 01		_
MP	(Check only	CIAN: To the best of my knowled R: On the basis of examination a							o const
8			nwor, investigation, ii	i my opinion, o			*		
8	296-SIGNATURE AND TULE OF CHRISTING	Willas.	000	/	29t. LICENSE NUMBE		29d. DATE SI	GNED (MAHIT, DINK WA	e)
2	St. NAME AND ADDRESS OF PERSON WIT	O COMPLETED CAUSE OF DEAT	H (ITEM 27) (25% P	eti.	D 14393		1/2	0669	4
				170	ta Mad n	140 0	24 0	b a 1	I MO
	Frederick Milt	32. DOISTRAR'S SIGNATI	VJOIIIISON	петдп	LS Med. B.	rag. Suit	e za C	umperland	I MD
ĺ	31. DATE FILED/Month Day 104) 1992	32. PASISTRAR'S SIGNATU	- Rondoll						



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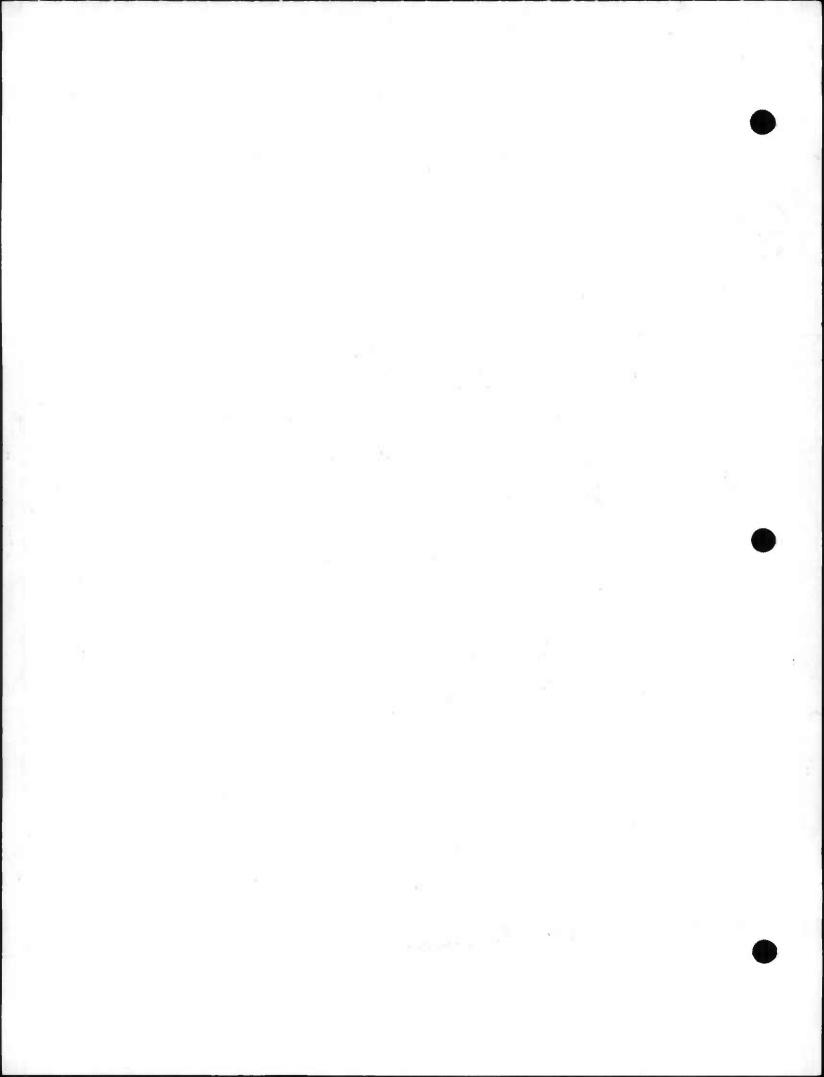
DIVISION OF VITAL RECORDS. P.O. BOX 68760.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a four sites of the tunest DIRECTOR. After this certificate bas been signed by the attending physician and sometherly likely in the truncal director, page 5 should be detached for use as the bugal-the field within the State Dear of Health and Mantal Hispine right to harms and companient or remain or remain.	BALTIMORE, MARYLAND 21215-0020	rs after death. Page 6 may be retained by the hospital or attending physicia	n by the funeral director, page 5 should be detached for use as the burdal-ti	removal
THE HOSPITAL DI	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physicial	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to bundle cremation, or

31. DATE FILED THOMBOT 15 1994

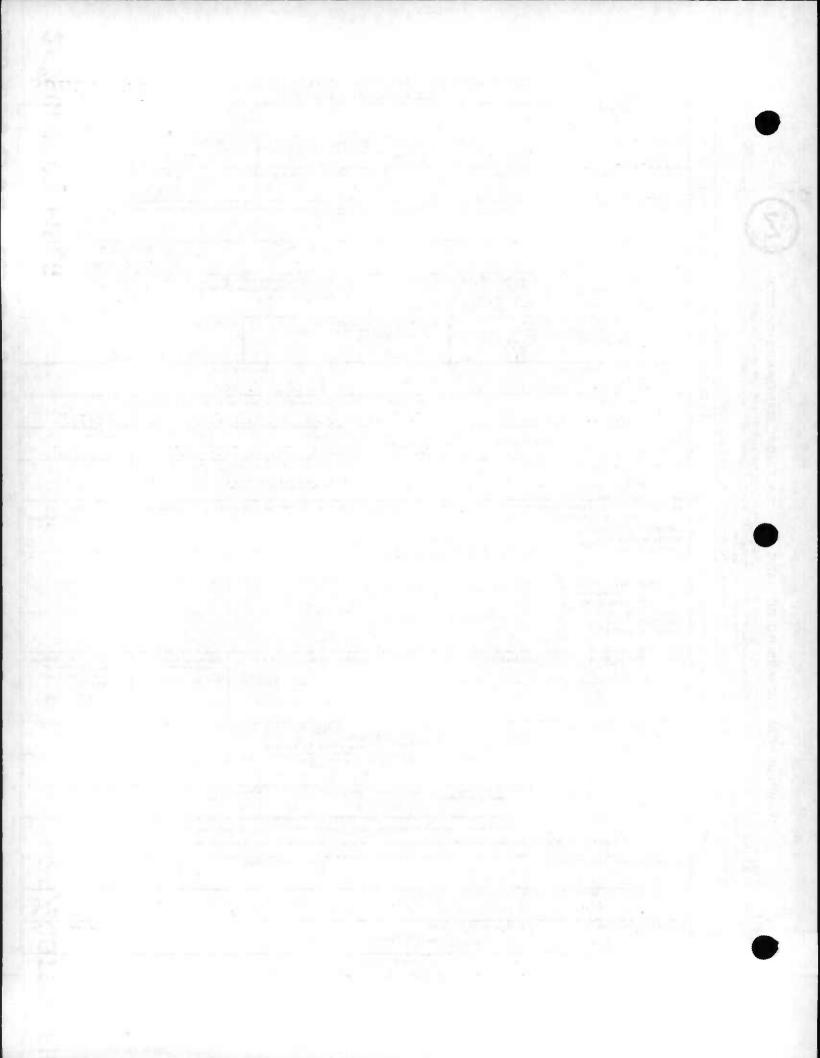
		FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND / CE	DEPAR ERTIF	TMEN	T OF H E OF	EALTH A	ND ME	ENTAL HYGIENI REG. NO.	E 9	i,	05784	
		1. DECEDENT'S NAME (First, Middle, Last)	STELLA	MAE			WHIT	ACRE	2	DATE OF DEATH		YEAR	3. TIME OF DEATH 8:40 a M	
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)		R 1 YEAR	IF UNDER 24		February	9,1	8. BIRTHP	LACE (State or Foreign	
-1	236-64-7900 9a. FACILITY NAME (If not institution, give strated) Memorial Hospital FRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY WW Hamps 10c. STREET AND NUMBER 419 West Grave 11. MARITAL STATUS 1 Never Married 2 M Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 16. STATE 17. MARTINAL STATUS 18. DECEDENT'S EDUCATION 18. DECEDENT E	1 🗆 M 2 💢 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	ay 8,1920		West	Virginia		
	m	9a. FACILITY NAME (If not institution, give stre						R LOCATION	OF DEAT	н		NTY OF DE		
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	REC	1000			_		OR LOCAT	ION					10d, INSIDE CITY LIMITS?	
			nire ———		K	onine	ney						1X YES 2 NO	
	IERAI	419 West Grave	1 Lane	Lane			26757				U.S	.A.	HAT COUNTRY?	
.				T EVER IN U.S. AR		13.	WAS DEC	ENDENT OF H	HISPANIC Maxican, F	ORIGIN? (Specify Year Puerto Rican, etc.)	or No-	14. RACE - Black,	- American Indian, White, atc.	
	B		IF YES, GIVE Y	AR OR DATES			1 TYES		Specify:	202100 201		Specify	White	
	ш	15. DECEDENT'S EDUCA (Specify only highest grade co		18a. DE	CEDENT'S	USUAL C	CCUPATIO	N		16b. KIND OF BUS	INESS/INI			
	LET	Elamentary/Secondary (0-12)	College (1-4 or 5		Home			st of working		Home				
8	COMPL	N/A 17. FATHER'S NAME (First, Middle, Last)			поше	Mar	er							
notified at once.	CC	Balford T.	Shrout	Sr.					elia	(First, Middle, Meiden : Alberta		apes		
Hied	00	19e. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRES	S (Street a	nd Number or	Rural Rou	te Number, City or Town	Store, Zi	Code1		
e not	임	Luther E. Whitac	re 419 West Gravel Lane, Romney, WV 26757											
examiner must be		20e. METHOD OF DISPOSITION 11 Buriel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	al trom State	20b. PLACE A cemetery, creating and in	matory or o	ther place	sition (Na Cemet	me of erv	2/13	101 -	mney	City or Tow		
niner		21. SIGNATURE OF FUNERAL SERVICE LICE	per /	17			NAME AN	D ADDRESS	OF FACIL					
еха		1/ mile	14/1	2			230) East	Mai	n St., Ro	mney	, WV	26757	
medical		23. PART I. Enter the diaeasea, or con ahock, or heart failure. Li	mplications that st only one cau	t caused the de	ath. Do i	not ente	the mo	de of dying	, such a	a cardiac or reapli	ratory ar	reat,	Approximate interval Between	
the n		IMMEDIATE CAUSE (Final disease or condition							Onset and Death					
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0	CER	C												
any injury,	CAL	PART II. Other significant conditions	contributing to	death but not s	eaulting	In the u	nderlying	cause give	en In Pa	rt i. 24e. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
rs an	EDIC		And rend finely fossible s				le Se	pra	1 🗆 YES 2	NO		COMPLETION OF CAUSE DF DEATH?		
읉	Σ	- An	opin of	Fund	fo bus	red	etr	they		-			1 YES 2 NO	
item 2	CIAN		HOSPITAL:		-	OTHE		ACE OF DEAT	TH (Check	only one)				
0	HYSI	1 YES 2 NO 1	28a. DATE OF	ER/Outpetlant 3	DOA 28b. TIM	4 🗆 Nu	sing Hom			Other (Specify)				
9	م ا	1 Natural 5 Pending	(Month, D		IN.	URY M	28c. INJ WO			8d. DESCRIBE HOW II	JUHY OC	CURED		
69	D BY	3 Suicide 8 Could not be	28a. PLACE O	F INJURY — At ho atc. (Specify)	me, term,	street, tec	tory, office	,	21	St. LOCATION (Street a City or Town, State)	nd Numbe	or Rural Ro	ute Number,	
N	ETE	4 Homicide determined								ony or nown, crains				
흐	႕Ⅱ	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI.												
ANT	COM	2 MEDICAL EXAMINER:	On the basis of a	xamination end/or i	investigatio	n, in my	opinion, d	eath occured	at the tim	ne, data and placa, and	dus to ti	he cause(a)	and manner as stated.	
E	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	16/12	7				29c. LICENS	_	R	29d. DAT	E SIGNED	Morning Coax, Years	
Ξ	2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	OF DEATH (ITE	M 27) (Time	Drint)		D 193	18	ı	_	411	199	

29c. LICENSE NUMBER D 193 189 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ranjithan-517 Oldtown Road-Cumberland, MD 21502



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	The state of the s									0578
		Timothy Wagner					January 25, 1994			TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 577 - 50 - 0466	1 🕅 M 2 🗆 F	E (In yrs. last birthday) 54 YRS.	MONTHS	DAYS HOURS MIN	May	E OF BIRTH ith, Day, Year) 1 23,193	39 M	aryl	
OR	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN 9c. COUNTY OF DEATN									
DIRECTOR	10e. STATE 10b. COUNT	Y			OR LOCATION				d. INSIDE CITY	
3AL D	10e. STREET AND NUMBER	e George	e George Camp					1 YES		YES 2 T
BY FUNERAL	5203 Oahu Cowrt 11. MARITAL STATUS 1 Never Merried 2 XX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR 8-1-56 to	13.	20748 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Y If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2 XNO Specify:			United Stat Yes or No- 14. RACE — Amer Black, White, Specify: White		American India	
PLETED	15. DECEOENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	JCATION	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				b. KIND OF BUSI	NESS/INDUS	TRY	
BE COMPL	17. FATNER'S NAME (First, Middle, Lest) John G. Wagne	er			18. MOTNER'S Helen	NAME (First,	Middle, Meiden S		creg	
TO B	190. INFORMANT'S NAME (Type/Print) Imagene C. Wagi	пон	and the second second		s (Street end Number or Ru L Court, Ca	iral Route Nur	mber, City or Town,			20716
	20a. METNOD OF DISPOSITION 1\(\) Burlel 2 \(\) Cremation 3 \(\) Ren 4 \(\) Donation 5 \(\) Other (Specify)	21	Ob PLACE AND DATE	FOFDISPOS		0.0	TE 200 LOC	ATION - CIN	or Town	State
	21. SIGNATURE OF EUNERAR SERVICE LI	CENSEE /	A.	22.	NAME AND ADDRESS OF Ed Alexande	- FACILITY	oo tune	ral Hi	ome.	Inc 6
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	**	atic Can	cer						Onset and
ERTIFICATION	Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE (OF):						
MEDICAL CERTIFICATION	if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	bDUE TO (OR AS cDUE TO (OR AS d	A CONSEQUENCE (OF):	nderlying cause given	in Part I.	24a. WAS AN A PERFORM 1 YES 2	ED?	OF	RE AUTOPSY F NLABLE PRIOR MPLETION OF (DEATN?
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DIVISION OF VITAL RECORDS, P.O. BOA 88780,	DAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Sapours after
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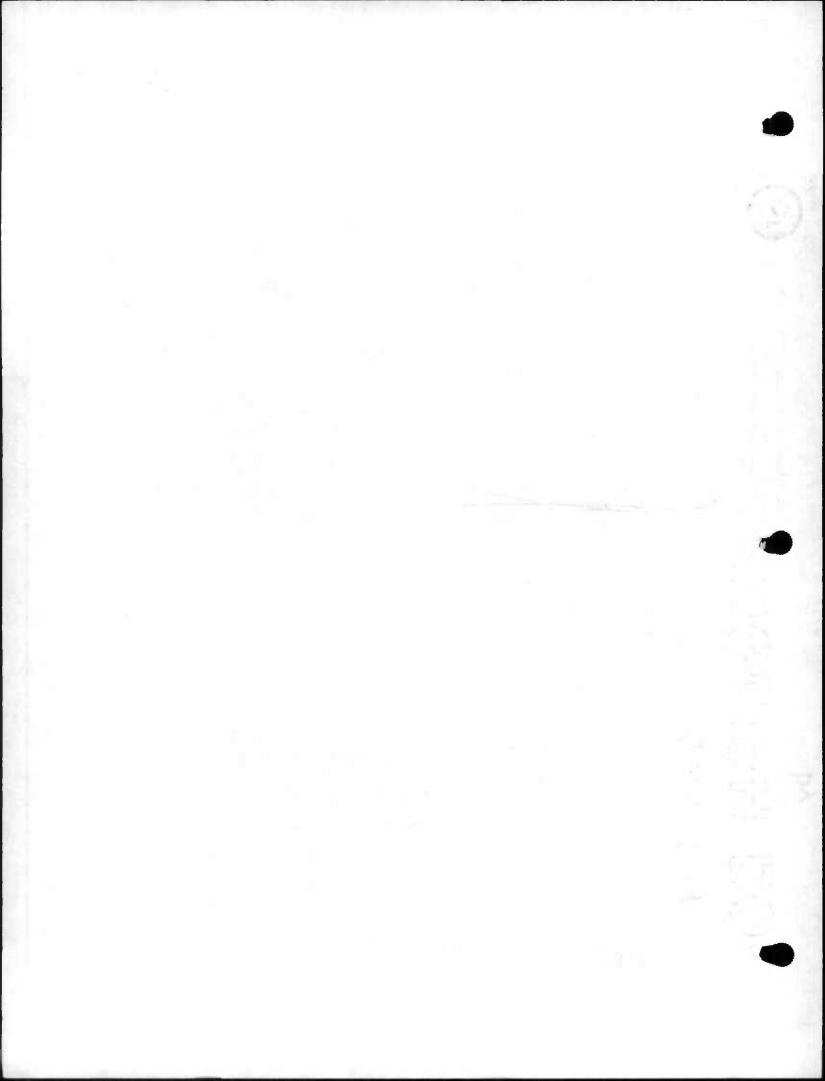
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	~ /	RTIFICATE	DE DEATH	REG. NO.		3. TIME OF DEA			
	PAITH	C WIND	SAL		1 2	5 9	4 5:4.			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last	YRS. WONTHS DA		7. DATE OF BIRTH (Month, Day, Year)	000	BIRTHPLACE (State or Fo Country)			
	9a. FACILITY NAME (If not institution, give	street and number)	9b. CITY, TO	WN OR LOCATION OF DE		9c. COUNTY	OF DEATH			
0 B	Charbtte H	Lell Veterno 14	ME Ch	ARlotte HA	511	MARYS				
DIRECTOR	10a. BTATE 10b. COUNT	A	10c. CITY, TOWN OR L	OCATION			10d. INSIDE CITY			
		T. MARYS	ChAR	otte HA	//		1 🗌 YES 2 🗍			
UNERAL	10e. STREET AND NUMBER			10f. ZIP CODÉ	5)		OF WHAT COUNTRY?			
SNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YE YES 2 N	MED 13. WAS	DECENDENT OF HISPAN			ed States RACE — American Indi Black, White, etc.			
Œ.	1 Never Married 2 Married 3 N Widowed 4 Divorced	FORCES? 192 YES 2 N IF YES, GIVE, WAR OR DATES WOULD WOLL I	O If yo	a, specify Cuban, Maxica YES 2 NO Specify	n, Puerto Rican, etc.)		Black, White, etc.			
ED BY	15. DECEDENT'S EDU	•	CEDENT'S USUAL OCCU	DATION	16b, KIND OF BU	1 "				
E	(Specify only highest grad	e completed) (Gir	Do NOT use retired.)	ng most of working						
COMPL	8th	N/A Na	vy Retaire	.d -	Accou	inting	Clerk			
CO	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden	Sumame)					
BE	William Clement 190. INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (St		de Coyle	n State Zio Co	oriel			
10	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Veronica M. Dempsey Route 2 Box 139, Charlotte Hall, Maryland 20622									
	20a. METHOD OF DISPOSITION VIY Burlal 2 Cramation 3 Ran	The second secon				0471041 011				
	4 Donation 5 Other (Specify)	Fort	Lincoln Ce	metery Jan metery Jan me and address of fa	28,1994 E	Brentwo	ood, Maryle			
(21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	22. NAN	ne and address of fa I Alexander	Lee fur	ieral t	tome, Inc 6			
<	17000		Uka	. Acexanaer	. гулли ка.	1.2.2.014				
		complications that caused the de List only one cause on each lina					t, Approxim			
	shock, or heart failure IMMEDIATE CAUSE (Final disesse or condition	List only one cause on each lina					t, Approxim			
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: MEDICAL CERTIFI	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO (OR AS A CONSECTION OF TO (OR AS A	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	riying cause given in	Part I. 24a. WAS APPENDO 1 YES:	AUTOPSY	24b. WERE AUTOPSY I AMALABLE PRIOR COMPLETION OF DEATH?			
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Y PHYSICIAN: MEDICAL CERTIFI	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	a. DUE TO (OR AS A CONSECTION OF TO CONTINUE TO TO TO TO TO TO TO TO TO TO TO TO TO	DUENCE OF): DUENCE OF):	riying cause given in 26. PLACE OF DEATH (C) g Home 5 Residence	Part I. 24a. WAS APPENRO 1 YES:	AAUTOPSY RMED?	24b. WERE AUTOPSY AMALABLE PRIOR COMPLETION OF DEATH? 1 YES 2			
D BY PHYSICIAN: MEDICAL CERTIFI	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigations. 3 Suicide 6 Could not by	a. DUE TO (OR AS A CONSECTION OF TO (OR AS A	DUENCE OF): DUENC	riying cause given in 26. PLACE OF DEATH (Cr. 29 Home 5 Residence 10. INJURY AT WORK? 1 YES 2 NO	Part I. 24a. WAS APPENRO 1 YES:	Intory stress A AUTOPSY RMED? 2 □ NO INJURY OCCUI and Number or	24b. WERE AUTOPSY AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2			
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1994

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S GIGNATURE PANDALLS



Name of	-
6	7
	49
	8
	permit.

page 5 should be detached for use as the burial-transit

filled in by the fion, or removal.

cremation,

completely

attending physician and con-intal Hygiene prior to burial,

signed by the atter Health and Mental

certificate has been in the State Dept. of

with t

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death After

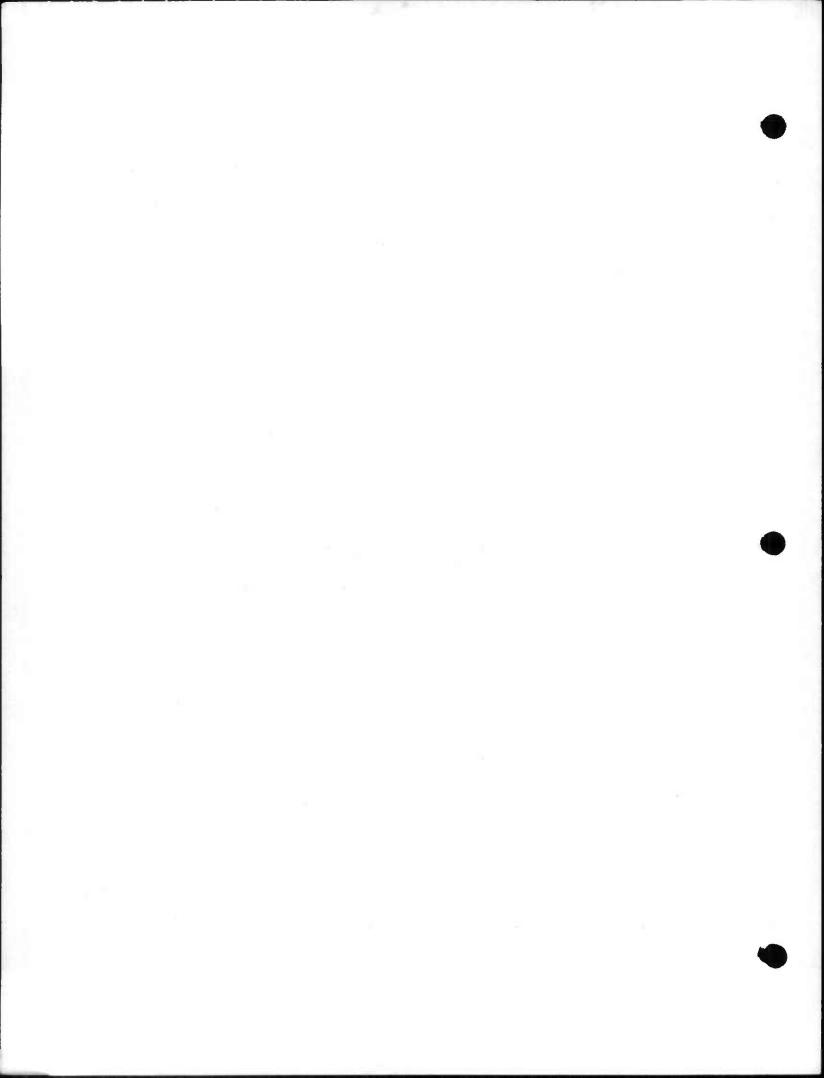
urs after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Etta Joe Weisz 28 Jan. 1994 7:45 PM 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year April 2 IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 1 M XX F DAYS HOURS YRS 447 14 0013 April 1924 Kentucky 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 14004 Dunwood Valley Drive DIRECTOR Bowie Prince George's RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Bowie X XVES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 14004 Dunwood Valley Drive 20721 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Married BY 1 TYES 2 NO Specify 3 Widowed 4 Divorced No White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) notified at James McEndree Madeline Dalton BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 5 Nicolain Weisz 14004 Dunwood Valley Drive Bowie Maryland 20721 2 20e. METHOD OF DISPOSITION
1 Suriel 2 Depremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State must Metropolitan Crematory Alexandria Virginia examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Beall-Evans Funeral Home, P.A. 'oli Jans 16000 Annapolis Rd. Bowie Md. 20715 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart failure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final Onset and Daath or other traumatic event, the disease or condition resulting in death) 6mos Coronary askry lisease CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST shows any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO PHYSICIAN: Item 23 s 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 NO ER/Outpetient 3 - DOA Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 YES BY 28e. PLACE OF INJURY — At home, ferm, street, factory, building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town State) DIRECTOR: A hours after d Hem 28 is 8 Could not be COMPLETED 4 Homicide **MPORTANT: It Item** CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER
PULLIBELT 29d. DATE SIGNED (Month, Day, Year) BE marun O. Welten. 1525 greening CT Orin 9 Sisteman's signature fundall FER 0

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within FUNERAL WITHIN 72 h 표표를 Б 日出

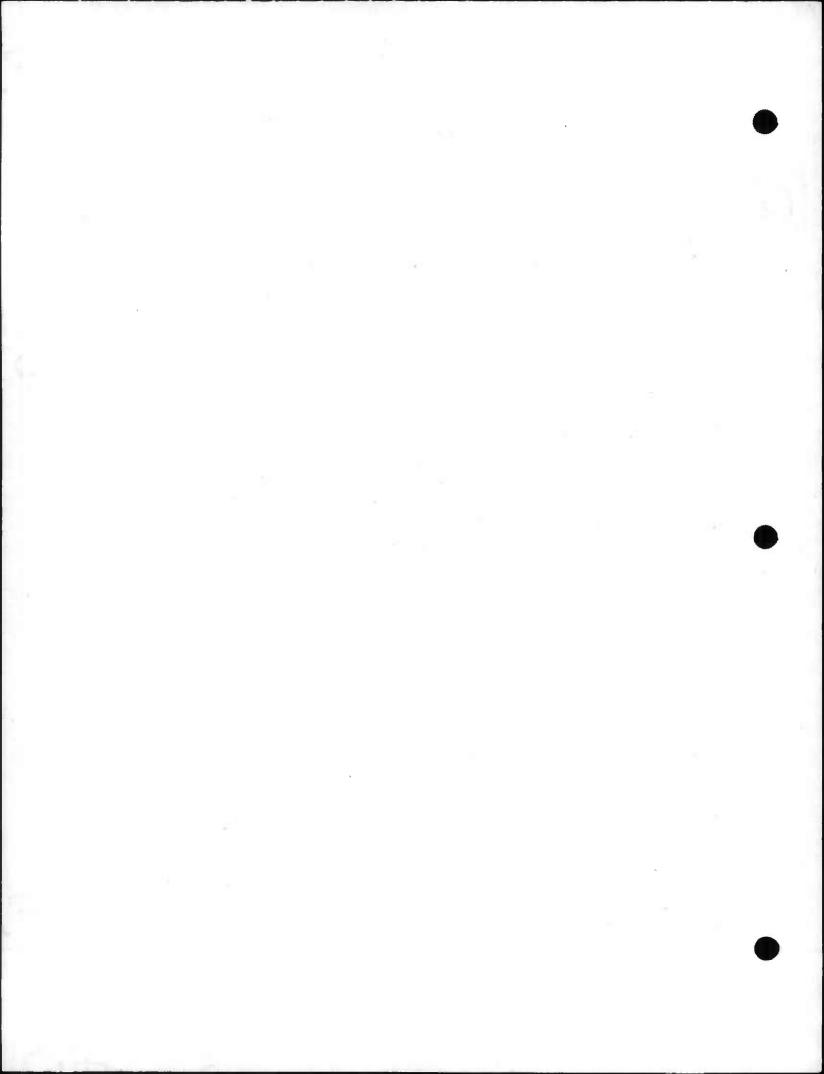
DIVISION OF VITAL RECORDS, P.O. BOX 68760,



BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit por the minimal progression of temperature of the progression of t	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IYSICIAN: The law requires that the death certificate be executed wil	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be fled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION	TO THE HOSPITAL OR ATTENDING PH	THE FUNERAL DIRECTOR: After thin the filed within 72 hours after death with	IMPORTANT: If Item 28 Is marke	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	HYGIENE	94
CERTIFICATE OF DEATH	REG. NO.	

1 - STATE REGISTRAR	STATE OF MARY	AND / DEPART	MENT OF I	DEATH AND		IYGIENE REG. NO.	94	0578	8
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF			3. TIME OF DEATH	
ELAIN	E WIL	KINS			01	28	94	1300	
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	BIRTH	8. BIRT	HPLACE (State or Foreig	lgn
577-62-7284	1 M 2 Jr 48	YRS.	ONTHS DAYS	HOURS MIN.	SEPT,	12.1946	Coun) . C .	
9a. FACILITY NAME (If not institution, give at	treet and number)	19	b. CITY, TOWN	OR LOCATION OF D			INTY OF I		
PRINCE GEORGES	GENERAL H	OSPITAL	HEVER	LY,,MAR	YLAND	PR	INCE	GEORGE	S
MD PRINC	CE GEORGES		VER,	MARYLAN	ID 20	755		10d. INSIDE CITY LIMITS? 1 YES 2 NO	0
10e. STREET AND NUMBER			10	. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?	
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1 Q A 2 PAT.MER PARK ROAD I.ANDOVER MD 20785 11. MARITAL STATUS 12. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, Puerto Rican, etc.) 1 Naver Married 1									
									,
							My: BLACK		
							AMI	ERICAN	
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of wor	k done durina ma	ON st of working	16b. KIN	ID OF BUSINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	retired.)						
	yrs	NURSE			HOS	SPITAL			
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Midd	le, Maiden Surname)			
EDWARD GOODWI	N			LILLII	E MART	rin			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	nd Number or Rural	Route Number, (City or Town, State, Z.	ip Code)		
STEWART WILK	INS	1942 I	PALMER	PARK I	ROAD,	LANDOV	ER,	MD. 207	8
20a. METHOD OF DISPOSITION		b. PLACE AND DATE OF	DISPOSITION (N	me of	OATE	20c. LOCATION -			
1 Buriel 2 Cremation 3 Remaid Donation 3 Other (Specify)	oval from State ce	metery, crematory or othe NORTHERN	VA.C.	REMATOR	XY	Arlino	rton	VA.	
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	879	22. NAME A	O ADDRESS OF FA	CILITY / 3				
► 1()a-h.	11,000	di		ERN FUN	IERAL	HOME			
23. PART I. Entar the diseasea, or o	remai	Ch jei	38	21 14+1	STN	I.W.			
Sequentially list conditions,		A CONSEQUENCE OF):						Onset and D	704
resulting in death) LAST	DUE TO (OR AS					7			
PART II. Other algnificant condition	s contributing to death	but not resulting in	tha undarlyin	g causa given in		a. WAS AN AUTOPSY PERFORMED? YES 2 NO	241	b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF GEATH?	JSE
25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF DEATH (C/	neck only one)				_
EXAMINER?	HOSPITAL:		THER:	a E - Booldoon	0 T Oth-1 (C)				
27. MANNER OF DEATH	26s. DATE OF INJURY	26b. TIME		e 5 🗆 Residence		BE HOW INJURY OF	CUBED		
1 Netural 5 Pending	(Month, Day, Year)	INJUF	Y WO	RK7	200. 0200.11	DE 110W MIDDIN O	JOURLE		
2/ Accident Investigation	28a PLACE OF IN ILIE	Y — At home, ferm, str			004 1 004710				_
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe	cify)	er, wetery, ome		City or R	ON (Street and Number own, State)	er or Hurai	Houte Number,	
ane)	CIAN: To the best of my known R: On the basis of examination							a) and manner as state	ed.
296. SHORATSHE AND TITLE OF CERTIFIER	3			29c. LICENSE NU	MBER	29d. DA	TE SIGNE	D (Month, Day, Year)	_
Lomanal				1)42	716	•	1/=	30/06	
Ration Ba	o completed cause of or (al 592) 32. Registrar's sign Sunds	EATH (ITEM 27) (Type, P.	im) useed	Terrac	. #	304. li	and	Self MD 20	07
31. DATE FILED (Month; Day, Year)	32. REGISTRAR'S SIGI	NATURE				V. 1	7 771		

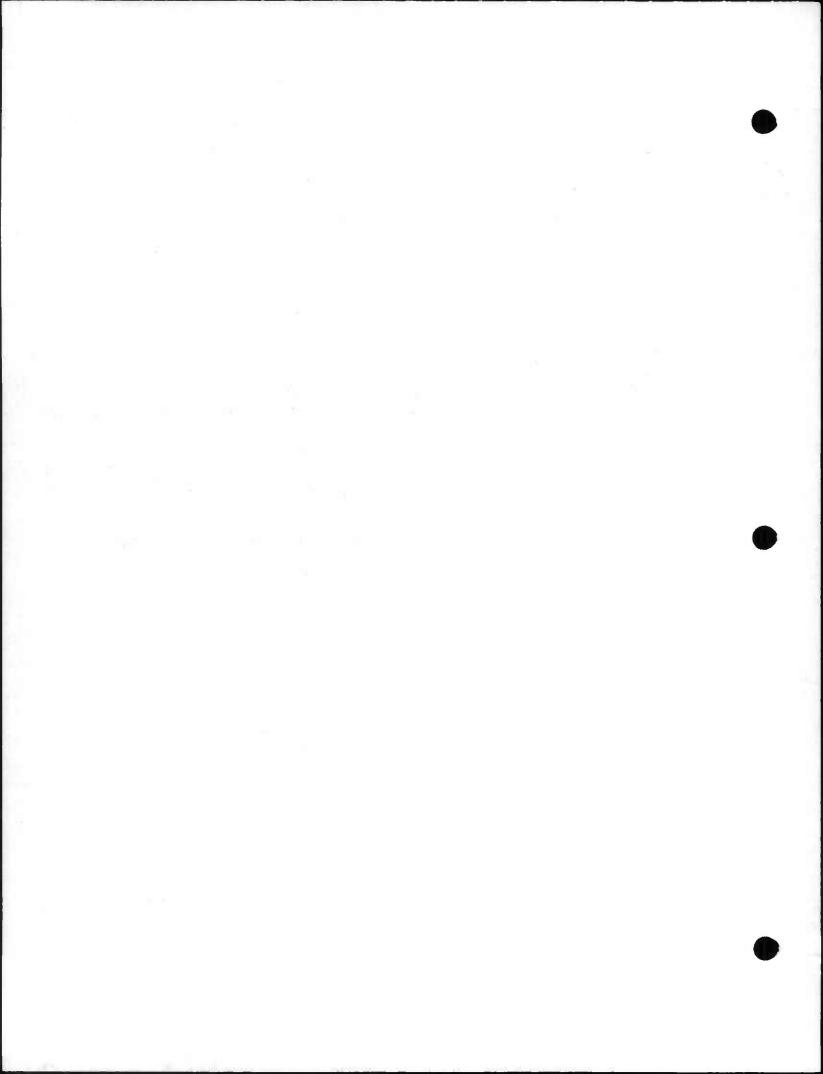


BALTIMORE, MARYLAND 21215-0020	e retained by the hospital or attending phys	5 should be detached for use as the burds
BALTIMORE,	hours after death. Page 6 may b	lled in hy the funeral director nans
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nouns after death. Page 6 may be retained by the hospital or attending phys	DIRECTOR After this certificate has been stoned by the attending physician and completely filled in by the funeral director have 5 should be detached for use as the buria.

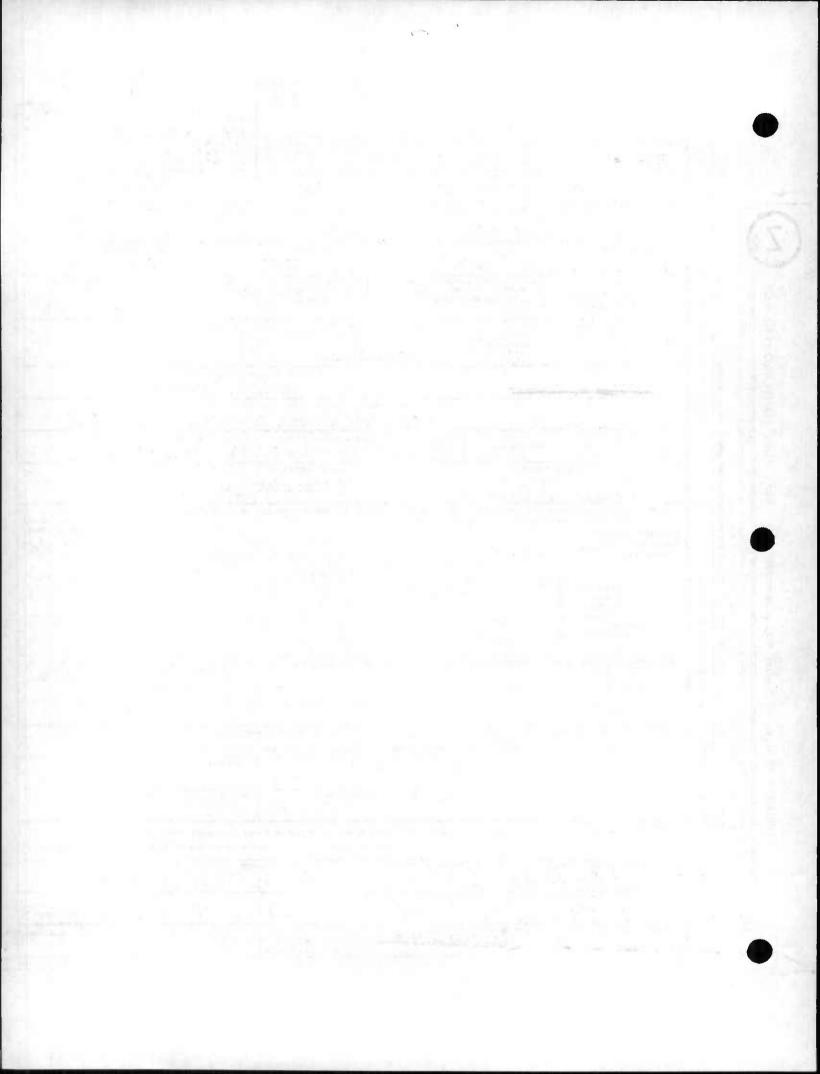
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executed w	and comp	matic eve
tificate be	physician	ther trau
e death cer	ne attendin	ury, or o
res that the	igned by th	rs any in
law requi	has been s	23 show
ICIAN: The	sertificate !	or Item
DING PHYS	After this	marked
OR ATTEN	JIRECTOR:	em 28 la
HOSPITAL (UNERAL C	ANT: If It
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hosp	TO THE EURICACH DIRECTORS. After this carefilicate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached as the complete the form that the complete	The med within 21 foots are read with the State Dept. or regul and wenter trybeing plus to build, cleanation, or reinford. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF		OF DEATH		AL HYGIENE REG. NO.	94	05/89
t. DECEDENT'S NAME (First, Middle, Last) James Thomas	Ward				MOR	TE OF DEATH DAY	YEA 194	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 578-56-1383	1 🖄 M 2 🗆 F	(In yrs. last birthday) 51 YRS.	IF UNDER 1 YO		MRS 7 DAT	E OF BIRTH	8. B	ATHPLACE (State or Foreign punity)
98. FACILITY NAME (If not institution, give so 4200 24TH AVE. RESIDENCE OF DECEDENT	treet and number)			e Hills	OF DEATH		9c. COUNTY (
10e. STATE 10b. COUNTY	ce George's		y, town on a ple Hi					10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 4200 24th Ave				101. ZIP CODE 20748	3			States
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 V NO	If ye	B DECENDENT OF I	Waxican, Puert	iiN? (Specify Yes o o Ricen, stc.)		TACE — American Indian, Black, White, etc. Specify: Uhute
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)		USUAL OCCU work done during se retired.)	ng most of working	1	P.G. CO	ESS/INDUST	
17. FATHER'S NAME (First, Middle, Last) Christopher Ward	N/ A					, Middle, Meiden Su dswarthu		
190. INFORMANT'S NAME (Type/Print) Christopher Wav	rd			treet and Number or	Rural Route Nu	mber, City or Town,	State, Zip Code	, Lyland 20740
21. PART I. Enter the diseases, or o ehock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Alym	ech line.	pld not enter the	Alexando	er Fer	ry Rd. C	lintor	ne, Inc 6633 a, Md 20735 Approximate Interval Between Onset and Deat
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	BL DUE TO (OR AS A	A CONSEQUENCE O	n:	dir	ras	euls	v	Resease
L. Souli, LAST	d		27.5					
PART II. Other algorificent condition	a contributing to death i	but not resulting	in the under	rtying cause giv	en in Part I.	24a. WAS AN AL PERFORM	JTOPSY ED?	
PART II. Other algoriticent condition		but not resulting		rlying cause giv			JTOPSY ED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH?
PART II. Other significent condition	HOSPITAL:		OTHER:		TH (CHECK only	one)	JTOPSY ED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH?
PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER 1 PRES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:	patient 3 DOA	OTHER: 4 Nursing IE OF 28	28. PLACE OF DEA	TH (Creck only lence 6 - Ot 28d. D	one)		24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PRES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 DOA 28b. TIM IN. Y — At home, farm,	OTHER: 4 Nursing IE OF 28-	28. PLACE OF DEA' Home 5 Assict C. INJURY AT WORK? U YES 2 P	TH (Creck only lenca 6 Ot 28d, D	one)	URY OCCURE	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only	HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	patient 3 DOA 28b. TIM IN. Y — At home, farm, city)	OTHER: 4 Nursing E OF 28- JURY M 1 street, factory,	28. PLACE OF DEA: g Home 5 Assic c. INJURY AT WORK? YES 2 P office	Control Cont	her (Specify) ESCRIBE HOW INJ CATION (Street end by or Town, Stele) cause(s) and menne	URY OCCURE	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERY? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINE	HOSPITAL: 1 □ Inpatient 2 □ ER/Out) 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe	petient 3 DOA 28b. TiM IN. Y—At home, farm, wiedge, death occurr on and/or investigation	OTHER: 4 Nursing IE OF 28- JURY M 1 street, factory, red at the time, on, in my opini	28. PLACE OF DEA: g Home 5 Assic c. INJURY AT WORK? YES 2 P office	IN (CASE only lence 6 Ot 28d. D	one) her (Specify) ESCRIBE HOW INJ DCATION (Street enc by or Town, Stele) cause(s) end menne	URY OCCURE I Number or Ru or se stated. due to the cau	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

DHMH-16 Rev 1/89



	1. OECEDENT'S NAME (F)	Stell		vein		FICATI				2. DATE MONT	OF OEATN	MY 19	YEAR	3. TIME OF
	4. SOCIAL SECURITY NU		5. SEX		s. lest birthday)	IF UNDER	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH	0 //	8. BIRTHP	LACE (Stat
	577-07=55	535	1 🗆 M 2 💢 F	8	6 YRS.	MONTHS	DAYS	HOURS	MIN.	Aug	27,79	07	Mary.	land
	9a. FACILITY NAME (If no								ION OF DE			9c. COUN	TY OF DE	
5	II .		eneral Ho	spital		Anı	napo	lis				Anne	Aru	ndel
DIRECTOR	RESIDENCE OF DI	10b. COUN	TY		10c. Cl	TY, TOWN (OR LOCAT	TION						10d. INSIC
DIR	Maryland	Anı	ne Arunde	1		Edge	vate	r						LIMIT
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TO BE COMPLETED BY FUNERAL DIRECTOR

S. Landing

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		7.0					2. DATE OF DE	EATN DAY	EAR 3. TI	ME OF DEATH
								24 199		:03 P.
SOCIAL SECURITY NUMBER			AGE (In yrs. les		ONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIF (Month, Day.	Your) 18	Country)	E (State or Foreign
235-28-53.		1 XM 2 F	70	YRS.		10000	March	17, 192	23	eckley,
FACILITY NAME (If not insti						OR LOCATION OF D	EATH		Y OF DEATH	
PRINCE GEO		HOSPITA	7 L		CHEVI	ERLY		PRIN	CE GE	EORGES
	10h. COUNTY			10c. CITY,	TOWN OR LOCA	ITION		-	10d.	INSIDE CITY
Maryland H	Princ	e George	e's	Lan	nham					LIMITS?
STREET AND NUMBER					10	H. ZIP CODE		10g. CITIZE	N OF WHAT	
9107 Walla	ace F	Road				20706		Unit	ed S	tates
MARITAL STATUS		12. WAS DECEDENT	VER IN U.S. AR	MED		CENDENT OF NISPA			RACE - A	mericen Indian,
Never Merried XXM	100000	FORCES? 1 X		10		pecify Cuben, Mexico S 2 X NO Specif		etc.)	Black, White Specify:	-
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		4		Reti	red			rernment		
FATNER'S NAME (First, Midd							ME (First, Middle,			
		arson Wi				_ ~		ındtree	100	
. INFORMANT'S NAME (Typ								y or Town, State, Zip C		20770
ywana Wrig		ey	19	U14 E	Breeze	wood Te		304, Gre		
METNOD OF DISPOSITION		oval from State	20b. PLACE	AND DATE OF	DISPOSITION (N	ame of	OATE	20c. LOCATION — CH	y or Town, S	late
Denation 8 Other (S			Md.	Vet.	Ceme.	Chelte	nham 2	2/2/94	Chelt	enham, N
PART i. Enter the disc ahock, or hee MEDIATE CAUSE (Final base or condition witting in death)	ert failure. I	omplications that class only one cause	on each line		unier the mo	ode of dying, aud	h se cerdisc o	r reapiratory arres	t,	Approximate Interval Between Onset and Deat
material in country	DTC J	DUE TO (O	R AS A CONSE	DUENCE OF):						
equentially list condition	ieta	DUE TO (OF	R AS A CONSEC	DUENCE OF):						
iuse. Entar UNDERLYIN AUSE (Disease or Injury										
at initieted events		DUE TO (OF	R AS A CONSEC	QUENCE OF):						
aulting in death) LAST		contributing to de	ath but not r	eaulting in	tha underlyin	g cause given in	Part i. 24s. 1	MAS AN AUTOPSY		Company of the Compan
	t condition	- Continuating to de						YES 2 NO	OF D	AUTOPSY FINDINGS ABLE PRIOR TO PLETION DF CAUSE EATH? YES 2 NO
aulting in death) LAST ART II. Other significant WAS CASE REFERRED TO					26. P	LACE OF DEATH (C)	_ \ \		OF D	ABLE PRIOR TO PLETION OF CAUSE EATH?
aulting in death) LAST		HQSPITAL:	R/Outpatient 3		THER:	LACE OF DEATH (C)	neck only one)	YES 2 NO	OF D	ABLE PRIOR TO PLETION OF CAUSE EATH?
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

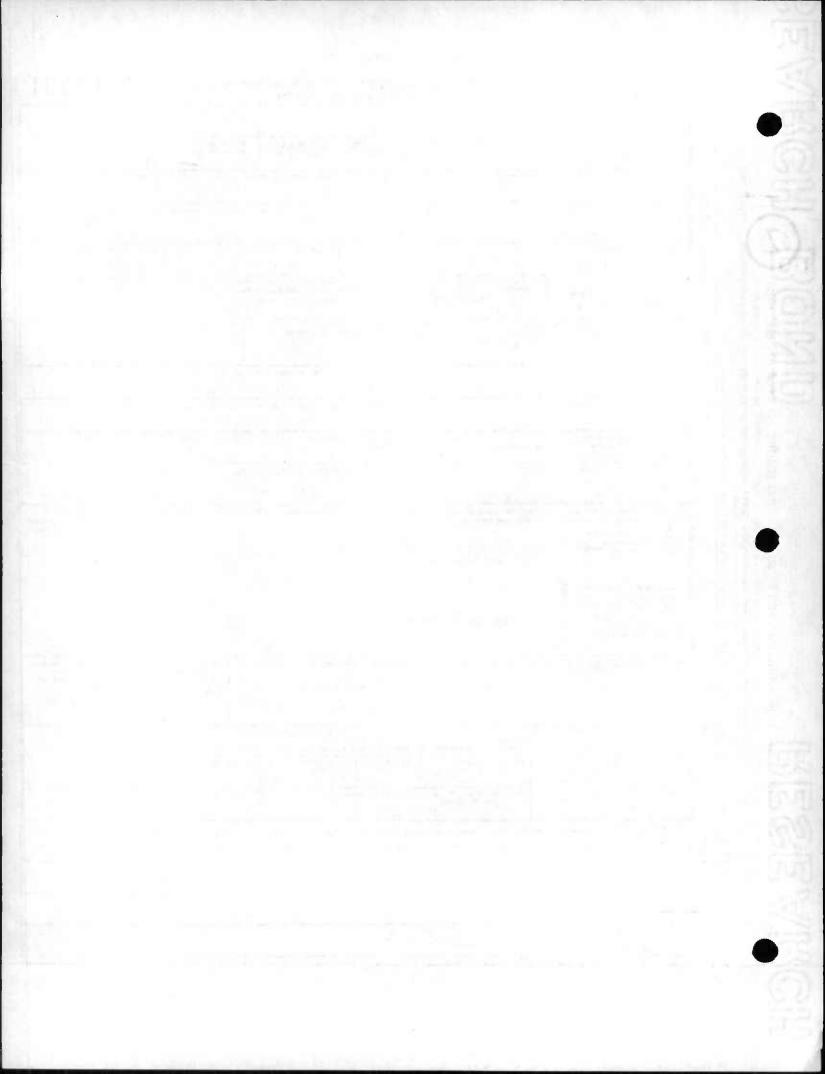
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, JAN 2 7

BALTIMORE, MARYLAND 21215-0020

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Mours after death. Page 6 may be retained by the hospital or attending physician to THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training filled within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal.

DNMN-16 Rev 1/89



3. TIME OF DEATH

N.C.

10d. INSIDE CITY LIMITS? 1 YES 2 NO

14. RACE — American Indian, Black, White, etc. Specify: African American

B. BIRTHPLACE (State or Foreign

1912

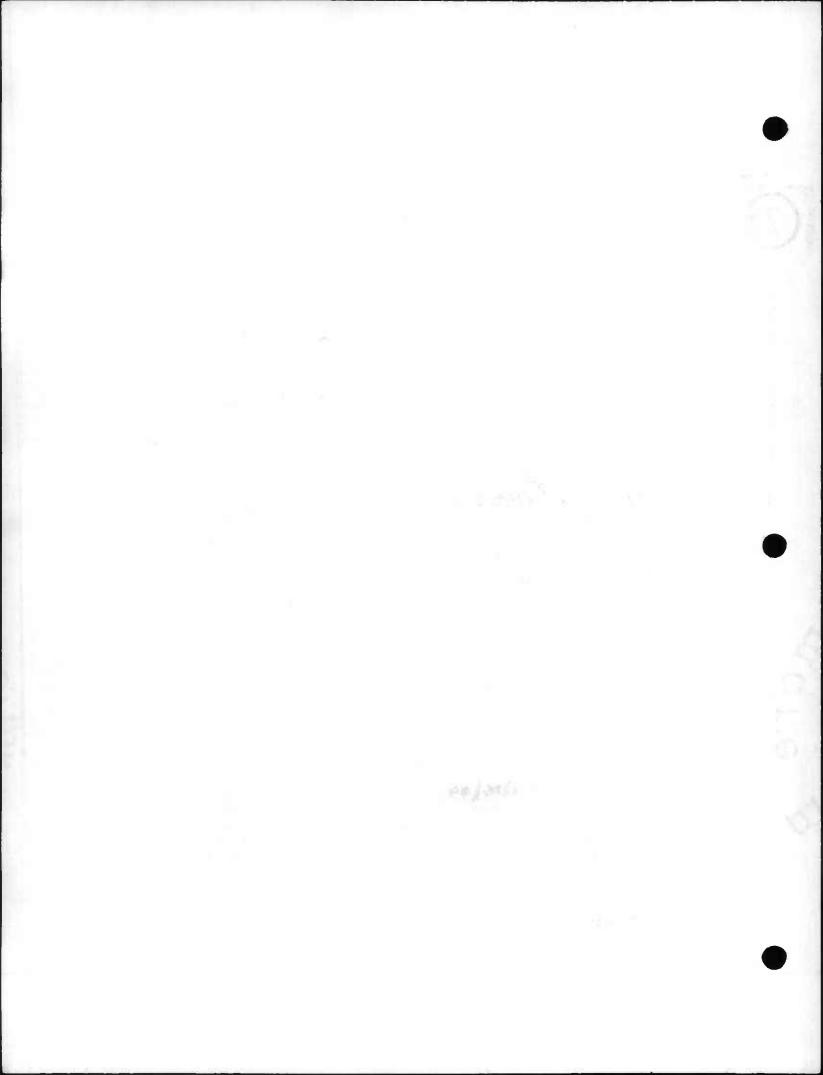
9c. COUNTY OF DEATH MONTGOMERY

10g. CITIZEN OF WHAT COUNTRY? United States

								nea. No.		
	1. DECEDENT'S NAME (First, Middle, Last)							TE OF DEATH		VEAR
	CECIL F	R. WOODEN					7	- 25	-96	YEAR
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YE		7. DAT	TE OF BIRTH	#1	B. BIRTH
	577-18-5629	1 🔀 M 2 🗆 F	81	YRS.	MONTHS DA	YS HOURS MIN.	Ma	arch 18	3, 1	9 12
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TO	MN OR LOCATION OF			9c. COUR	NTY OF D
S	HOLY CROSS HO	SPITAL		1	SILV	ER SPRI	NG		MON	TGO
5	RESIDENCE OF DECEDENT									
DIRECTOR	10e. STATE 10b. COUNT				Y, TOWN OR L					
_	Maryland Monto	omery		Ke	nsing	LOII				
Z Z	10e. STREET AND NUMBER					101, ZIP CODE	_			ZEN OF W
ÉF	3000 McComas A					2089	0		Uni	ted
FUNERAL	11. MARITAL STATUS	12. WAS DECEOENT FORCES? 1	EVER IN U.S. ARM			DECENOENT OF HISI			or No-	14. RACE
BY I	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES			YES 2 NO Spe		- Trout, etc.)		Speck
EO B			/11-11							Ame
TE	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Giv	e kind of w	USUAL OCCUI work done durin se militad !	PATION g most of working	1	16b. KIND OF BUS	SINESS/IND	USTRY
PLE.	Elementary/Secondary (0-12)	College (1-4 or 5+)		eti				Gov	ernm	nent
COMPLET	17. FATHER'S NAME (First, Middle, Last)					40 4400000000	NAME (T)	I, Middle, Meiden		
	Lewis Wo	oden						Judd Judd	sumame)	
BE	19a. INFORMANT'S NAME (Type/Print)		106	MAILING	ANDRESS (SA				- 04-4- 11-	0-4-1
5	Delores V. Mo:	rgan				age Rd.				
	20a. METHOD OF DISPOSITION	_ 3~	_		OF OISPOSITIO					
	1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cerpetery, cren	natory or of	ther place)	ial Ceme	+	ATE 20c. LOC	CATION —	
	21. SIGNATURE OF PUNERAL SERVICE LIN	OFFICE	In THEO	TII I		E AND ADDRESS OF		λ T/Z	8/94	Su
	6/16 7/	Tours	1 11	1	STE	WART FU	NERA	AL HOM	E	
	June 1. S	iewasi	11/1		1	l Benni	-			
	23. Part I. Enter the disesses, or shock, or heart failure. Hy FDIATE CAUSE (Finel disesse or condition resulting in death)	a. Slidd	e on each line.	146	con	1.1.	nfe	retion	w.	est,
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	OUE TO (OR AS A CONSECU	UENCE OF	000 7: 100 C 7:	llita	2~			
	PART II. Other aignificant condition	na contributing to	death but not re	sulting i	in the under	lying cause given	in Part I.	24a. WAS AN		24b.
EDICAL		o pl	-Pe					PERFOR	. /	
AEC									3	
 Z			4							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				2	8. PLACE OF DEATH	Check only	one)		
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	Home 5 - Residence				
ΗX	27. MANNER OF OEATH	28a. DATE OF I	NJURY	28b. TIM	E OF 280	. INJURY AT	_	DESCRIBE HOW IF	NJURY OCC	CURED
	Natural 5 Pending	(Month, Da	(C' L	INJ	M 1	WORK?				
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	NJURY — At hon	ne, lerm, e				OCATION (Street a	and Number	or Rural I
W	4 Homicide determined	building, e	itc. (Specify)					ity or Town, State)		
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of r	ny knowledge, des	th penum	d at the time	data and place, and a	ue to the	cause(e) and m	mer an elec	ad
ME	(Check only one) 2 MEDICAL EXAMINE	and the same of th								
- 1	29b. SIGNATURE AND TITLE OF CERTIFIE)							
BE	AND THE OF CERTIFIE	1 NA	re 0 1			29c. LICENSE N	DO 6	-	29d. DATE	E SHENED
9	30. NAME AND ADDRESS OF PERSON WE	IO COMPLETED CALL	OF DEATH ATTE	270 /7	Dulmt'			7		1
	PUL	TORE		21) (1)700,	· enna)	EXECU		U= 7	RIVO	Dic
	UUIT	1000 PC		OF	100	CVECC	-11	VE !	2124	M

32. REGISTRARIO SIGNATURE AMARIA

elden Surname) d or Town, State, Zip Code) Spring, Md.20906 c. LOCATION — City or Town, State /28/94 Suitland, Md OME N.E., Wash. D.C. respiratory arrest, Approximata Dw AS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ES 2 NO 1 | YES 2 | NO OW INJURY OCCURED treet and Number or Rural Route Number, State) d manner as stated. ca, and dua to the cause(s) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) 27 BIUR



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	-0020	ling physician.	the burial-transit	-1
	BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit pival.	once.
	MARYL	retained by	5 should be	notified at
	LIMORE,	Page 6 may be	al director, page	al examiner must be notified at once.
	BALT	er death.	the funer	I exam

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physics IT THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial miled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

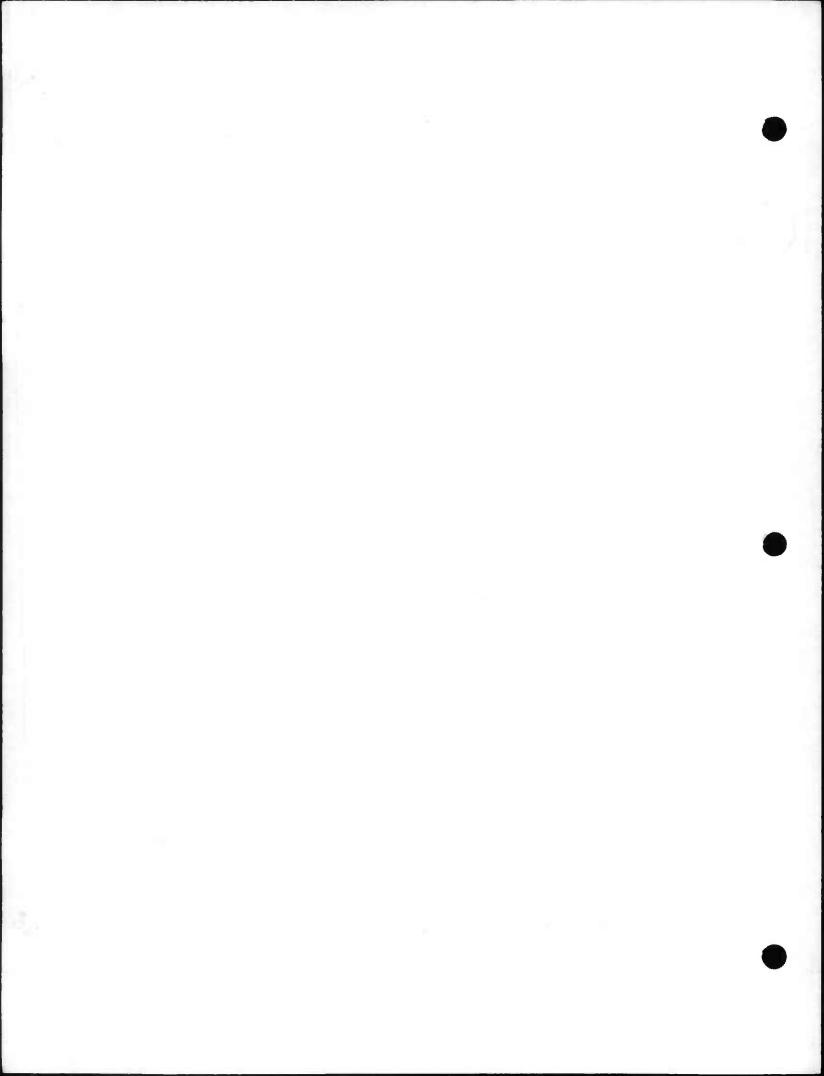
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1994

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Le:	EI.U	Icld	ere					2. DATE (OF DEATH D	×2/-	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 577-34-3296	5. SEX 1 M 2 F	6. AGE (In yrs. las	t birthday)	IF UNDER	R 1 YEAR	IF UNDE	R 24 HRS. MIN.	7. DATE O	Day, Year)		Country)	
-	9a. FACILITY NAME (If not institution, giv	22	64	rna.	9b. CITY	Y, TOWN C	OR LOCATI	ION OF DE	Dec.	3, 1		Detro	oit, Michig
TOR	Caroll Manor No	irsing Hom	e		Нуа	atts	ville	e, Ma	ary1a	nd	Prin	ice G	eorge's
DIRECTOR	10a. STATE 10b. COU	ίΤΥ		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
5		nce George	's	Laı	ndove	er							LIMITS?
FUNERAL	10e. STREET AND NUMBER	n.t					2078	-			-		tates
S	2414 Kent Vill:	12. WAS DECEDENT	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT	OF HISPAN	NIC ORIGIN	(Specify Yes		14. RACE	- American Indian.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2 X N	40				nn, Mexica Specify	nn, Puerto R y:	ican, etc.)		Black, Specify	White, etc.
COMPLETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	OUCATION ide completed) College (1-4 or 5 +	(G life.	CEDENT'S he kind of Do NOT u	work done se retired.)	CCUPATK during mo	ON est of world	ing	16b.	KIND OF BU		DUSTRY	
OM	17. FATHER'S NAME (First, Middle, Last)		HO	mema	KEI		18, MOT	HER'S NA	ME (First, M	OWn h			
BE C	Orville Hicks								Duda		ourner, o		
10	Nathaniel Wild	er	194	414	Kent	S (Street a	nd Numbe	r or Runal I	ce, I	or, City or Tow andov	er, N	Code)	20785
	20e. METHOD OF DISPOSITION 1 Greenston 3 Re 4 Donation 5 Other (Specify)	omovat from State	20b. PLACE/ cemetery, cre Fort	AND DATE	of Dispos	SITION (Na	me of		1-27		CATION —		n, State
	21. SIGNATURE OF TUNERAL SERVICE	LICENSEE	TOTE	LITITO						al Ho			ar) rand
	1 / (a) E-1	rue											, M.D. 2072
	23. PART i. Enter the diseases, of ahock, or heart failur	r complications that b. List only one cau	t caused the de se on each line	eth. Do	not anter	r the mo	de of dy	ing, suc	h aa cardi	ac or reap	ratory err	eat,	Approximata interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Luc	EMEN OR AS A CONSE	Chery OUENCE O	f):	2n	ul	oli	us				Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEC	QUENCE O	Pi:	ros	nle	isi	5				
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c. DUE TO	(OR AS A CONSEC	QUENCE O	F):								
L C	PART II. Other algnificant conditi	one contributing to	deeth but not n	esulting	in the u	nderlying	g ceuse :	given in	Part i.	24a. WAS AN		24b, 1	VERE AUTOPSY FINDINGS
MEDICAL	Maligna	is ly	inp ho	no	5					PERFO			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN.	25. WAS CASE REFERRED TO MEDICAL												
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER 4 Nur	R:			6 Cother				
BY PH	27. MANNER OF DEATH Netural 5 Pending Accident Investigation	28a. DATE OF (Month, Da	INJURY ny, Year)	26b. TIM	IE OF JURY M		URY AT RK? YES 2] NO	28d. DESC	CRIBE NOW I	NJURY OCC	CURED	
	3 Suicide 6 Could not b	28e. PLACE Of building,	F INJURY — At ho etc. (Specify)	me, farm,	street, fac	tory, offic	•		2M. LOCA City o	TION (Street of Town, State)	and Number	or Rural Ro	ute Number,
COMPLETED	anni —	/SICIAN: To the best of NER: On the basis of ax											and manner se stated.
BE	Saula Cel		Deputy	14	echo	al	296 LIC	ENSE NUN	HBER		29d. DATI	E SIGNED (Wonth, Day, Year)
٥		OPE M		-		1	. /	211	Via	the	:110	, M	1-94

32. REGISTRAR'S SIGNATURE Pandale



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HOSTIAL OR ALIENDING PRISINAL PRISINAL LINE INV. HIGH WE WAS THE WORLD OF WALLEY WILLIAM TO SHE WAS THE WALL OF ALIENDING THE WALL O	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should it		crant if hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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DIA I	mplet	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent
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96 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH YEAR WALTON, JR. ROBERT 01/ 25 94 3:09 A. A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 X M 2 F 16 8938 241 06/08/09 North Carolina 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN C. COUNTY OF DEATN DIRECTOR TANTALION DRIVE PRINCE GEORGES 730 WEST FT. WASHINGTON RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND PRINCE GEORGES FT. WASHINGTON 1 X YES 2 NO 10e. STREET AND NUMBER 101 ZIP CODE FUNERAL IOG CITIZEN OF WHAT COUNTRY? 20744 730 West Tantallion Drive United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE - American Indien, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Merried 2 Merried IF YES, DIVE WAR OR DATES 1 YES 2X NO Specify: 8 3 X Widowed 4 Divorced Black. ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15 DECEDENT'S EDUCATION 166 KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) COMPL LABORER CONSTRUCTION 6 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) ROBERT WALTON, SR. MAGGIE BYRD 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) 2 CAROLYN MOSLEY (DAUGHTER) 730 West Tantallion Drive, Ft. Wash., Md 20744 20s. METNOD OF DISPOSITION
1

↑ Buriel 2

☐ Cremation 3

☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State Washington National Cemetery Suitland, Maryland Donation 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ALEXANDER S. POPE FUNERAL HOMES M859 lope 5538 Marlboro Pike, Forestville, MD20747 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cordiac or respiratory arrest, shock, or heert feilure. List only one cause on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Fine)** disesse or condition_ andro 1 montes resulting in death) DUE TO (OR AS A CONSEQUENCE OF) motastati CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause, Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseese or injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 TONO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

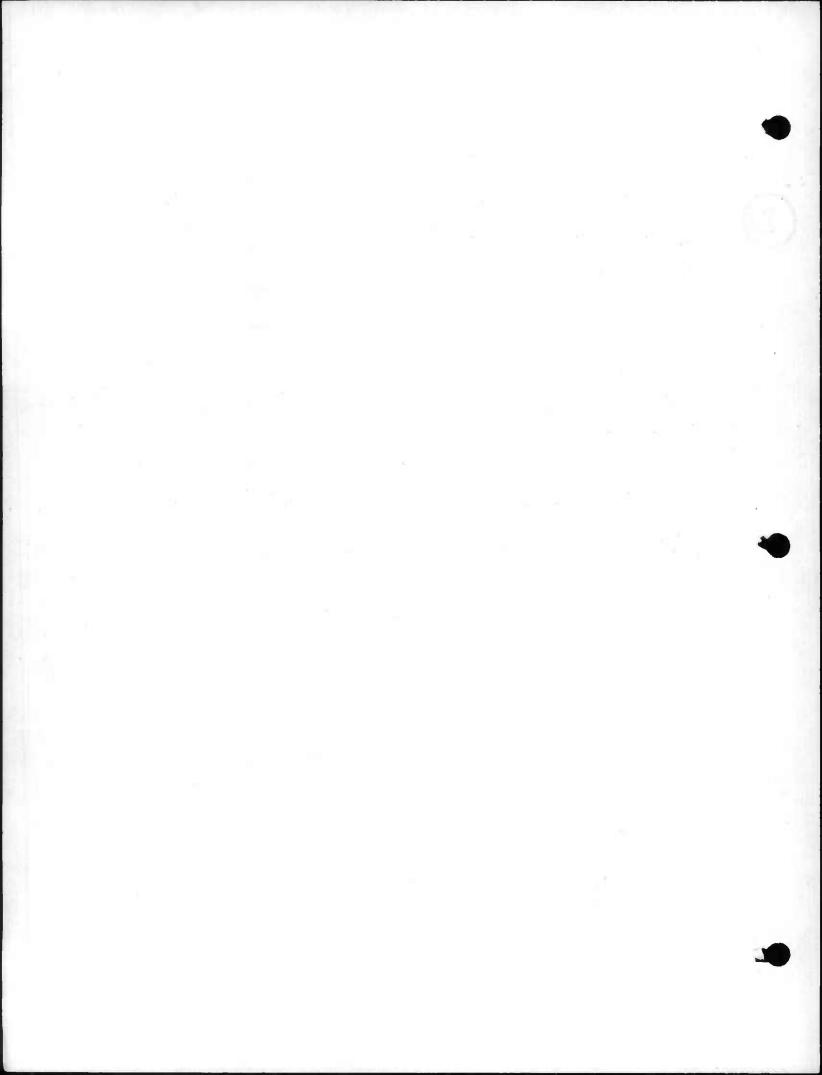
1 YES 2 NO NO

27. MANNER OF DEATN 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 4 ☐ Nursing Home Residence 6 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be ED 4 Nomicide determined COMPLET 29e. CERTIFIER CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and placs, and due to the cause(e) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, BE 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Wash MCKNIGHT MED

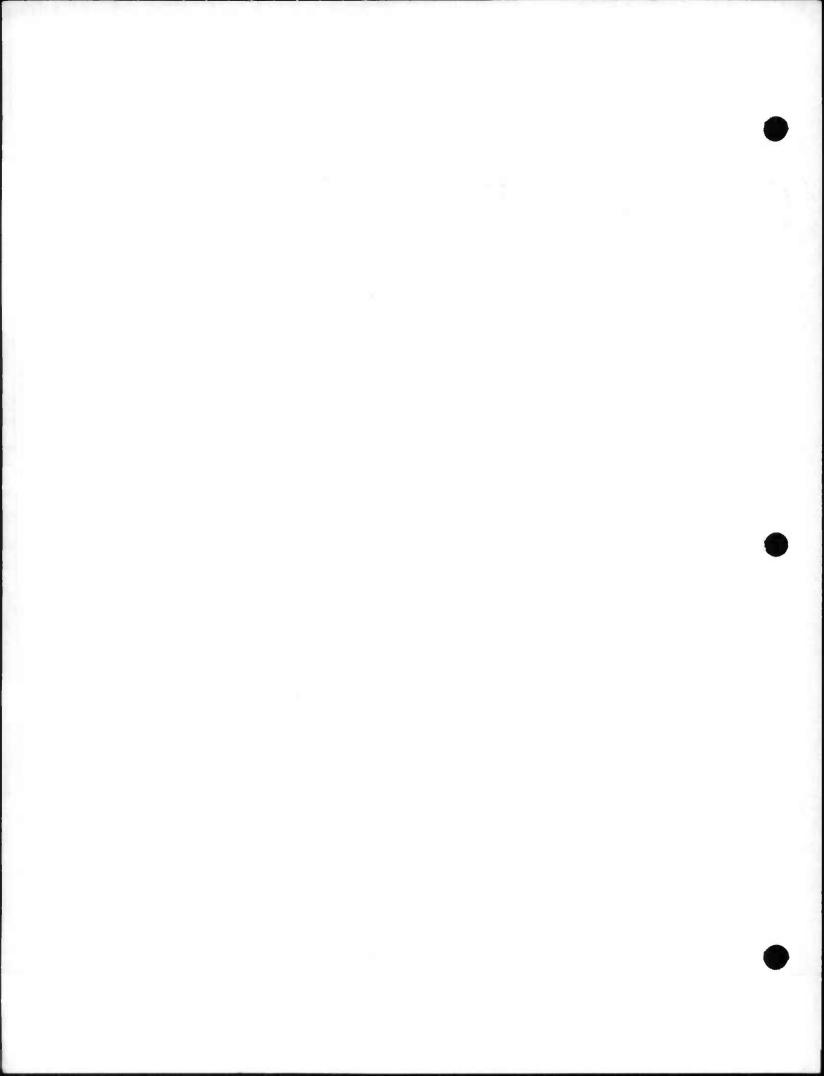
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32. REGISTRAR'S SIGNATURE

whie Davidson-Randall



	1. DECEDENT'S NAME (First,	Middle, Last)								TH DAY	YEAR	3. TIME OF DEATH
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- 1				6. AGE (In yrs.							6. BIRTNP! Country)	LACE (State or Foreign
		_	X	95				1	0-10			
~					1			OF DEATH		.00 777		****
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ñ.	10e. STATE		Υ		10c. CITY,	TOWN OR L	OCATION				1	IOd. INSIDE CITY
ä	Marvland	Wash	nington		1	lagers	town				1,	LIMITS?
4	10e. STREET AND NUMBER						101. ZIP CODE			10g. CIT		45
E	620 Frederi	ck Str	reet				21740)			U.S.A	١.
5	11. MARITAL STATUS									fy Yes or No-	14. RACE -	- American Indian,
- 4					X.o				o Pacan, en	-)	Specify:	
	7471		CATION	44-	DEOCOCATION I							White
Ë.	(Specify only	highest grade	completed)		(Give kind of we	rk done durin	PATION g most of working	- 1	6b. KIND O	F BUSINESS/IN	DUSTRY	
2		-12)	College (1-4 or 5	+)			:		Н	nicory	Mill	
8		iddle, Last)			OCCUR	CICOL		S NAME (Firs			LILLI	
	Henry Neub	er								,		
	19a. INFORMANT'S NAME (7)	rpe/Print)			19b. MAILING	DORESS (St			_	or Town, State, Zi	p Code)	
١٦	Hilda M. Kl	ine			321 Av	on Ro	ad, Hage	erstow	n. Ma	arvland	217	40
	20a. METHOD OF DISPOSITE	ON 3 Barr	ouni from State		EANDDATEO	DISPOSITIO						
	4 Donation 5 Dither	(Specify)		Rest	Haven	Ceme:	tery 02-	17-94	Н	agerst	own, I	Maryland
1	21. SIGNATURE OF FUNERAL	L SERVICE LIC	CENSEE									
_1	Douglas	A. Fie	erv / /	unhos	A Zin							
	23. PART I. Enter the di	seases, or o	complications the	t caused the	death. Do no	t enter the	mode of dying,	such as co	indiac or	reapiratory ar	rest.	Approximata
			List only one can	ise on each II	ne.				/			Interval Between Onset and Death
	disease or condition	<u></u>	Grub	had h	attine	Surt	Tailer	~ du	a to			
	resulting in death)		DUE TO	(OR AS A CONS	EQUENCE OF							
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Ĕ	if any, leading to immed	liate	DUE TO	(OR AS A CONS	EOUENCE OF	14		D				
ទ្ធ	CAUSE (Disease or Injur		C	41 Sease	moli	utnto	٠, ١					-
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ij I		-	d									
	PART II. Other significan	nt condition	e contributing to	death but no	t reaulting in	the under	lying cause give	n in Part I.				VERE AUTOPSY FINDINGS
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5	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL				6. PLACE OF DEATI	H (Check only	one)			
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표	_ /	Donation					INJURY AT WORK?	28d. D	ESCRIBE H	OW INJURY OC	CURED	
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			building,	etc. (Specify)	home, farm, st	eet, factory,	offica	281. LC	ty or Town,	treet and Numbe State)	r or Rural Roo	ute Number,
<u> </u>	20a CEDTIFIED		market and the second									
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፬		-		xamination and/o	or Investigation	In my opink	on, death occured a	t the time, de	ite and plac	e, and due to ti	he cause(s) s	end manner as stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIES	-/							29d. DA1	. / /	
	/-/	/ 1	The MA	λ			11 1	00/7			1/15/9	
	OR MAINT AND ASSESSED TO	P 1-3	m				3				110/1	4
2	30. NAME AND ADDRESS OF	1	O COMPLETED CAU	SE OF DEATH (IT							/ / /	4
2	30. NAME AND ADDRESS OF Lawrence R. 3 31. DATE FILED (Month, Day,)	Kugler	M.D. 1	SE OF DEATH (IT	ing La			lle, M	aryla	and 21	/ / /	4
The same of the sa	PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL	4. SOCIAL SECURITY NUMBER 214-09-2497 9e. FACILITY NAME (If not in Reeder's Residence of Dec 10e. STATE Maryland 10e. STREET AND NUMBER 620 Frederi 11. MARITAL STATUS 1 Never Merried 2 Specify only Elementary/Secondary (0 8 Years) 17. FATHER'S NAME (First, M. Henry Neub) 19e. INFORMANT'S NAME (First, M. Henry Neub) 19e. INFORMANT'S NAME (First, M. Henry Neub) 19e. INFORMANT'S NAME (First, M. Henry Neub) 19e. INFORMANT'S NAME (First, M. Henry Neub) 19e. INFORMANT'S NAME (First, M. Henry Neub) 10. Sequentially list condition of December of Douglas 23. PART I. Enter the displayed of Douglas 23. PART I. Enter the displayed of Injusted Indicated events resulting in death) NO Sequentially list condition resulting in death) 25. WAS CASE REFERRED TO THE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural S NO STATE (Check only) 29e. CERTIFIER ONLY DECEMBER 29e. CERTIFIER ONLY DECEMBER 29e. CERTIFIER ONLY DECEMBER 20 NO STATE 20 NO STATE 20 NO STATE 20 NO STATE 21 NO STATE 22 NO STATE 23 NO STATE 24 NO STATE 25 NO STATE 26 NO STATE 27 NO STATE 28 NO STATE 29e. CERTIFIER 29e. CERTIFIER 20 NO STATE 20 NO STATE 20 NO STATE 20 NO STATE 21 NO STATE 21 NO STATE 22 NO STATE 23 NO STATE 24 NO STATE 25 NO STATE 26 NO STATE 27 NO STATE 28 NO STATE 29 NO STATE 29 NO STATE 29 NO STATE 29 NO STATE 20 NO STATE 20 NO STATE 20 NO STATE 21 NO STATE 21 NO STATE 22 NO STATE 23 NO STATE 24 NO STATE 25 NO STATE 26 NO STATE 27 NO STATE 28 NO STATE 29 NO STATE 29 NO STATE 20 NO STATE 20 NO STATE 20 NO STATE 20 NO STATE 20 NO STATE 20 NO STATE 20 NO STATE 21 NO STATE 21 NO STATE 22 NO STATE 23 NO STATE 24 NO STATE 25 NO STATE 26 NO STATE 27 NO STATE 28 NO STATE 29 NO	Reders Mem RESIDENCE OF DECEDENT 10e. STATE 10e. STATE 10e. STATE 10e. STREET AND NUMBER 620 Frederick Str 11. MARITAL STATUS 1 Never Married 2 Married 3 Married 3 Married 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8 Years 17. FATHER'S NAME (First, Middle, Last) Henry Neuber 19a. INFORMANT'S NAME (Type/Print) Hilda M. Kline 20a. METHOD OF DISPOSITION 1 Married 2 Married 2 Married 2 Married 2 Married 3 Married 3 Married 3 Married 3 Married 3 Married 2 Name (First, Middle, Last) Henry Neuber 19a. INFORMANT'S NAME (Type/Print) Hilda M. Kline 20a. METHOD OF DISPOSITION 1 Married 2 Constitute of Funeral Service Lie Douglas A. Fie 23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) PART II. Other significant condition 2. Manner of Death 1 Matural 2 Accident 3 Suicide 4 Memicide 6 Could not be determined 1 Medicide 1 Medicide 1 Medicide 1 Medicide 1 Medicide 1 Married 2 Medical Examine 2 Medical Examine 2 Medical Examine 2 Medical Examine 2 Medical Examine 2 Medical Examine	A SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 214-09-2497 9a. FACILITY NAME (If not institution, give street and number) Reeders Memorial H RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Washington 10a. STREET AND NUMBER 620 Frederick Street 11. MARITAL STATUS 1 Never Married 3 Windowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) S Years 17. FATHER'S NAME (First, Middle, Last) Henry Neuber 19a. INFORMANT'S NAME (First, Middle, Last) Henry Neuber 19a. INFORMANT'S NAME (First, Middle, Last) Henry Neuber 19a. INFORMANT'S NAME (First, Middle, Last) Henry Neuber 20a. Method of Disposition 1 % Burlal 2 Cremention 3 Ramoval from State 4 Densition 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE DOUGLAS A. Fiery 23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one can be shock, or heart failure. List only one can be shock, or heart failure. List only one can be shock, or heart failure. List only one can be shock, or heart failure. List only one can be shock, or heart failure. List only one can be shock, or heart failure. List only one can be shock, or heart failure. List only one can be shock, or heart failure. List only one can be shock, or heart failure. List only one can be shock, or heart failure. List only one can be shock, or heart failure. List only one can be shock, or heart failure. List only one can be shock, or heart failure. List only one can be shock or heart failure. List only one can be shock or heart failure. List only one can be shock or heart failure. List only one can be shock or heart failure. List only one can be shock or heart failure. 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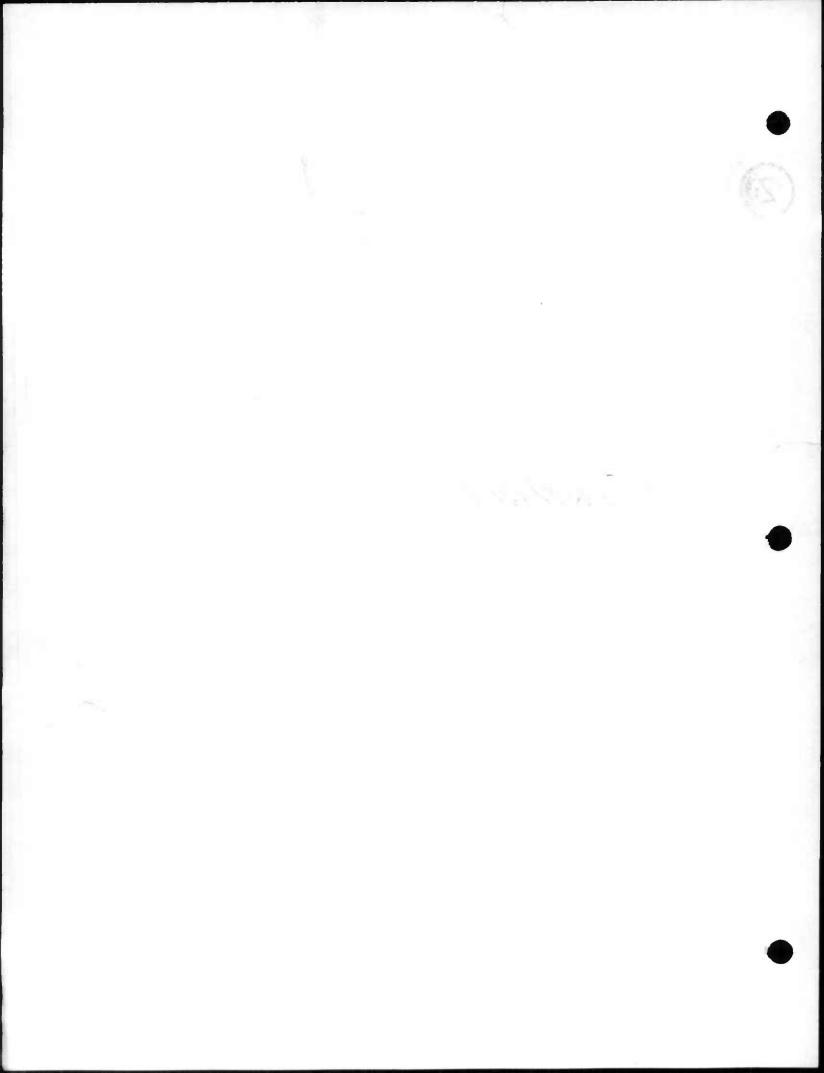


68760,	
BOX 68	
P.O.	
RECORDS,	
OF VITAL R	
DIVISION	

31. DATE FILEO (Month, Day, Year)

	8	d.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, Page be filled within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to bunial, cremation, or removal	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
6 may be re	ctor, page 5	nust be no
death. Page	e funeral dire	examiner n
4 nours after	filled in by th	e medical
cuted within 2	1 completely i	ic event, th
ificate be exec	physician and	her traumat
he death cert	the attending Mental Hydie	njury, or ot
equires that t	en signed by of Health and	hows any I
AN: The law r	ificate has be State Dept.	r Item 23 s
ING PHYSICI	After this cert	marked, o
L OR ATTEND	L DIRECTOR:	item 28 Is
THE HOSPITA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill be filled within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal	PORTANT: N
5	2 3	=

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR	TMEN ICATI	T OF	HEALTH AND	MENT	AL HYGIEN REG. NO) [ş	05796
	1. DECEDENT'S NAME (First, Middle, Last) June Evelyn WEAG	LY						MON			YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. \$EX	6. AGE (in yrs. le	ist birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	Z. DAT	Ebruary	15,	1994	PLACE (State or Foreign
	227-01-5210	1 M 2 XF	94	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) Country			inia	
~	9e. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	, TOWN	OR LOCATION OF D				ITY OF DE	
DIRECTOR	343 Key Avenue				I	lage	rstown			Was	hing	ton
REC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										I	10d. INSIDE CITY
		ington		Ha	igers	stow	n					LIMITS?
FUNERAL	343 Key Avenue					10	I. ZIP CODE			10g, CITIZ		HAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI	RMED	13	WAS DE	21740 CENDENT OF HISPAI	NIC OBIG	14 M 14 - W -		USA	
BY FI	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X	NO		lî yes, s _i	pecify Cuben, Mexica S 2 NO Specif	in, Puerte	Ricen, etc.)	OF NO-	Specify	
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16e. DI	ECEDENT'S	USUAL O	CCUPATI	ON	16	b. KIND OF BUS	SINESS/INDI		LE
LET	Elementary/Secondary (0-12)	College (1-4 or 5 a					ost of working		beaut	v sal	Ωn	
COMPLETED	8 17. FATHER'S NAME (First, Middle, Last)	0		haird	lress	ser						
	George F. Weagly						18. MOTHER'S NA		'Calla			
) BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADORESS	S (Street	and Number or Rural				Code)	
5	Jean Weagly			343 K	ey A	ven	ue, Hage	rsto	wn, Md	. 217	40	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo	oval from State	20b. PLACE cemetery, cre	AND DATE C	her place)	-0.		OA		CATION - C		
	4 Donation 5 Other (Specify)	ENSEE	- OA	KWO			MISTERY	CILITY	RIC	hmom	I VI	RSINIA
	150,31	MM	Tenn	-l			ND ADDRESS OF FA					
	23. PART i. Enter tha diseesas, or o	complications that	coused the de	eath Do n	ot enter	5 E	• Wilson	RIV	d., Hag	gerst	own,	Md. 21740
	shock, or heart failura.	Liet only one cau	se on aech line).	Or onto	ute inc	/	ii as ce	rulec or reepi	ratory arre	est,	Approximata interval Between
	disease or condition resulting in death)	Correl	lear	10-	Ne	- of	-					Onset and Death
	DUE TO (OR AS A CONSEQUENCE OF).											FIGURE 15
ON	Sequentially list conditions, b. Due to (or ASA CONSEQUENCE OF):											
CAT	if any, leading to immediate cause. Enter UNDERLYING				,-							
E	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO	OR AS A CONSE	OUENCE OF):							
CERTIFICATION	readiting in death) LAST	i										
	PART II. Other aignificent condition	contributing to	deeth but not i	resulting i	n the un	derlyin	g ceuse given in	Part i.	24s. WAS AN			WERE AUTOPSY FINDINGS
MEDICAL									PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME												YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL								<u> </u>			
PHYSICIAN:	EXAMINER?	HOSPITAL:	EB/Outpetlant 2	□ po4	OTHER	ì:	ACE OF DEATH (Ch					
Ä	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIME	OF	28c. INJ	URY AT		er (Specify) SCRIBE HOW IN	JURY OCCI	JREO	
8y P	1 Natural 5 Pending 2 Accident Investigation	(Month, De	ly, 16ar)	INJU	M	-	PRK? YES 2 NO					
0	3 Suicide 6 Could not be 4 Homicide delemmed	28e. PLACE Of building,	INJURY — Al ho etc. (Specify)	me, 1erm, a	reel, facto	ory, offic	•	281. LO	CATION (Street as or Town, State)	nd Number o	or Rural Ro	ute Number,
9	290. CERTIFIER	MAN. W. II										
COMPLETE	(Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	R: On the best of	my knowledge, de aminant and/or i	ath occurre	d at the III	me, date	end place, and due	to the ca	e end place	ner ee atate	d.	and manner or stated
ы П	295. SIGNATURE AND TITLE OF CERTIFIER		1		-		29c. LICENSE NUM		January etc.			Month, Day, Year)
TO BE	mostin W Hal	look	NO				D31	PXT		12	/15	150
FI	30. NAME AND ADDRESS OF PERSON WHO	Cham chen our				_	-	~~		4		



1. DECEDENT'S NAME (First, Middle Last)

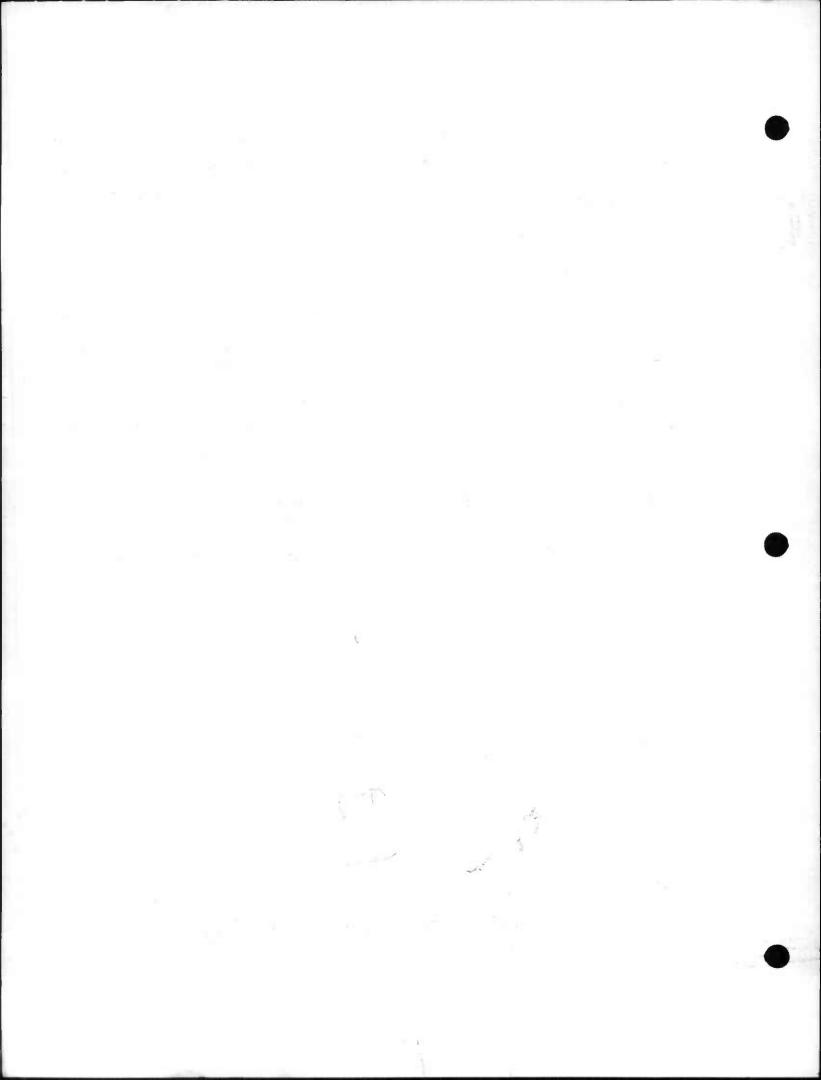
	Z		permit Payer 2, 3 should
ilan .	BALTIMORE, MARYLAND 21215-0020	ther death. Page 6 may be retained by the hospital or attending physician,	the funeral director, page 5 should be detached for use as the burial-transit perm

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First	Middle Last)	tin H.	Welle	r	Sr.				2. DATE OF DEATH	w-9	YEAR	3. TIME OF DEATH
3	4. SOCIAL SECURITY NUME 236-56-3571	BER	5. SEX 1 M 2 ☐ F	6. AGE (In yrs. las		IF UNDER 1	_	IF UNDER :	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-9-40	1	Count	Virginia
FOR	9a. FACILITY NAME (# not in Greater Laui RESIDENCE OF DEC	rel-Be		Hospita	1	9ь. ситу, т Laure		LOCATIO	N OF DEA	ТН	9c. COU	INTY OF D	
<u> </u>	10a. STATE	10b. COUNTY	,		100 017	Y, TOWN OR							
DIRECTOR	W.VA.	Jeffe				harle	s To	own			10d. INSIDE CITY LIMITS? 1 YES 2 1 NO		
FUNERAL	Route 01,		09		101. ZIP CODE 25414						10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 VES 2 IF YES, GIVE WAR OR DATES										a or No- 14. RACE — American Indian, Black, Whita, etc. Specify: White		
	15. DEC	EDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OCC	UPATION	4		16b. KIND OF BUS	INESS/IN		
E		y highest grade		(G		work done dur			7	W.Va.			ahoo1
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	+)		c/ Pri	nci	pa1		System		- SC	TIOOT
0	17. FATHER'S NAME (First, M	iddle, Last)						16. MOTH	ER'S NAM	E (First, Middle, Maiden	Surname)		
B	L10yd Russe		<u>ler</u>							Leora Boyl			
2	Mary B. Wel	ler		F	Route	e Ol,	BOX.	109	, Ch	arles Town	n, State, Zi	Vel •	25414
	20a. METHOD OF DISPOSITI 1 Buriel 2 Cremetic 4 Donation 6 Other	n 3 🗆 Reme	oval from State	cemetery, cre	metory or o	of disposition of the place)		ne of		1-16 Wind		city or To	
l	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	^		22. NA	ME AND	ADDRES	S OF FACI	der Co.			
	Dough	an R	Snow	den		Cha	rle	s To	wn,	W.Va. 254			
	23. PART I. Enter the di	seases, or c	omplications tha	t caused the de	ath. Do	not enter th	a mod	e of dyin	ng, such	as cerdiec or respi	ratory ar	rest,	Approximate
	shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eert failure.	List only one cau	rse on each line						resula			Interval Between Onset and Dasth
_				(OR AS A CONSEC									
CERTIFICATION	Sequentially list conditi If any, leading to imme- cause. Enter UNDERLY!	diate	DUE TO	(OR AS A CONSEC	DUENCE O	F):							
TIFIC	CAUSE (Diseese or Inju that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSEC	DUENCE O	f):							
H			d										
AL C	PART II. Other significa	nt condition	contributing to							art I. 24s. WAS AN		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	- Out X	ywi.	win	Me jos	ne	any	Lule	ali	nj	1 YES 2	A-40		OF DEATH?
_		<i>\(</i>								-			1 TYES 2 NO
¥	25. WAS CASE BEFERRED TO	O MEDICAL					26. PLA	CE OF DE	ATH (Chec	k only one)	_		
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:				☐ Other (Specify)			
PHYSICIAN:		Pending	28e. DATE OF (Month, D	INJURY	26b. TIM	IE OF 20	ic. INJUI WORI	RY AT		28d. DESCRIBE HOW II	NJURY OC	CURED	
ED BY	3 Suicide 6	Could not be determined	26a. PLACE O	F INJURY — At ho atc. (Specify)	me, farm,					261. LOCATION (Street e City or Town, State)	OCATION (Street and Number or Rural Route Number, Sty or Town, State)		
<u>u</u>	29a, CERTIFIER	/			-								
COMPLETED	(Check only									o the cause(a) and men me, data and place, an			e) and menner as stated.
H	296. SIGNATURE AND TITLE	OF CERTIFIEF	Lods	yaix	m	0	7	20c. LICE	NSE NUMB	BER 30	29d. DAT	E SIGNED	(Month, Day, Year)
5	TWEET TO	PERSON WH	COMPLETED CALL	SE OF DEATH (TE	27) (Type	Print) 9 A	Pa	y br	umi	Ct. Car	Ens-	M	1)2076
	31. DATE FILED (Month, Day," FEB 1 6 19		CLA . BA .	R'S SIGNATURE	6	/)	1100		79	101	110	00170



20743

Onset and Death

24b. WERE AUTOPSY FINDINGS

1309 CHAPELWOOD LN.

17. FATHER'S NAME (First, Middle, Last)

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22

DIRECTOR

FUNERAL

BY

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signed by t Health and

has be Dept. 23

certificate h Item

this c marked,

DIRECTOR: /

TO THE FUNERAL C be filed within 72 h HOSPITAL

0

After

death

OR ATTENDING PHYSICIAN:

黑 2

DIVISION OF VITAL RECORDS, P.O.

CERTIFICAT

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

3 Sulcide

8 Could not be

		ني
go Piros		ysician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, and remains or removal
BALTIMORE, MARYLAND 21215-0020	ate be executed within wours after death. Page 6 may be retained by the hospital or attending physician.	urial-trar
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3OX 68760,	cute	ysician and completely filled in by the
×	EXE	The A
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m	755	> "

CEDENT'S NAME (FIRST, MIDDIE, LAST)				2. DATE OF
SEAB WRIGHT,	SR.				1/
CIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF

					MONTH	DEATH	YEAR	3. TIME OF DEATH	
₹.					1/	28 /	94	10:15pm"	
SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 Y	EAR IF UNDER	24 HRS.	7. DATE OF		8. BIRTH	IPLACE (State or Foreign	
M 2 F	74Vrs. YRS.	MONTHS D	AYS HOURS	MIN.	2/18	/19	NOF		IA

X M2 DF 74Vrs 224-18-3775 Sa. FACILITY NAME (If not institution, give street and number

CAPITAL HEIGHTS MD PRINCE GEORGES

the STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD PRINCE GEORGES YES 2 NO CAPITAL HEIGHTS 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?

309 CHAPELWOOD LN. 20743 usa 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE - American Indian, Black White etc. FORCES? YES 2
IF YES, GIVE WAR OR DATES t Never Merried 2 Merried 2 NO t YES 2 NO Specify 3 Widowed 4 Divorced BLACK ARMY

15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 10TH

HEAVY EOUIP. OPERATER PRIVATE

18. MOTHER'S NAME (First, Middle, Malden Surnar

SEAB WRIGHT CARRIE WHITE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

ARCHIE WRIGHT/WIFE CHAPELWOOD LN. CAPITAL HEIGHTS MD 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Buriel 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) VET. CEMETERY CHELTENHAM MD

21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J.B.JENKINS FUNERAL HOME

7474 1ANDOVER RD. LANDOVER MD20785 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between

IMMEDIATE CAUSE (Final Archona disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF)

Sequantially list conditions,

DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING

CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24s. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one, **EXAMINER?** HOSPITAL 1 TES 2 NO OTHER 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 Residence 8 - Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED

27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural 1 YES 2 NO Investigation 2 Accident

28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Spec/ly) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER

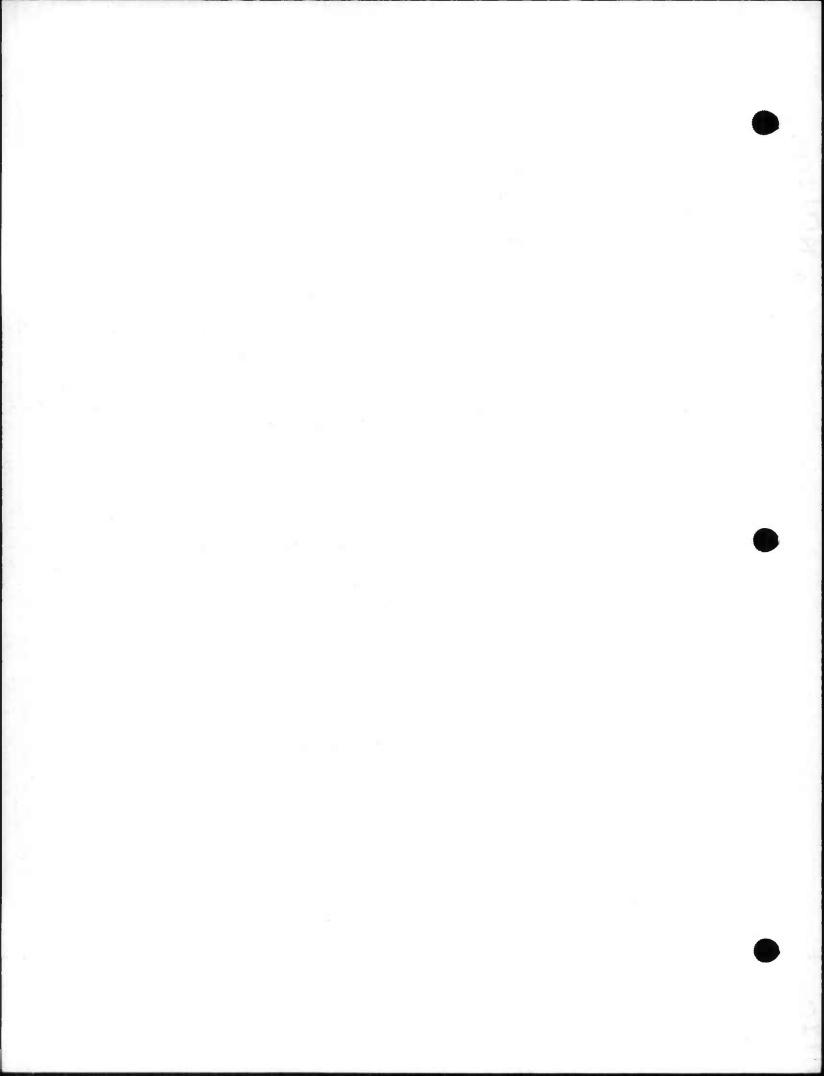
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and memor as stated. MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

CHTLE OF CENTIFIE 29b. SIGNATURE A NC. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND AD PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

RYAN 6188 oxon hill rd., oxon hill md

32. RESISTRAR & SIGNATURE Pandall 3"1994



THE HUSHIAL DRIVING PITSICANT: The law requires that the death definition of the most included with the most included the control of the most included the control of the most included the control of the most included the control of the most included the control of the most included the control of the most included the control of the most included and other themselves and include, or other traumatic event, the medical examiner must be notified at once.

MARIO O,

31. DATE FILED (Month, Dey, Year)

	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND / CE	DEPAR	TMENT OF	HEALTH F DEA	I AND	MENTAI	REG. NO		94	05799
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE MONTI	OF DEATH	ĄY	VEAD	3. TIME OF DEATH
	Margaret Rose Was	hick						01	1	8	1994	2:20 A.MM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last	"	IF UNDER 1 YEA		R 24 HRS.	7. DATE (Month	OF BIRTH		8. BIRTI Count	HPLACE (State or Foreign try)
1	579-05-0242	1 🗆 M 2 🖵 F	81	YRS.	months gai	noona	Miles.	07		912	Alexa	andria, Va.
-	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOW	N OR LOCAT	TION OF D	EATH	9c. COUNTY OF DEATH			DEATH
5	Washington Advent	ist Hosp	ital		Takom	a Par	k, M	d.	Montgome			mery
DIRECTOR	10a. STATE 10b. COUNTY	1		10c. CIT	r, TOWN OR LO	CATION	_		1			10d, INSIDE CITY
=	Md. Prin	Md. Prince George's							1			LIMITS?
A A	10e. STREET AND NUMBER					10f. ZIP COI	DE			10g. Cf	TIZEN OF	WHAT COUNTRY?
FUNERAL	4601 29th St. # 3	3				207	12				USA	
1 5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARM	AED		ECENDENT specify Cub			7 (Specify Ye	s or No-	14. RAC	E — American Indian, ck, White, atc.
BY F	1 Never Married 2 Married 3 Divorced	IF YES, GIVE W	AR OR DATES			ES 2 X NO			wan, was		Spec	ellv.
	15. DECEDENT'S EDU	CATION	16- DEC	PEDENTIC	USUAL OCCUP	TION		1 400	WIND OF BU	0111500.00	·	White
1 1	(Specify only highest grade	completed)	(Giv		vork done during		ung	100	. KIND OF BU	SINESSIII	IDUSTRY	
12	Elementary/Secondary (0-12)	None		House	ewife				at H	OMA		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Hone		nous	CWILC	18, MO	THER'S NA	ME (First, I	Middle, Maider			
BE C	James Smith						Mild:	red G	Sibson			
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Stre					rn, State, 2	(ip Code)	
2	Mr. Ben Washick		46	01 2	9th St	reet,	Mt.	Rain	ier,	Md.	20712	2
	20a. METHOD OF DISPOSITION	oval from State	20b. PLACE Al		OF DISPOSITION	(Neme of		DAT	E 20c. LC	CATION -	- City or T	own, Stata
	1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		Gate o	f He	aven C				94 S	ilve	r Spi	ring, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	2 /		Fran	AND ADDR	ess of FA	S SC	ns Fu	nera	1 Hor	me.
	Mealles 7	, Bey	3		4739	Balt	imor	e Ave	nue	Hva	ttsv	ille, Md. 20
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	IMMEDIATE CAUSE (Finel											
1												interval Between Onset and Death
	discours on something	Cardior										interval Between
	disease or condition	DUE TO	espirato				5					interval Between
NO	disease or condition resulting in death) Sequentially list conditions,	DUE TO	OR AS A CONSEQ	UENCE O	י):							interval Between
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Uremia DUE TO	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQU	UENCE OF	F):	lder						interval Between
IFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	Uremia DUE TO	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQU	UENCE OF	ก: ก: ma b l a	lder						interval Between
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Uremia DUE TO Metasta	OR AS A CONSECUTOR AS A CONSEC	UENCE OF	n: na bla n:	lder						interval Between
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (DUE	on as a consequence of as a consequence of as a consequence of as a consequence of a large of a lar	UENCE OF	n: ma blad n: hrosis		alven in		24s. WAS A	A AUTOPS	7 24	interval Between Onset and Daeth
ب	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	DUE TO (DUE	on as a consequence of as a consequence of as a consequence of as a consequence of a large of a lar	UENCE OF	n: ma blad n: hrosis		given in		PERFO	RMED?	Y 24	interval Between
ب	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (DUE	on as a consequence of as a consequence of as a consequence of as a consequence of a large of a lar	UENCE OF	n: ma blad n: hrosis		given in			RMED?	(24	interval Between Onset and Daeth Daeth b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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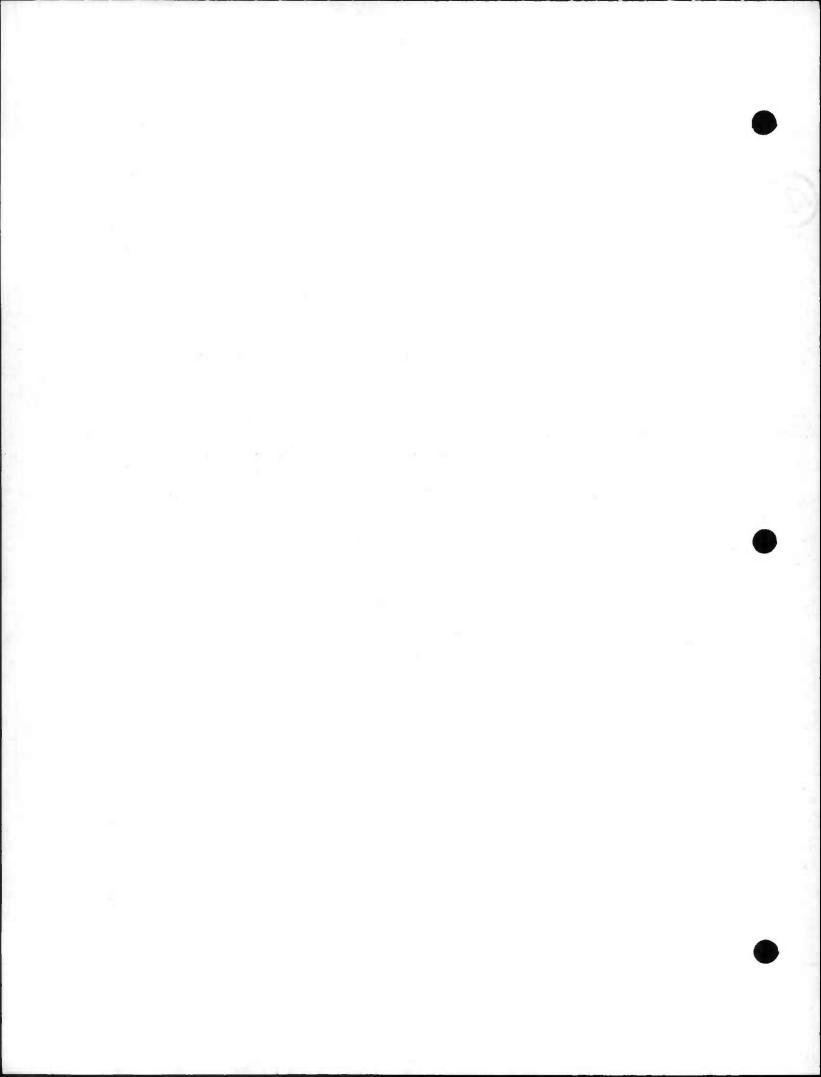
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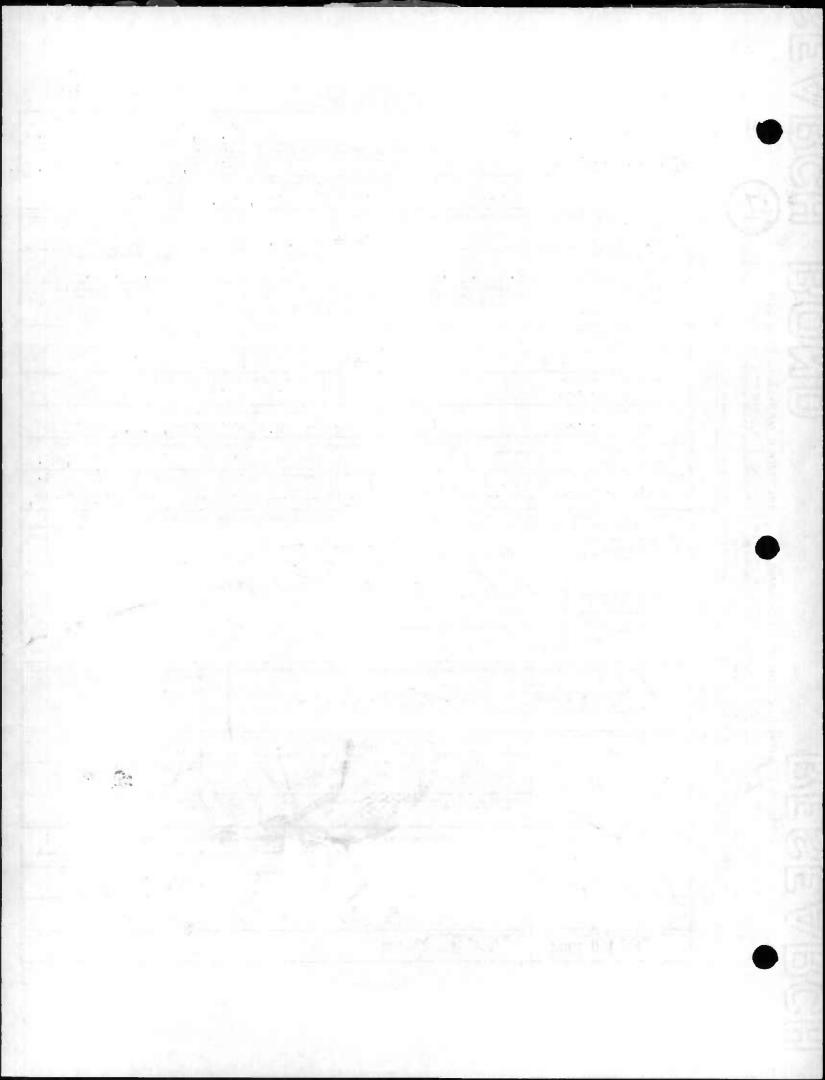
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within clours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. However, he filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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12			Do	mestic			House	ekeer	ing		
17. FATHER'S NAME (First, Middle, Last)							E (First, Middle, Maider	Sumame)			
Isaac White						nie	White				
190. INFORMANT'S NAME (Type/Print) Fenton White			402				ute Number, City or Tov			20007	
P EN LON WILL CE						20.W	ashingto				
20b. PLACE ANDOATE OF DISPOSITION 1 No Burlei 2 Cremetton 3 Removat from State 4 Donation 5 Other (Specify) Oak Land Cemetry 2 7 94 King George, Va.											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 207 White St.											
Bailey Funeral Home Fredericksburg,											
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BALIIM	IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir		AMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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DIVISION OF VITAL RECORDS, P.O. BOX 88/60,	the de	the at	the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Injury
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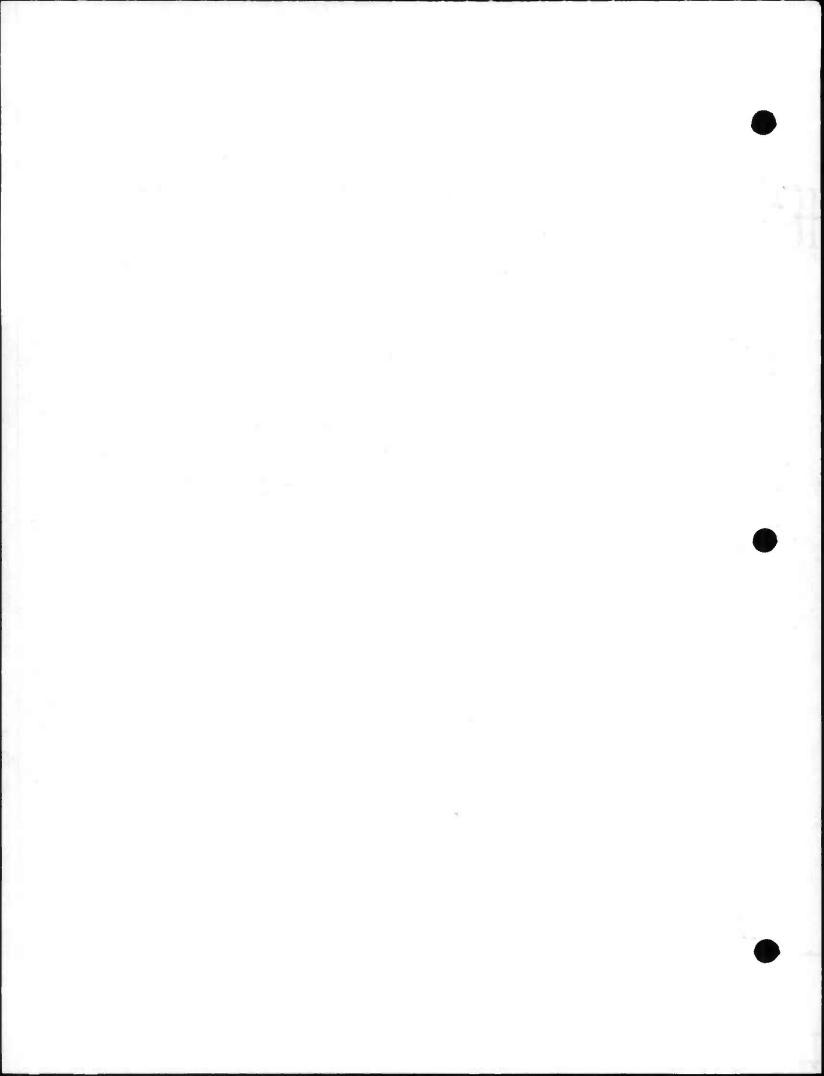
32. REGISTRAR'S SIGNATURE

(Z)	RECTOR	98. FACILITY NAME (If not institution, give s 3803 St. Barnab RESIDENCE OF DECEDENT 106. STATE 10b. COUNT	as Ro
BALTIMORE, MARYLAND 21215-0020 Ours after death. Page 6 may be retained by the hospital or attending physician. of in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pro removal.	TO BE COMPLETED BY FUNERAL DIRECTOR	Maryland Prince 10e. STREET AND NUMBER 3803 St. Barnaba 11. MARITAL STATUS 1 Never Married 2 Merried 3 D'AWidowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 9 17. FATHER'S NAME (First, Middle, Last) William F. Blake 19e. INFORMANT'S NAME (Type/Print) Dorothy E. Cook: 20e. METHOD OF DISPOSITION 1 Donation 5 Other (Specify) 21. BIOGRAPHIE OF FUNERAL SERVICE LIST	12. WAS FORCH IF YE CATION COMPLETED COMPLICATION COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLICATION COMPLETED COMPLICATION COMPLETED COMPLETED COMPLICATION COMPL
OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 **NSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician. sis certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, rith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions and the condition of the condit of the condition of the condition of the condition of the condi	b

1 - FOR STATE REGISTRAR 0580 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH February 6, 1994 8:00 Wells Audrev Blake 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign March 18,1912 Washington, D.C DAYS HOURS 579-01-6576 1 M 2 X F 81 YRS 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH umber oad, Apt. 201 Prince George's Suitland 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY eorge's Suitland 1 YES 2 X NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. l., Apt. 201 20746 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—It yea, specify Cuben, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: DECEDENT EVER IN U.S. ARMED t4. RACE — American Indian, Black, White, etc. CES? 1 YES 2 NO ES, GIVE WAR OR DATES Specify White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (1-4 or 5+) Switchboard Operator Western Union 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Fannie Josephine Morris 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) Lot 10, Twinbrook Dr., Waldorf, Md. 20603 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Cedar Hill Cemetery 2/9/94 Suitland, Maryland 22. NAME AND ADDRESS OF FACILITY
George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 tions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ona cause on each lina. Interval Between Onset and Death DUE TO JOR AS A COR Squamers ell cancer DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): outing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 -1 YES 2 NO 26. PLACE OF DEATH (Check only one) ITAL:
stient 2 ER/Outpetlant 3 DOA OTHER: 4 | Nursing Home | Residence 8 | Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? 1 Accident 5 Pending Investigation t YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, stc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. on and/or investigation, in my opinion, death occured at the time, date end placa, end due to the cause(e) end manner es stated. 29b. SIGNATUR 29c. LICENSE NUMBER ..

29d. DATE SIGNED/I Month, Qay, Year) 7601 AUSE OF DEATH (ITEM 27) (Type, Print) 8926 Woodyard Rd.#201 who Davidson-Randalle



1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

251 34 3275

31. DATE FILED (Month, Day, Year)

FFR 0 8

32. REGISTRAN'S SIGNATURE

1994

JAMES

Se. FACILITY NAME (If not institution, give street and number)

5. SEX

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEA

WILSON

YRS.

6. AGE (In yrs. last birthday)

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IF UNDER 1 YEAR IF UNDER 24 HRS.		7. DATE OF BI		B. BIRTHP	LACE (State of	or Foreign						
MONTHS	DAYS	HOURS	MIN.	05 15	28	1	LONE	STAR	S.C.			
9b. CITY	, TOWN	OR LOCATI	ON OF D	EATH		9c. COUNT	TY OF DE	ATH				

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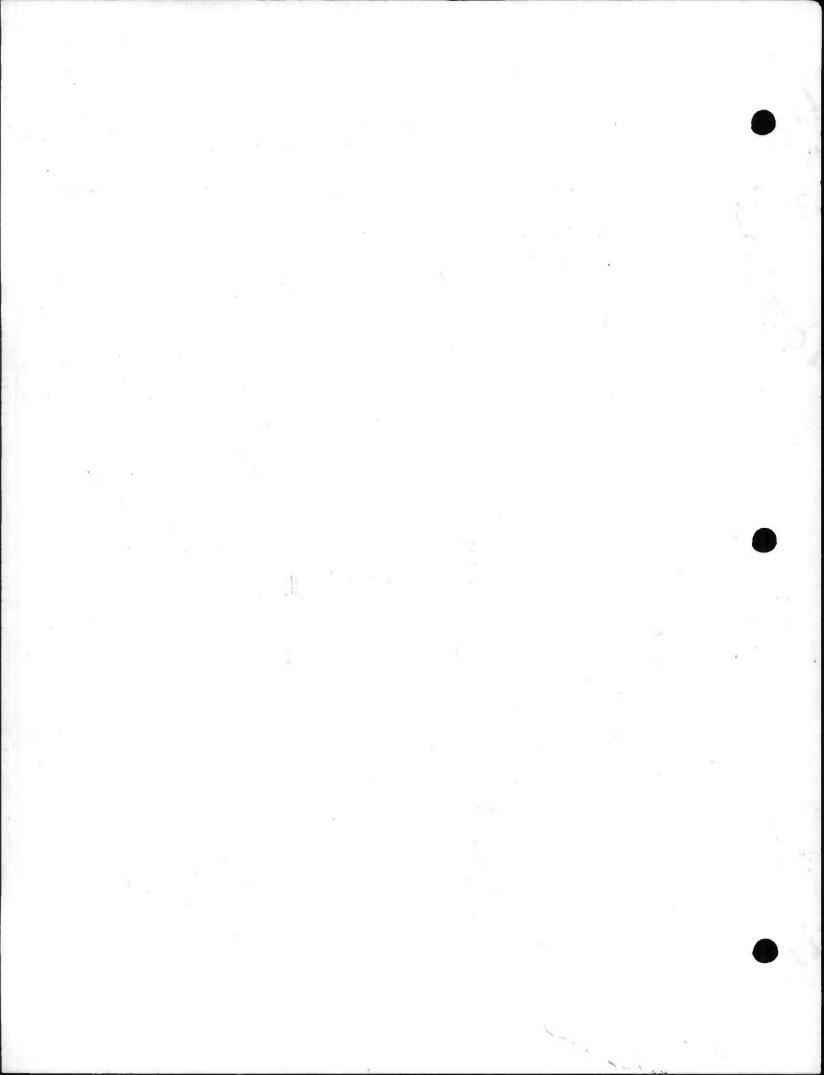
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within shows after death. Page 6 may be retained by the hospital or attending physician to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transmined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR	PRINCE GEOR		N HOSPITAL		CHEVERLY					PRINCE GEORGES		
딦	RESIDENCE OF DEC	10c CITY 1	CITY, TOWN OR LOCATION					10d. INSIDE CITY				
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BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 X Divo		t2. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 XN		If yes, a	CENDENT OF HISPAN pecify Cuben, Mexican S 2 NO Specify	n, Puerto Ricen	ecify Yes or		. RACE — American Indian, Black, White, etc. Specify:	
COMPLETED	(Specify only	EDENT'S EDUC y highest grade	completed)	(Gir	CEDENT'S US ve kind of wor Do NOT use r	UAL OCCUPAT k done during m	ION ost of working	16b. KINI	D OF BUSINE	SS/INOUS	BLACK	
MPLE	Elementary/Secondary (0		College (1-4 or 5+)		CUSTO			PF	RIVATE	CO	LLEGE	
BE CO	17. FATHER'S NAME (First, M JAKE WI	LSON					16. MOTHER'S NAI EMMA		Meiden Surr DES	name)		
10	190. INFORMANT'S NAME (1	Sype/Print) OBINSO	N (DAUGHT				RD #2 AI				nde)	
	20e. METHOD OF DISPOSIT 1X Burlel 2 ☐ Crematic 4 ☐ Donetion 6 ☐ Other	(Specify)				DISPOSITION (A CEMET		2/8	BRENT		y or Town, State MD	
	21. SIGNATURE OF FUNERA	8.	Pope J.			2617	ANDER S PA	E WASH	I DC	20	020	
CERTIFICATION	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if sny, leading to imme cause. Enter UNDERLY! CAUSE (Disease or injuthet initiated events resulting in death) LAS	iona, diete	S. DUE TO (OR	AS A CONSECUA CONSECUAS A CONSECUA A C	ULENCE OF):	enter the m	etasi	as cardiec	or reapirate	ory street	t, Approximata interval Between Onset and Death	
PHYSICIAN: MEDICAL C	PART II. Other eignifice	nt condition	s Contributing to dee	oth but not re	ecuiting in	the underlyli	ng ceuse given in		WAS AN AUT PERFORME YES 2		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED T	O MEDICAL	HQSPITAL:				LACE OF DEATH (Che	ck only one)				
YSI	1 TYES 2 NO		1 Inpetient 2 ER			THER:	ne 5 🗆 Residence	6 Other (Spi	ecity)			
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	3 Suicide 6	28e PLACE OF IN HIRY At home form affect feature office								Number or	Rural Route Number,	
ا ټ	29a. CERTIFIER 1 POERT											
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TO BE COMPLETED		OF CERTIFIER	R: On the basis of exami	Ination end/or in	nvestigation,	in my apinion,		time, data and	place, and di	ua to the c		



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf permed be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

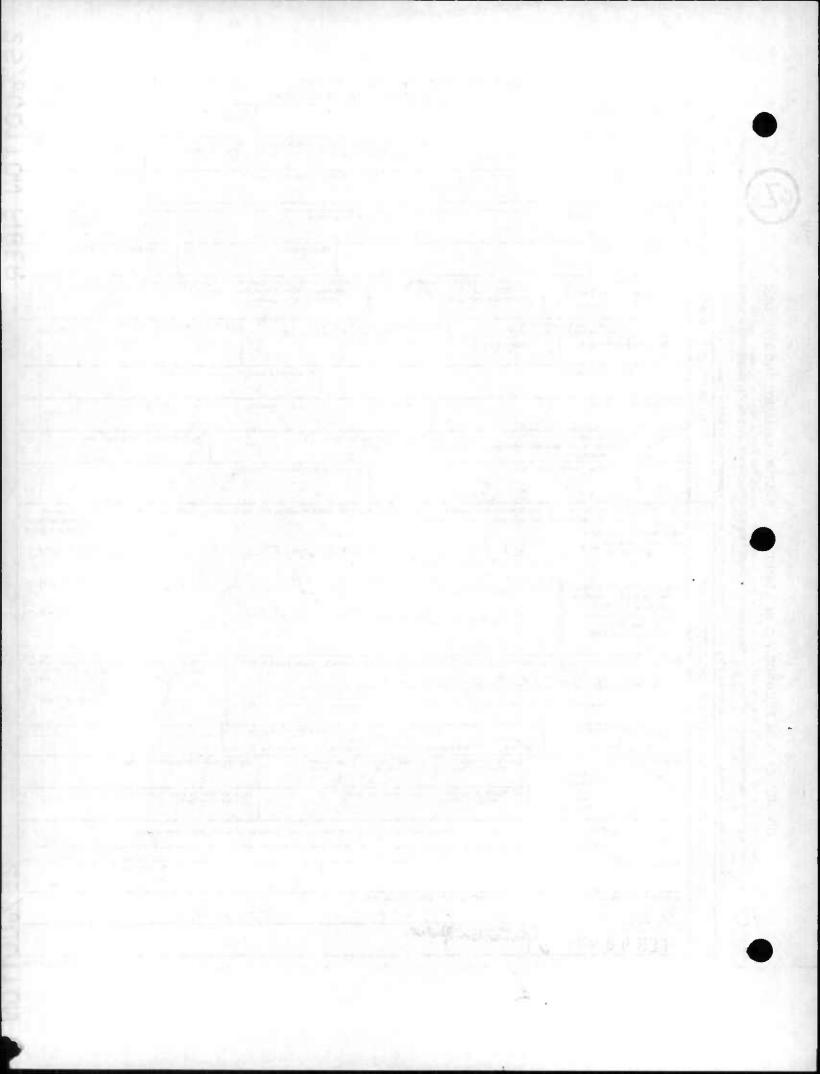
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 4 0 5 8 0 3

CERTIFICATE OF DEATH

REG. NO.

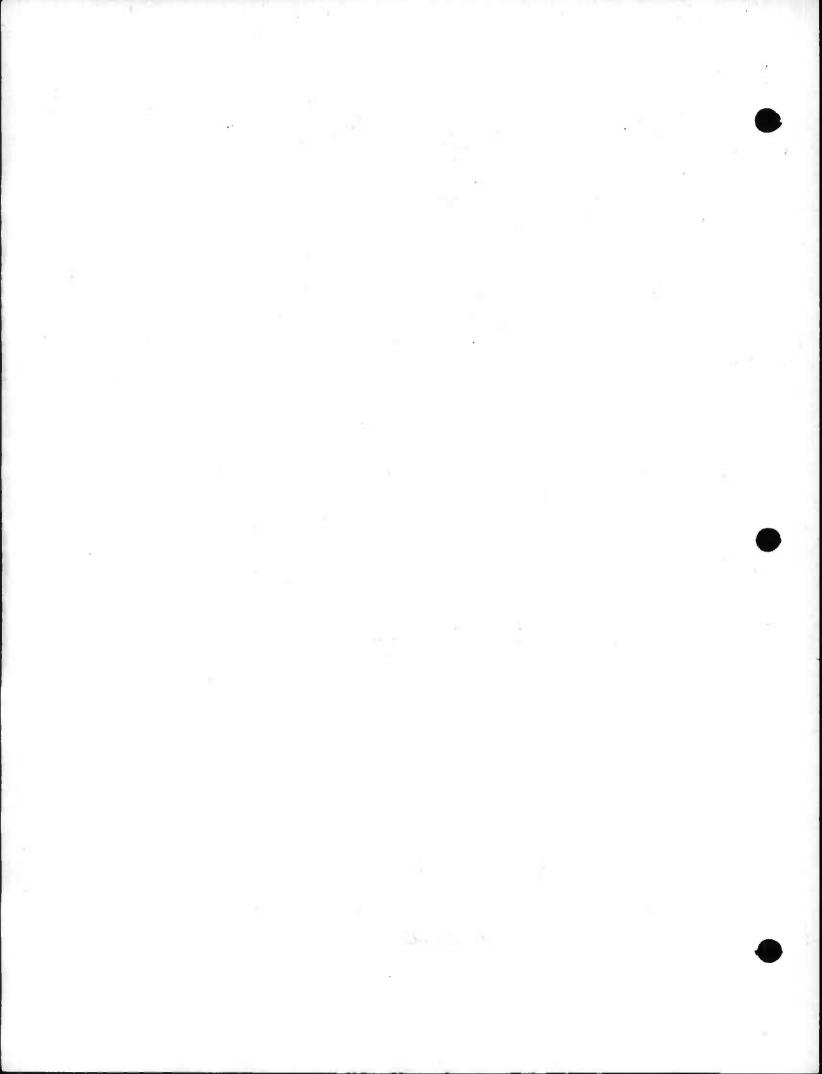
1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH		weie	3. TIME OF DEAT	н
RUTH IRE	ENE	YOUNG				FEBR	UARY	5,	1994	2:40	A.
4. SOCIAL SECURITY NUMBER 578-24-2238	5. SEX 1 M 2 X F	AGE (In yrs. lest birthde	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month)	OF BIRTH , Day, Year)		Count	IPLACE (State or Form) HINGTON,	reign
	SPITAL				R LOCATION OF D		27,	Sc. CO	UNTY OF D	PEATH	DC
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MADAY AND			CITY, TOWN OF							10d. INSIDE CITY	
	TGOMERY		SILVER							1 X YES 2	NO
711 SILVER SPRI	ING AVENU	E		101.	209	10			JSA	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		EVER IN U.S. ARMED YES 2 NO R OR DATES	H	yes, spe	ENDENT OF HISPA Incity Cuban, Maxico 2 NO Specific	en, Puerto R	? (Specify Ye lican, etc.)	es or No	14. RACI Black Spec	E — American India k, White, etc. //y: WHITE	n,
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12	CATION completed) College (1-4 or 5+)	16a. DECEDENT (Give kind life. De NOT HOMEM	of work done do Tuse retired.)			16b.	KIND OF BU	JSINESS/IN	DUSTRY		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, N	fiddle, Maiden	Surname)			
EDWARD	BRISCOE				CORA	17.6			THEW	S	
19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural						
ERNEST G. BARN	ES				AD, SILV						
X Burial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	noval trom State	20b. PLACE AND DAT cemetery, crematory of	or other place)			OATE		OCATION -	-		
21. SIGNATURE OF FUNERAL SERVICE LI		PARKLAWN			O ADDRESS OF FA	2/8	ROC	CKVII	LE,	MD	_
Timothy	8 Ca	mobile	FRA	NCI	S J. COI	LINS	FUNEI	RAL H	IOME,	INC. P., MD 2	0.9
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CONGE DUE TO (C	R AS A CONSEQUENCE	of:	3/10		nt				24h	7
PART II. Other significant condition Right lower to		eath but not resulting		derlying	j cause given in	Part I.	24s. WAS AP PERFO 1 _ YES	RMED?	24b	. WERE AUTOPSY FI MARLABLE PRIOR COMPLETION OF (OF DEATH?	AUSE
25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (C)	hack only on	e)				_
EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	OTHER	:	5 Residence		re Harri				
27. MANNER OF DEATH	26a. DATE OF III	IJURY 28b. 1	TIME OF	28c. INJU	URY AT		CRIBE HOW	INJURY O	CCURED		_
1 Natural 5 Pending 2 Accident Investigation	(Month, Day)	INJURY At home, farr	INJURY M	1 🗆 Y	RK? 'ES 2 NO						
3 Suicide 6 Could not be	building, et	c. (Specify)	, and the moto	y, ome		City	or Town, State)	e or mural i	Route Number,	
4 Homicide determined		v knowledge death acc	urred at the tin								nted.
298. CERTIFIER 1 CERTIFYING PHYS			ation, in my op	olnion, de	eath occured at the	time, data	and place, a	nd due to	the cause(s	and manner as s	
29a. CERTIFIER 1 CERTIFYINO PHYS	ER: On the basis of axa		ation, in my op	olnion, de	eath occured at the 29c, LICENSE NU		and place, a				
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	R Church	mination and/or investiga		olnion, de			and placa, a			e) and manner as a (Morth, Day, Year)	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	INSPONDENT. If from 90 to morphost on them 93 whome new latines are other foreign and an analysis and the mediting at a new
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1 - STATE REGISTRAR	STATE OF MA				HEALTH F DEAT		MENTAL	HYGIEN REG. NO.		14	05801		
DECEDENT'S NAME (First, Middle, Lest ROSA LEE SOCIAL SECURITY NUMBER	ADAMS	5 . AGE (In yrs. lest I		UNDER 1 YEAR	-	24 HRS.	2. DATE O MONTH FEE	3 1	4	YEAR 94 6. BIRTH Counti	3. TIME OF DEATH 1500P MPLACE (State or Foreign y)		
99. FACILITY NAME (If not institution, give 1384 W. NOR	atreet and number)				N OR LOCATION T IMO		3-4-30 Sc. COUNTY OF C n a				DEATH		
100. STATE 100. COUN	na			own or Lo Balti							10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY?		
10e. STREET AND NUMBER 1384 W. NOY 1t. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	1384 W. North Avenue t. MARITAL STATUS Never Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— In the specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Was specify Cuben, Mexicen, Puerto Ricen, etc.)								14. RACE Black	4. RACE — American Indian, Black, White, etc. Specify:			
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12) 17. FATHER'S NAME (First, Middle, Last)		16e. DECI (Give life. D	EDENT'S US a kind of work Do NOT use n	UAL OCCUPA done during etired.)	TION most of workin	g	16b. I	KIND OF BUS	SINESS/INC	DUSTRY	Black		
			-		18. MOTH	IER'S NA	ME (First, Mi	ddla, Maiden	Surname)				
196. INFORMANT'S NAME (Type/Print) O C M C 206. METHOD OF DISPOSITION		19b.			et end Number	or Rural I			n, State, Zip				
1 Burisi 2 Cremetion 3 Red 4 Donetion 5 Other (Specify) 1 21. SIGNATURE OF FUNERAL SERVICE L	n state r	cemetery, cremi	atory or other	22. NAME	AND ADDRES			State	Ana	atom	y Board		
23/PART I. Enter the diseesea, or shock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. CHRO	eused the deel on sech lins.	LCOH								Approximate interval Between Onset and Death		
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	С.	R AS A CONSEQU			-								
PART II. Other algolificant condition	one contributing to de	eath but not rea	aulting in t	he undarly	ing ceuse g	lven in		24a. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	R/Outpetlent 3		THER:	PLACE OF DI								
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		Year)	28b. TIME D INJUR	F 28c.	NJURY AT WORK? YES 2		28d. DESC	RIBE HOW I					
3 Suicide 8 Could not be determined	building, etc						City or	Town, State)			Route Number,		
(Check only one) 2 MEDICAL EXAMIN	SICIAN: To the beat of my				, death occur	ed at the	time, date e) end manner es stated.		
296. SIGNATURE AND TITLE OF SERTIF	John	DEATH (TEM	27) (Type, Pri	int)	29c. LICE		iber 1.E.		29d, DAT	FEE	(Month, Day, Year) 3. 15/94		
31. DATE FILED (MORITY Day, Year) FEB 2 8 1994	32. REGISTRAR'S	111 Pe	enn S		t, Ba	alti	imore	e, Ma	ryla	and	21201		



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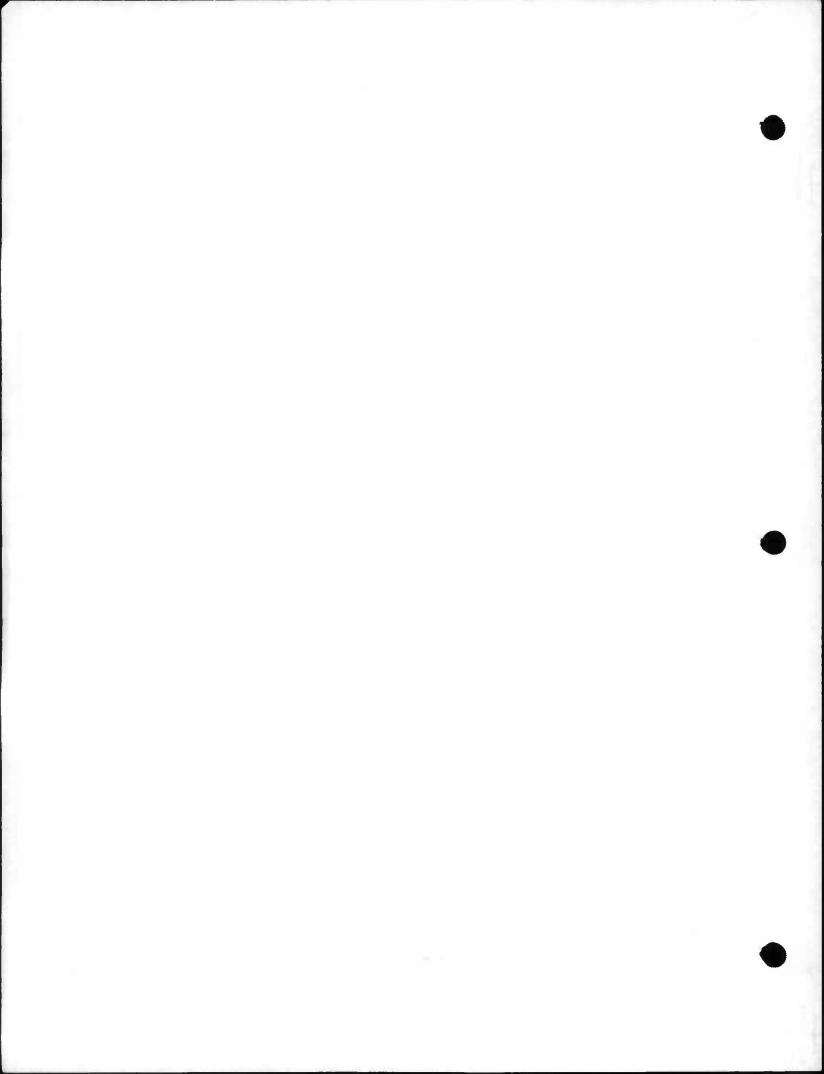
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1994

FOR STATE REGISTRAR 94 05805 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEAT 2-22-94
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DAY exander oseph 5 94 A SOCIAL SECURITY N 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or 1 X M 2 - F YRS use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH 609 DIRECTOR From we RESIDENCE OF 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland AnneArundelCounty Brooklyn 1 YES 2 NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 609 Cromwell Street 21225 hours after death. Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerlo Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie 1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY detached for entary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) TO page 5 should be BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DME 99 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE director, 1 must removal examiner FUNE OF FUNERAL SERVICE LICENSEE Ronald 22. NAME AND ADDRESS OF FACILITY State Anatomy Board Wade, Dir the funeral 655W.BaltimoreSt,Balto,MD21201 onas removal. medical 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. filled in by Approximate Interval Between 20 IMMEDIATE CAUSE (Final Onset and Death other traumatic event, the cremation, disease or condition this certificate has been signed by the attending physician and completely a with the State Dept. of Health and Mental Hygiene prior to burial, cremativ resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY 23 shows any 1 TYES 2 OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Hem 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 | NO 4 🗆 Nurs 5 Désidence 8 Other (Specify) 6 27. MANNER OF DEATH 28s. DATE OF INJURY 28c. INJURY A 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCUREO is marked, 1 Natural
2 Accident WORK? M THE HOSPITAL DR ATTENDING P THE FUNERAL DIRECTOR: After ti filed within 72 hours after death v 1 TES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 28 4 Homicide ltem met 1 🗌 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated. 29d. DATE SIGNEO (Month, Day 86 2 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JONCS 5 31. DATE FILEO (Month, Day.

Bandelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	αА	ADELINE B	RADY		ADD	Υ		2	MONTH 25	92	YEAR	0:05 AM
_		4. SOCIAL SECURITY NUMBER		E (In yrs. last	birthday) 1	F UNDER 1 YE		_	DATE OF BIRTH		BIRTH	PLACE (State or Foreign
P		216-01-9483	1 🗆 M 2 👾 F 8	4	YRS.	ONTHS DA	YS HOURS	MIN. A	(Month, Day, Year) .UG 19,19	09 M	LASS.	ACHUSETTS
2, 3 should		Se. FACILITY NAME (If not institution, give s	treet and number)		9	b. CITY, TO	WN OR LOCATI	ON OF DEAT	Н	9c. COUNT	Y OF DE	EATH
1, 2, 3	DIRECTOR	NORTH ARUNDEL HOS	SPITAL ASSOC	CIATIO	ON	GLEN	BURN	IE		Α.	Α.	COUNTY
Sage	E.	10e. STATE 10b. COUNTY			10c. CITY, 1	TOWN OR LO	OCATION					10d. INSIDE CITY LIMITS?
permit. Pages 1,		MARYLAND ANN 100. STREET AND NUMBER	IE ARUNDEL		GL	EN BU						t 🗌 YES 2 🔀 NO
it per	RA	11 BROWNSHADE D	DIVE				101. ZIP COD			1.00		HAT COUNTRY?
cian. Etrans	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARI	MED	12 446			ORIGIN? (Specify Ye	1	S.A	- American Indian.
02C physi buria	- 11	1 Never Merried 2 Merried	FORCES? 1 YES	5 2 X N		It yes	, specify Cube YES 2 X NO	n, Mexican, F	overto Rican, atc.)	s or No.	Black, Specif	, White, atc.
215-0020 attending physician. se as the burial-transit	BY	3 Widowed 4 Divorced	331-1, -1-2			'-	120 1 21 110	ороспу.			эреси	WHITE
or atter	ETED	15. DECEDENT'S EDU (Specify only highest grade		(Gi	CEDENT'S US	k done during	PATION g most of working	ng	16b. KIND OF BU	SINESS/INDU	STRY	
	1 1	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT use n	,	E ASSI	CTANT	McNAMA	D	OMD	A NTV
the hospital detached for	COMPL	17. FATHER'S NAME (First, Middle, Last)	0	ADI	THIST	NATIV	Y		(First, Middle, Melden		OMP	ANI
of Ba	Ŭ	WILLIAM BRADY							ROBERTS	Surramey		
MARYLA retained by the 5 should be deti notified at on	00	19a. INFORMANT'S NAME (Type/Print)		196	MAILING A	DDRESS (Str			te Number, City or Tox	vn, State, Zip C	ode)	
40 40	2	ROBERT W. ADDY		2	805 H	ARBOU	R COUR	T, RI	CHMOND,	VA. 23	233	
ORE, e 6 may be ector, page must be		20a. METHOD OF DISPOSITION 1 💢 Burlel 2 🗆 Cremstion 3 🗆 Remo	oval trom State	Ob. PLACE A	ND DATE OF I	DISPOSITION	N (Neme of			OCATION - CH	ty or Tov	vn, Stata
Page 6 Il directo		4 Donation 5 Other (Specify)		LOUD	ON PAF			i	1//7	ALTIMO	RE,	MD.
ALTIMORE, death. Page 6 may by e funeral director, page 1.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE A .			22. NAM	E AND AGORE	SS OF FACILI	SINGLET	ON FUI	NERA	L HOME
		Mert	ercao	m	سهر	1 S	ECOND A	AVE,S.	.W. GLEN	BURNI	Ε, Μ	ID 21061
in the		23. PART I. Enter the disesses, or canonic shock, or heart failure.	complications that cause List only one cause on	ed the de-	ath. Do not	entar tha	moda of dy	ing, auch s	s cardiac or resp	iratory arres	ıt,	Approximata Intarvai Betwe
in file	i	IMMEDIATE CAUSE (Final disease or condition	ST	-0/1	6							Onset and De
3 60 6		resulting in death)	B. DUE TO OR AS	A CONSEC	Neure on							Sweet
D 2 2 2 2	_	_	Pho		MI P	1						Voda
8 " 0 F	<u> </u>	Sequentially list conditions, if any, laading to immediate	BUE TO ION AS	A CONSEC	UENGE OF	1	6	1		10	_	10000
BOX ficate be e physician ne prior to	S	cause. Enter UNDERLYING CAUSE (Disease or Injury	. Mrte	wo	elle	aho	la	reli	oversul	e VIX	ne	Syear
0 5 5 5	E	that initiated eventa resulting in death) LAST	DUE TO OR AS	A CONSEC	UENCE OF):							
DS, P. he death of the attend Mental Hy njury, or	CERTIFICATION		E									
RDS, In the deat by the atte	- 10	PART II. Other significant condition	s contributing to death	but not re	suiting in	the under	ying cause	given in Pa	rt I. 24a. WAS AN		24b.	WERE AUTOPSY FINDING
0 # B # 6	MEDICAL								1 TYES			COMPLETION OF CAUSE OF DEATH?
RECC requires een signe of Health	M								-			1 TYES 2 AO
L Faw law be by be by be by be by be by be by be by be by be by be by by by by by by by by by by by by by	AN	25. WAS CASE REFERBED TO MEDICAL										
VISION OF VITAL IN STENDING PHYSICIAN: The law ATTENDING PHYSICIAN: The law estimate has by a safter death with the State Dept. 23 is marked, or them 23 s	HYSICIAN	EXAMINER?	HOSPITAL:			THER:	6. PLACE OF D					
Sicial certification the	¥	27. MANNER OF DEATH	1 € Inpatient 2 □ ER/Ou 28s. DATE OF INJURY	/	28b, TIME C	OF 28c	Home 5 Re		Other (Specify) Id. OEŞCRIBE HOW	INJURY OCCU	RED	
O E # # 5	∠ P	1 Natural 5 Pending Investigation	(Month, Day, Year)		INJUR		WORK?					
ON NDING I: After r death	р ву	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	RY — At hor	me, ferm, stre	et, fectory,	office	28	It. LOCATION (Street	and Number or	Rural Re	pute Number,
DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is mai	W I	4 Homicide determined	bunding, etc. (op	- Conyy					City or Town, State,	,		
DIV L OR A L DIREC	PLE	29e. CERTIFIER Check only	CIAN: To the best of my kno	wledge, de	rth occurred	at the time,	date end pleca	, end due to	the ceuse(s) end ma	nner es stated		
HOSPITAL FUNERAL within 72	COMPLET		R: On the besis of examinati									end manner es atated.
TO THE HOSPI TO THE FUNER TO FILED WITHIN	BEC	29b. SIGNATURE AND TITLE OF CENTINES	Dart-	7	1		29c. LICE	ENSE NUMBE	111	29d. DATE I	HGNED !	(Morth, Pay, Har)
6 6 3 ₹	0 8	ell	Dell.	10)	UG.	7	P	107	7	>)	WZ	6194
		30. NAME AND ADDRESS OF PERSON WH		STAN MARK		100	02/01 0	ימוזם זגי	MITE MADS	VI AND	7100	61
	- 1	ELLIOTT GORBATY,	M.D.//845 (JAKWU	עט אַ עט	AU #Z	U3/ GLE	M RAK	NIE, MAKI	LLAND	2106) I

which Kinds

CERTIFICATE OF DEATH

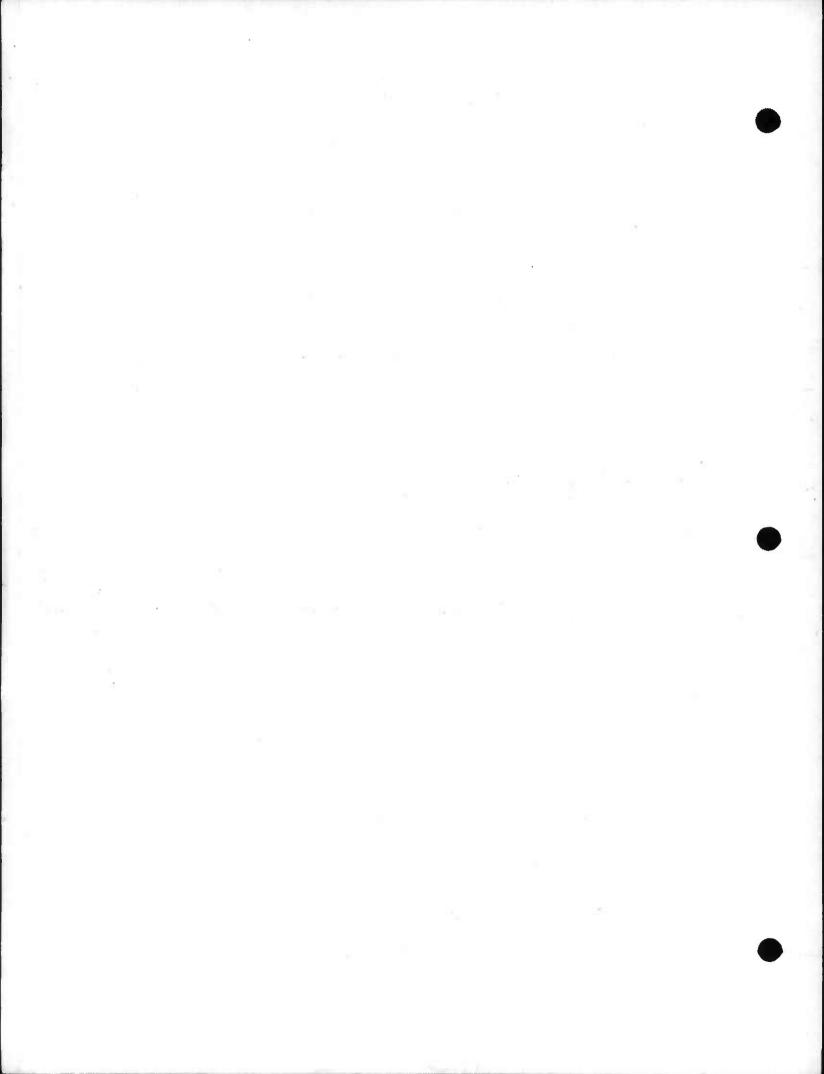
REG. NO.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATH 0:05 AM 8. BIRTHPLACE (State or Foreign Country) 09 MASSACHUSETTS 9c. COUNTY OF DEATH A.A. COUNTY 10d. INSIDE CITY LIMITS? t 🗌 YES 2 💢 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, atc. Specify: WHITE ISINESS/INDUSTRY RA & COMPANY Surname) wn, State, Zip Code) VA. 23233 OCATION - City or Town, Stata ALTIMORE, MD. TON FUNERAL HOME BURNIE, MD 21061 Approximata Interval Between Onset and Death piratory arrest, N AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 2 NO 1 - YES 2 - NO INJURY OCCURED and Number or Rural Route Number,

DHMH-16 Rev 1/89

31. DATE FILEO (Month, Day, Year)

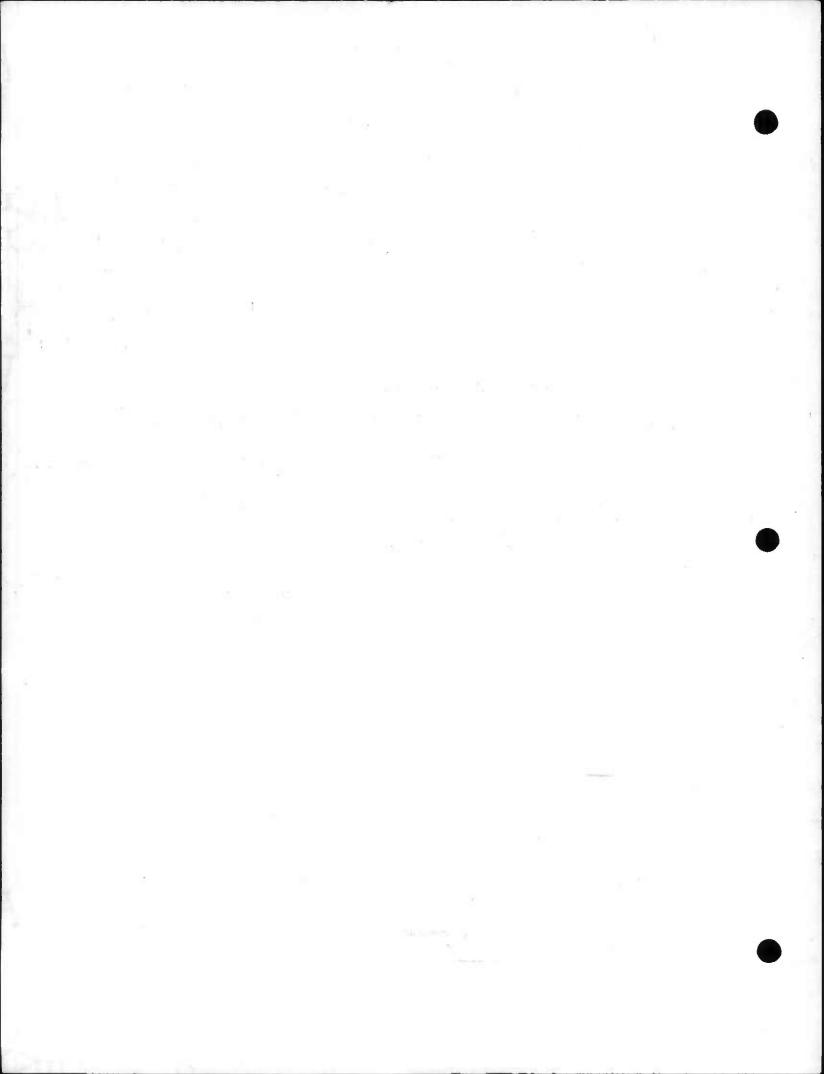


B.K.S

ITEMS: 23 PART I, 27, PER MEO FILM G-709 3/11/94 t.t.

FOR STATE OF MARYLAND / DEPARTMENT

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First	t Miriria I aat)	STATE OF I	WARTL					DEA	TH		REG. NO.	9	4 (05807	
	MICHAEL	, mode, casty	J			BF	NWO				PEE			EAR	1 • 20 A	м
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE	(In yrs. last b		IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE (OF BIRTH Day, Year)			CE (State or Foreign	
	220 39 7]		1 M 2 F			YRS.	3	11		ION OF DEAT		09/93		Mary		_
CTOR	HARBOR HO	SPITA					i			E CIT			9c. COUNTY		Н	
ш	RESIDENCE OF DE	10b. COUNT	Υ			10c. CIT	Y, TOWN	OR LOCA	TION					10	d. INSIDE CITY	_
DIR	Maryland	==:	====			Ва	altin	ore							LIMITS? YES 2 NO	
RAL	10e. STREET AND NUMBER		Chwoot					10	. ZIP COD			10	_		T COUNTRY?	
FUNER	822 E. Je	errrey	12. WAS DECEDEN	IT EVER I	IN U.S. ARME	D	13.	WAS DEC		225	OBIGIN	? (Specify Yea		S.A.	American Indian,	
ВУ	1 X Never Married 2 3 Wildowed 4 Divo		FORCES?	YES	2 XNO			if yes, sp	ecify Cubi	nn, Maxican, Specify:	Puarlo R	Ican, etc.)		Black, W Specify:	White	
ETED	15. DEC (Specify oni	EDENT'S EDU y highest grade	CATION completed)		16a. DECE	kind of	work done	CCUPATION	ON ost of worki	ing	16b.	KIND OF BUS	INESS/INOUS	TRY		
	Elementary/Secondary (I	0-12)	College (1-4 or 5	+)	Nor		se retired.)									
COMPL	17. FATHER'S NAME (First, M								18. MOT			liddle, Malden :	,		-	
BE	19a. INFORMANT'S NAME (Michael F	hill								a Anr		_		_
5	Patricia	Brown								reet		er, chy or Town Baltime			and 2122	5
	20a. METHOD OF DISPOSIT 1 Burlet 2 □ Crematic 4 □ Donation 5 □ Other	on 3 🗆 Ram	loval from Stata		b. PLACE ANI metery, crema IOLY						2/2		timor		aryland	
	21. SIGNATURE OF FUNERA	AL SERVICE LI	M Z		MIN	A:	22. Ge	NAME AI	e J.	SS OF FACIL	e Fi	neral		P.A.		
TION	IMMEDIATE CAUSE (Firdisease or condition resulting in death) Sequentially liet condit if any, leading to imme	Ibns, diete	b	TIS (OR AS /	A CONSEQUI										Interval Betwee	
CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or Inju- that Initiated events resulting in death) LAS	Jry S	c. OUE TO	(OR AS A	A CONSEQUI	ENCE O	F):									
MEDICAL	PART II. Other elgnifica	int condition	na contributing to	deeth b	but not ree	ulting	In the ur	derlyln	g ceuse	givan in Pa	art I.	24a. WAS AN PERFORI	MED?	CO OF	RE AUTOPSY FINDIN ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:				OTHE		ACE OF D	EATH (Check	k only one)				
HYS	27. MANNER OF DEATH		1 Inpetiant 2 2			DOA	4 🗆 Nur	sing Hom	URY AT	asidence 6	_	(Specify)	III IBN OOGH			_
ВУ РІ	1 Natural 2 Accident	Pending Investigation	(Month, E			IN.	ŪRY M	WC	PRK?		iou. DEG	CRIBE HOW IN	OCCU	TED		
ED	2 Cutolida —	Could not be determined	28a. PLACE C building,	of INJURY atc. (Spec	Y — At home	, tarm,	straat, tac	ory, offic	•	2		TION (Street as r Town, State)	nd Number or	Rural Route	Number,	Ī
COMPLET			ICIAN: To the best of a												d manner as stated	
B		uis	Q. C.	mi	te un	,				ENSE NUMB C.M.I					, 1994	_
5	30. NAME AND ADDRESS OF	F PERSON WI	OMPLETED CAU	SE OF DE	EATH (ITEM 2	ENI	Print) V ST	REE	Т,В	ALTIN	MOR	E,MAR	YLANI	21.	201	
	FEB 2 8 199		12 BEGISTRA	AR'S SIGN	NATURE											_



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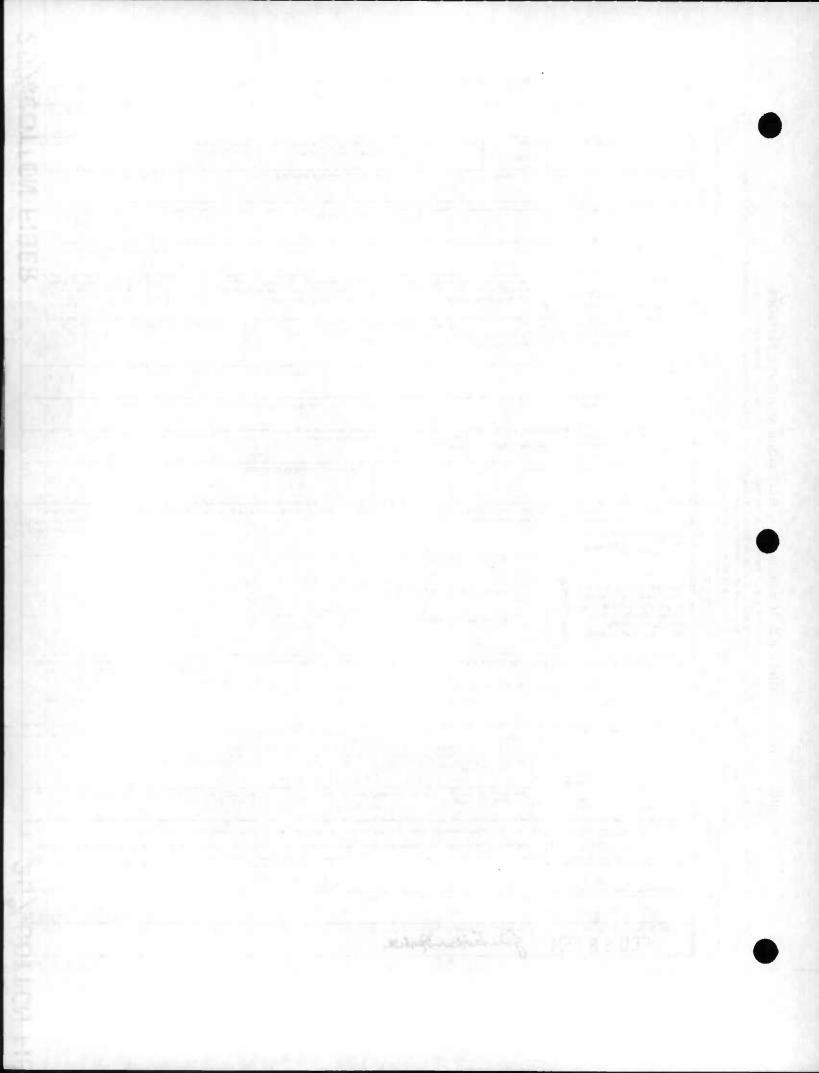
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four ster death. Page 8 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumadic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS,

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Linst		- OL	RTIFICAT					REG. NO.			0 0 0
AMANDA		BATE					2. DATE O MONTH	DAY 20		EAR 94	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest i	VRS. IF UND	DER 1 YEAR	HOURS	MIN.		F BIRTH Day, Year) - 1905		Country)	A, MARYLA
9a. FACILITY NAME (If not institution, give	street and number)		9b. CI	ITY, TOWN	OR LOCATI	ON OF DE		-/	c. COUNTY		
1620 NORTH MONRO	E STREET			BAL	TIMOH	RE CI	TY				
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY		10c. CITY, TOWY	N OR LOCA	TION						10d, INSIDE CITY
MD.				BAL'	TIMOR	RE CI	TTY				LIMITS?
10e. STREET AND NUMBER	-				. ZIP COD			1	0g. CITIZEI	_	HAT COUNTRY?
1620 NORTH MONRO	E STREET				212	217		1.39	11	ISA.	
11. MARITAL STATUS		T EVER IN U.S. ARM						(Specify Yea or			- American Indian, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, OIVE W				2X NO		n, Puerto Rí	can, etc.)		Specify	
15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	(Give	EDENT'S USUAL	ne durina ma	ON ost of world	na	16b.	CIND OF BUSINI	ESS/INDUS	TRY	
Elamentary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT use retired				40				
			UNEMPLO	DYED							
17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAI	ME (First, Mi	ddle, Maiden Sur	mame)		
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADDRE	ESS (Street a	and Number	r or Rural F	Route Numbe	r, City or Town, S	State, Zip Co	ode)	
AGNES COLE		1	620 NOF	RTH M	ONROI	E ST.	. , BA	LTIMORE	E, MA	RYL	AND 2121
1 M Burial 2 Cremation 3 Ra 4 Donation 9 Other (Specify) 21. SIONATURE OF FUHERIAL SERVICE. 23. PART I. Enter the diseases. Of	OCENSEE C	ARBUT	N	CODE TERY 22. NAME A 30SE	ND ADDRE	. BRO	OWN J	ARBUT	TUS, ERAL	HOM ORE	YLAND E,P.A. MD.212
23. PART I. Enter the disease, or shock, or heart failure immediate condition resulting in deeth) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a	ARBUT	whetery or other piece. IIS CEMF 2 with. Do not ant UENCE OF): 4 4 1 1 1 1 1 1 1 1 1 1 1	ETERY ETERY 222. NAME AI JOSE 1913 tar the mo	NO ADDRE	BROALTIN	OWN J	ARBUT	TUS, ERAL	MAR HOM	YLAND E,P.A.
23. PART I. Enter the diseases, or ahock, or heart failure immediate cause. Enter the disease or condition resulting in deeth) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO c. DUE TO d	It caused the deause on sech line.	uence of:	ETERY 22. NAME AI JOSE 1913 ter the mo	NO ADDRE PH H W. B dde of dy	BROALTIN	OWN J MORE h as cerdi	ARBUT R. FUNI ST. BA ac or reapirat	TUS, ERAL ALTIM OOY STRES	MAR HOM IORE	YLAND E, P.A. MD.212 Approximate interval Betwood and D
23. PART I. Enter the diseases, or ahock, or heart failure immediate or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO c. DUE TO d	It caused the deause on sech line.	uence of:	ETERY 22. NAME AI JOSE 1913 ter the mo	NO ADDRE PH H W. B dde of dy	BROALTIN	OWN J MORE h se cerdi	ARBUT	ERAL ALTIM HORY BITTER TOPSY	MAR HOM HORE t,	YLAND E, P.A. MD. 212 Approximate interval Betw
23. PART I. Enter the diseases, or shock, or heart failure immediate cause (Final disease or condition resulting in deeth) Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant conditions.	a. DUE TO c. DUE TO d	It caused the deause on sech line.	uence of:	ETERY 22. NAME AI JOSE 1913 ter the mo	PH H W. B, de of dy	BROALTIN	OWN J MORE h se cerdi	ARBUT R. FUNI ST. BA ST. BA C or reapirat 24a. WAS AN AU PERFORME 1 VES 2	ERAL ALTIM HORY BITTER TOPSY 507	MAR HOM HORE t,	YLAND E, P.A. MD.212 Approximate interval Betw Onset and D WERE AUTOPSY FIND MARILABLE PRIOR TO COMPLETION OF CAU OF GEATH?
23. PART I. Enter the diseases, or shock, or heart failure immediate cause. Enter the disease or condition resulting in deeth) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant conditions.	a	It caused the deause on sech line.	welczy or other plec US CEMF 2 with. Do not ant uence of): uence of): uence of): uence of):	ETERY 22. NAME AI JOSE 1913 ter the mo	no address PH H W. B, ode of dy	BRIGALTIN	Part I.	ARBUT R. FUNE ST. BA oc or reapirat	ERAL ALTIM HORY BITTER TOPSY 507	MAR HOM HORE t,	YLAND E, P.A. MD.212 Approximate interval Betw Onset and D WERE AUTOPSY FIND MARILABLE PRIOR TO COMPLETION OF CAU OF GEATH?
23. PART I. Enter the diseases, or shock, or heart failure immediate cause. Enter Understand Sequentially list condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UnderLying CAUSE (Disease or injury that initiated events resulting in deeth) PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetiant 2 28a. DATE OF (Month, D	ARBITT It caused the deause on each line. (OR AS A CONSEOUT (OR AS	welczy or other plec US CEMF 2 with. Do not ant uence of): uence of): uence of): uence of):	Underlyin 26. Pi ER: Nursing Hon 28. IN.	no address PH H W. B, ode of dy	BRCALTINING, such	Part I.	ARBUT R. FUNE ST. BA oc or reapirat	ERAL ALTIM FOR PROPERTY FOR PRO	MAR HOM HORE	YLAND E, P.A. MD.212 Approximate interval Betw Onset and D WERE AUTOPSY FIND MARILABLE PRIOR TO COMPLETION OF CAU OF GEATH?
23. PART I. Enter the diseases, or shock, or heart failure immediate cause. Enter UnDERLYING CAUSE (Final disease or condition resulting in deeth) Sequentisity list conditions, if sny, leading to immediate cause. Enter UnDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. LIST OF IT IN IT	ARBITT It caused the deause on each line. (OR AS A CONSEOUT (OR AS	welory or other piece IIS CEME 2 with. Do not ant UENCE OF): UENCE OF): UENCE OF): UENCE OF): UENCE OF): UENCE OF): UENCE OF): MEDICAL OF INJURY MEDICAL O	Undarlyin 26. PIER: Wursing Hon 28. IN 28. IN 28. IN 28. IN 1 1	g couse	BRCALTINING, such	Part I. Beck only one B Other 28d, DESC	ARBUT R. FUNI ST. BA ec or reapirat 24a. WAS AN AU PERFORME 1 VES 2 (Specify)	ERAL ALTIM HOPSY ED? NO	MAR HOM IORE	YLAND E, P.A. MD.212: Approximate interval Betwood and D WERE AUTOPSY FIND MARIABLE PRIOR TO COMPLETION OF CAU OF OEATH? 1 YES 2 NO
23. PART I. Enter the diseases, or shock, or heart failure immediate cause or condition resulting in deeth) Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural S Pending Investigation and Suicide a Could not be	DUE TO DUE TO	ARBITT It caused the deal use on sech line. (OR AS A CONSEOUT CO	Peters of the plecity or other plecity. Ith. Do not antity of the plecity of the	Undarlyin 26. Pi ER: Nursing Hon 28c. IN. 26c. IN. 26c. IN. 26c. IN. 26c. IN. 26c. IN.	g ceuse	BR(ALTINing, suci	Part I. Part I. 281. LOCA City on	ARBUT R. FUNI ST. BA Example of the second of the secon	TUS. ERAL ALTIM FOR STREET TOPSY NO NO Number or	MAR HOM IORE tt,	YLAND E, P.A. MD. 212: Approximate interval Betwoonset and D WERE AUTOPSY FIND TO COMPLETION OF CAU OF GEATH? 1 YES 2 No
23. PART I. Enter the diseases, or shock, or heart failure immediate cause or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Piesease or injury that initiated events resulting in death) PART II. Other significant conditions in the cause in the cause in the cause in the cause in the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the cause in the	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 linpetlant 2 28a. PLACE O building. SICIAN: To the best of every contribute o	ARBITT It caused the deal use on sech line. (OR AS A CONSEOUT CO	Peters of the plecity or other plecity. Ith. Do not antity of the plecity of the	Undarlyin 26. Pi ER: Nursing Hon 28c. IN. 26c. IN. 26c. IN. 26c. IN. 26c. IN. 26c. IN.	g ceuse	BR(ALTINing, suci	Part I. Beck only one B Other 281. LOCA City o	ARBUT R. FUNE ST. BA BA BA BA C OF reapirat 24a. WAS AN AUT PERFORME 1 YES 2 (Specify) SPIECE HOW INJU FION (Street and Industry State) (a) and manner (a) and manner (b) and manner (c) and manner (d) and manner (e) and	ERAL ALTIM FOR ARTES TOPSY FOR No Number or or as stated.	MAR HOM IORE 24b.	YLAND E, P.A. MD. 212: Approximate interval Betwoonset and D WERE AUTOPSY FIND TO COMPLETION OF CAU OF GEATH? 1 YES 2 No

31. DATE FILED (Month, Day, Year)
FEB 2 8 1994



	Pages 1, 2, 3 should	
ne hospital or attending physician,	letached for use as the burial-transit permit.	
ge 6 may be retained by ti	rector, page 5 should be	
rs after death. Pa	n by the funeral of	removal.
cuted wir.	id completely filled in	wrial, cremation, or
th certificate be exe	ending physician an	I Hygiene prior to b
equires that the dea	en signed by the att	of Health and Menta
SIAN: The law n	rtificate has be-	he State Dept.

	1. DECEDENT'S NAME (First, Middle, Lest)			FICATE OF	DEATH	REG. NO.	7	3. TIME OF DEATH
	JOHN	0.	CANI	MON	1.	02/24	194	6:30 PM
	4. SOCIAL SECURITY NUMBER 250-03-4306	5. SEX 6. A	GE (In yrs. lest birthday,	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/19/11	S. BIF	TTNPLACE (State or Foreign untry) S.C.
œ.	9a. FACILITY NAME (If not institution, give				OR LOCATION OF DEA		9c. COUNTY OF	DEATN
5	Sinai Hospit				altimore	=		
DIRECTOR	10e. STATE 10b. COUNT			altimor				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 5442 Gist Aven			101	21215		10g. CITIZEN OI	F WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 X NO	If yes, sp	ecity Cuban, Mexican 22 NO Specify:		Bi	ACE - American Indian, ack, White, etc. pecify: Black
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5 +)	18a. DECEDENT (Give kind o life, Do NOT	s usual occupation of work done during mouse retired.) Pipe F:	ist of working	16b, KIND OF BUSIN	ESS/INDUSTRY	
BE COM	17. FATNER'S NAME (First, Middle, Last) Willie Cannon			TIPE I	18. MOTNER'S NAM	ME (First, Middle, Maiden Su La Loules		
10	19a. INFORMANT'S NAME (Type/Print) Helen Amelia J	efferson				oute Number, City or Yown, Balto., M.		
	26a. METHOO OF DISPOSITION 11 Burlal 2 □ Cremation 3 □ Ren 4 □ Donation 5 □ Other (Specify)	noval from State	20b. PLACE AND DATE cemetery, cremetory or Western	eof disposition (Na other place) Star Ce		DATE 20c. LOCA /3/94 Cat	ODSV1	
	21. SIGNATURE OF FUNERAL SERVICE L			UNI'	TY FUNER			
	23. PART I. Enter the diseesea, or					ATT A CITOC	Dail	o, MD ZIZUI
	shock, or heart feilure. IMMEDIATE CAUSE (Finel disesse or condition	List only Dne cause o	n each line.	not anter the mo	de ot dying, auch	sa cardiac or respira	tory errest,	Approximeta Interval Between
	shock, or heart feilure. IMMEDIATE CAUSE (Finel	a. METAS	n each line.	on on the mo	de ot dying, auch		tory errest,	Approximeta Interval Between
SATION	shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, lesding to immediate ceuse. Enter UNDERLYING	a. META	STATI	PROOF):	de ot dying, auch	sa cardiac or respira	tory errest,	Approximeta Interval Between
ERTIFICATION	shock, or heart feiture. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate	a. META S DUE TO (OR A DUE TO (OR A	S TA TI	PROPE	de ot dying, auch	sa cardiac or respira	tory errest,	Approximeta Interval Between
EDICAL CERTIFICATION	shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. META DUE TO (OR A DUE TO (OR A DUE TO (OR A	S TATI AS A CONSEQUENCE AS A CONSEQUENCE	PROPE	ode ot dying, auch	sa cardiac or respira	JTOPSY 2	Approximeta Interval Between
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SICIAN: MEDICAL	shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST	a. DUE TO (OR A b. DUE TO (OR A c. DUE TO (OR A d	S TA T/ AS A CONSEQUENCE (AS A CONSEQUENCE (th but not resulting	OF): OF):	ode ot dying, such OSTAT g ceuse given in F	E CA Part I. 24a. WAS AN AL PERFORMI 1 YES 2 C	JTOPSY 2	Approximeta Interval Between Onset and Death All All All All All All All All All Al
PHYSICIAN: MEDICAL	shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO NO 27. MANNER OF DEATN 1 Natural 5 Pending	a. META DUE TO (OR A C. DUE TO (OR A d	AS A CONSEQUENCE Of the but not resulting	OF): OF):	ode ot dying, auch OSTAT g ceuse given in P ACE OF DEATH (Checker 5 Residence 8	E CA Part I. 24a. WAS AN AL PERFORMI 1 YES 2 C	JTOPSY 2 NO	Approximeta Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
TED BY PHYSICIAN: MEDICAL	shock, or heart feiture. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	a. DUE TO (OR A b. DUE TO (OR A c. DUE TO (OR A d	AS A CONSEQUENCE OF THE PROPERTY OF THE PROPER	OF): OF):	DSTAT g ceuse given in F ACE OF DEATH (Checke 5 Residence 8 URY AT IRK?	Sa cardiac or respira E CA Part I. 24a. WAS AN AL PERFORMI 1 YES 2 C Ck only one) Other (Specify)	JTOPSY 2 DINO URY OCCUREO	Approximeta Interval Between Onset and Death Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 (INO) 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined. 29e. CERTIFIER (Check only)	a. DUE TO (OR A b. DUE TO (OR A c. DUE TO (OR A d	AS A CONSEQUENCE OF AS A C	OF): OF): OF): OF): OF): OF): OF): OF): A hursing Nom ME OF A h	g ceuse given in P ACE OF DEATH (Checker 5 Residence 8 URKY 7 YES 2 NO	Part I. 24a. WAS AN AL PERFORMI 1 YES 2 Cock only one) Cock one) Cock one) Cock one) Cock one) Cock one) Cock one) Cock one) Cock one) Cock one) Cock one) Cock one) Cock one) Cock one) Cock one) Cock o	JTOPSY 2 ED? NO URY OCCUREO	Approximeta Interval Between Onset and Death Ab. Were Autopsy Findings AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO

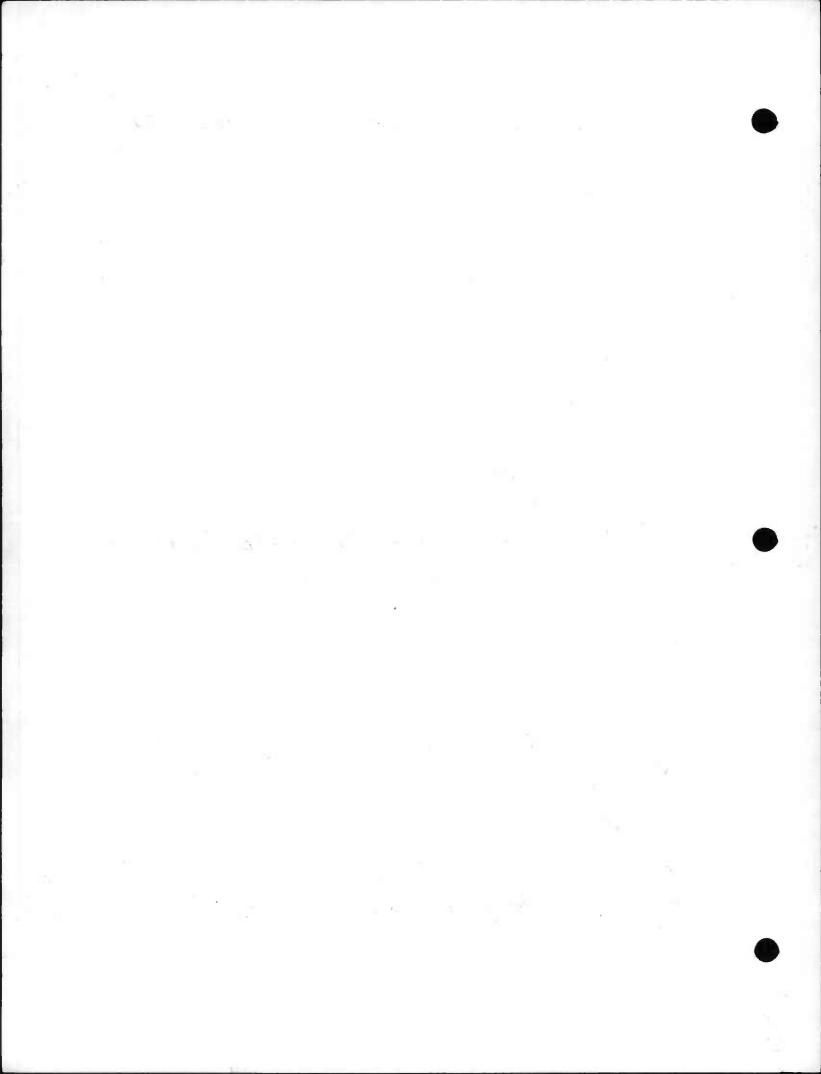
JACQUELINE K DAVIS, MD SINAI HOSPITAL

31. DATE FILED (Month, Day)

TEB 2 8 1994

TEB 2 8 1994

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Pages 1, 2, 3 should

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100-101-00-00 MAN 1 FAIRD 2121-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	ly filled in by the funeral director, page 5 should be detached for use as the burial-transit permation, or removal.	, the medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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30. NAME AND ADDRESS OF PERSON

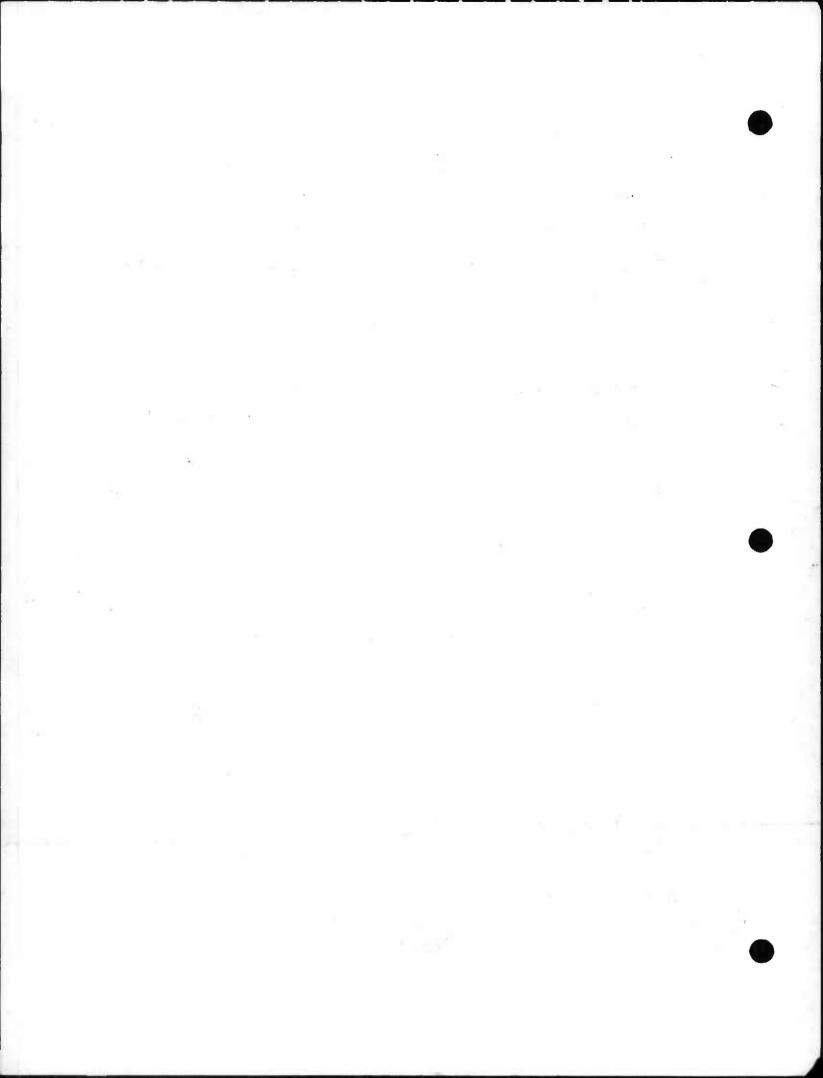
FEB 2 8 1994

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 18,1994 FEBRUARY n/a ALFRED ALEXANDER

4. SOCIAL SECURITY NUMBER 5. SEX CREW, JR. 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 75 DAYS (Month, Day, Year) 02-08-19 MARYLAND t 👿 M 2 🗌 F YRS. 218-03-3999 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR n/a 1805 E. EAGER STREET BALTIMORE CITY RESIDENCE OF DECEDENT toe. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE YES 2 NO n/a MARYLAND FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? UNITED STATES 21205 1805 E. EAGER STREET 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED t3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, atc. t Never Merried 2 Merried
3 Widowed 4 Divorced FORCES? 1 YES 2 NO Specify: BLACK t TYES 2 NO Specify: BY COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) BETHLEHEM STEEL 9 TH LABORER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Mick FLORENCE CREW ALFRED A. CREW, SR. 19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO AOORESS (Street and Number or Rural Route N E. MADISON ST, BALTIMORE, MARYLAND 2 21205 2314 JULIA MILDRED CREW 20e. METHOD OF DISPOSITION

1 Surfel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State BALTIMORE, MARYLAND BALTIMORE CEMETERY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C.MARCH FH.-1101 E.. NORTH AVENUE 23. PART I. Enter the diseases, or complications that caused the death. On not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haert fallure. List only one cause on each line. Interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): 14 NO Sequentially list conditions, DUE TO (OR AS & CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CERTIFICAT CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE that initiated events resulting in deeth) LAST mo. PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED. way 1 Natural Store ter м 1 YES 2 NO ВҰ 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office 281. LOCATION (Street end Number or Rural Route Number City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, U WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 12. REGISTRAR'S SIGNATURE Andere



2. DATE OF DEATH MONTH 2 21 Luther Christian 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In vrs. last birthday) IF UND 7. DATE OF BIRTH IF UNDER 24 HRS. 231-34-9618 HOUSE O. 1 M 2 - F permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATN Baltimore Liberty Medical Center DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10c. CITY_TOWN OR LOCATION Md FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 3902 2 filled in by the funeral director, page 5 should be detached for use as the burial-transit Page 6 may be retained by the hospital or attending physician. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuban, Mexican, Puerto Ricen, stc.) BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cubs

1 YES 2 NO 1 Never Married 2 Merried ВҰ Specify: 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done te. Do NOT use retired.) ntary/Secondary (0-12) College (1-4 or 5+) Operator rane 17: FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, notified at hristian te len BE NAME (Type/Print) 3902 Bo 2 Bonner Ba 10 Tian 20a METHOD OF DISPOSITION pe ACE AND DATE OF DISPOSITION Name of DATE 20c. LOCATION must 2 Cremetion 3 🗆 oremetally dether place) Cemetery 4 Donation 5 Other (Specify) examiner 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West ours after death. 4300 Wabash <u>Avenue</u> medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. ŏ IMMEDIATE CAUSE (Finel the disease or condition completely reaulting in death) traumatic event, crem DIVISION OF VITAL RECORDS, P.O. BOX 68760. requires that the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF Hygiene prior to burial, CERTIFICATION been signed by the attending physician and it, of Health and Mental Hygiene prior to buri Sequentially list conditione, If any, leeding to immediate pertensive cause. Enter UNDERLYING CAUSE (Disease or Injury or other TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL PERFORMED? shows any 1 YES 2 NO PHYSICIAN: has be Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h EXAMINER? HOSPITAL: nt 2 ER/Outpatient 3 🗆 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH this c. 28s. DATE OF-28d. DESCRIBE HOW INJURY OCCURED marked, 1 YEO 2 NO ВҰ After death Investigation 3 Suicide 28s. PLACE OF INJURY hours after de Item 28 Is r COMPLETED 8 Could not be determined DIRECTOR: 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTL be filed within 72 hours at IMPORTANT: If Item 2: 1 CERTIFYING PHYSICIAN: 29a, CERTIFIER NUMBER

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

296. SIGNATURE AND MITLE OF CERTIFIER

8 1994

31. DATE FILED (Month, Day, Year)

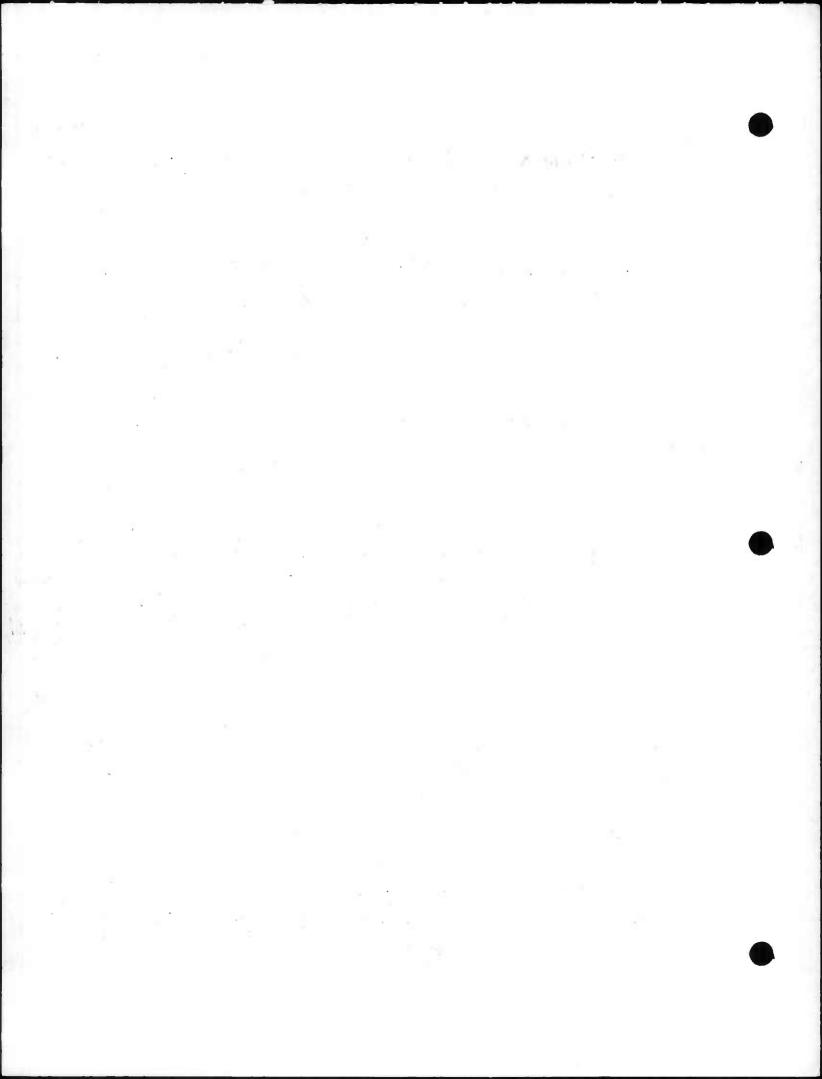
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3. TIME OF DEATN 1994 9:00 A H 9c. COUNTY OF DEATN 10d. INSIDE CITY YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, stc. Specify: **Black** h rd 21216 aun Approximate interval Between Onset and Death UNKNOW WHE AUTOPSY FINANCE MAILANNE PRIOR TO COMPLETIONSE CAUSE DEAD 281. LOCATION (Street end Number or Rural Route Number,

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)



Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IAN	THE ST	0
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	SS	NO.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the m-
	EH	FF	H
	王	TH	5
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Foundation	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it and what it will be and winted the transform or the state and Mental Humana prior to burial premation or	3 =

94 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2-19-94 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Helen Collins 2 DATE OF DEATH ELEN OS TON OKLINS 6. AGE (In yrs. last birthday)
YRS. 4. SOCIAL SECURITY 5. SEX IF UNDER ! YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign DAYE 578326233 1 M 2 F ,28 Missouri 9a. FACILITY NAME (If not institution, give street and 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR OMOREY MD Loward Genera Jospital solumbia RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY war olumbia 1 TYES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12221 21044 Little Postuxent Forkway, Apt C USA 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ABINED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. II yes, specify Cutan, Maxican, Puarto Ri 1 YES 2 NO Specify: 1 Newer Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced white E 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY COMPLET entary/Secondary (0-12) College (1-4 or 5+) 12+ 4 Administrator Housing in New York 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Gerald Tyler Helen Tyler BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 11235 Pear Tree Way "J", Columbia, MD21044 Charles Collins 20m. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Burial 2 Cremation 3 Removal from State 1 Burial 2 Gremation 4 Donation 8 Other (Specify) 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 21. SIGNATURE OF EUNERAL SERVICE LICENSEERO D'& I d Wade, Dir 231 655W.BaltimoreSt, Baltimore, MD21201 23. FART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one ceuse on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) enter-absorrend process CERTIFICATION Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL

24a. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPIAL: OTHER: 1 YES 2 AO estient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be detarmined

29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 MEDITAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b, SIGNATURE AND TITLE OF CENTER

29c_LICENSE NUMBER

30. NAME AND ADDITES	OF PERSON WHO CO	MPLETED CAUSE	DEATH (ITEM 27) (NO	e, Print)	
U	TASSA	11 + A	En. JK	Ma . A	
1701	707676	Y J. MI	(G). J.K.	14.6	

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE FFB 2 8 1994 - window Bordell 29d. DATE SIGNED (Month, Day,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22—urs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF M	MARYLAND / DEPARTM	MENT OF HEALTH AND N	AFNTAL HYGIFNE	94 05813
	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.	
Î	1. DECEDENT'S NAME (First, Middle, Last) EYANOES 21	CLARK	,	2. DATE OF DEATH MONTH DAY P 2 3 7 9 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH B.	BIRTHPLACE (State or Foreign
	212-44-8139 10 HZBF	50 YRS. MOI	NTHE DAYS HOURS MIN.	- 011-112	MARYLAND
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) ANNE AYUNDEL GO RESIDENCE OF DECEDENT	en Hosp "	ANNAPO	1.1	OF DEATH
REC	10e. STATE 10b. COUNTY		OWN OR LOCATION		10d. INSIDE CITY
	MARYLAND ANNE ARUND	EL SEVE			1 TES 2 NO
FUNERAL	100. STREET AND NUMBER 269 BURNS CROSSING ROAD		101. ZIP CODE 21144	777.00	OF WHAT COUNTRY?
SNE	11. MARITAL STATUS 12. WAS DECEDEN	IT EVER IN U.S. ARMED			. RACE American Indian.
BY FL	1 X Never Married 2 Married FORCES? 1 3 Wildowed 4 Divorced	YES 2 NO	If yes, specify Cuben, Mexican 1 YES 2 NO Specify:	n, Puerto Rican, etc.)	Black, White, etc.
	15. DECEDENT'S EDUCATION				WHITE
ETE	(Specify only highest grade completed)	18e. DECEDENT'S USL (Give kind of work life. Do NOT use re	UAL OCCUPATION done during most of working stred.)	166. KIND OF BUSINESS/INDUS	TRY
IPL	Elementarry/Secondary (0-12) College (1-4 or 5 or 1 or 1 or 1 or 1 or 1 or 1 or 1	+)	ASSISTANT	FAIRFIELD NU	RSING CENTER
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAM	ME (First, Middle, Maiden Surname)	
BE (ALBERT WINFELDER CLARK,			BETH ANN HIRES	
0	194. INFORMANT'S NAME (Type/Print) SYLVIA WALZ			loute Number, City or Town, State, Zip Co	
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE OF D		LERSVILLE, MD 2	
	t Burlai 2 X Cremation 3 Ramoval from State 4 Donation 5 Other (Specify)	cemetery, crematory or other HILLTOP SER	placel	DATE 20c. LOCATION — CITY 1994 BALTIMORE	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	4	22. NAME AND ADDRESS OF FAC		
	robert elde	eme	1 SECOND AVE	S.W. GLEN BURN	
	23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one cau	it caused the death. Do not	enter the mode of dying, such	as cardiac or respiratory arrest	
	IMMEDIATE CAUSE (Final		1.	1 /	interval Between Onset and Death
	disease or condition resulting in desth)	te CAre	tiAc Hn	Art Dise	,
_	- 14 V	(OH AS A CONSEQUENCE OF):	170	met Dice	nce
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	(OR AS A CONSEQUENCE OF):	110	1141 0136	7/32
3	cause. Enter UNDERLYING CAUSE (Disease or Injury				
	that initiated events resulting in death) LAST	(OR AS A CONSEQUENCE OF):			
8	d				
*	PART II. Other significant conditions contributing to	death but not resulting in the	he underlying cause given in i	Part i. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
2	4			1 □ YES 2 DUNG	COMPLETION OF CAUSE OF DEATH?
U.I				_	1 TYES 2 NO
ME				1	1
IAN: ME	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Che	ock only one)	
SICIAN: ME	EXAMINER? HOSPITAL:		26. PLACE OF DEATH (Che		
PHYSICIAN: MEDICAL	EXAMINER? HOSPITAL: 1 Inputient 2 27. MAINNER OF DEATH 28. DATE OF (Month, D. Month, D.	ER/Outpatient 3 DOA 4 [INJURY 28b. TIME OF	THER: Nursing Home 5 Residence F 28c, INJURY AT WORK?		ED
BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 1 Inpatient 2 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident 1 Accident 1 Accident 1 Accident	FINJURY 28b. TIME OF INJURY	THER: Nursing Home 5 Residence F 28c, INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCUR	
D BY	EXAMINER? 1 YES 2 NO 1 Inpertent 2 27. MANNER OF DEATH 1 Neural 5 Pending Investigation 2 Accident 3 Suicide 2 2 28e. PLACE OF	ER/Outpatient 3 DOA 4 [INJURY 28b. TIME OF	THER: Nursing Home 5 Residence F 28c, INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify)	
D BY	EXAMINER? 1 YES 2 NO 1 Inputent 2 2. MANNER OF DEATH 1. Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29c. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of	OF INJURY OF INJURY At home, farm, stree etc. (Specify)	THER: Nursing Home 5 Gesidence of the state	B Other (Specify) 28d. DESCRIBE HOW INJURY OCCUR 28f. LOCATION (Street and Number or City or Town, State) to the cause(a) and manner as stated.	Rural Route Number,
BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF building.	OF INJURY OF INJURY At home, farm, stree etc. (Specify)	THER: Nursing Home 5 Gesidence of the state	B Other (Specify) 28d. DESCRIBE HOW INJURY OCCUR 28f. LOCATION (Street and Number or City or Town, State) to the cause(a) and manner as stated.	Rural Route Number,

2 RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

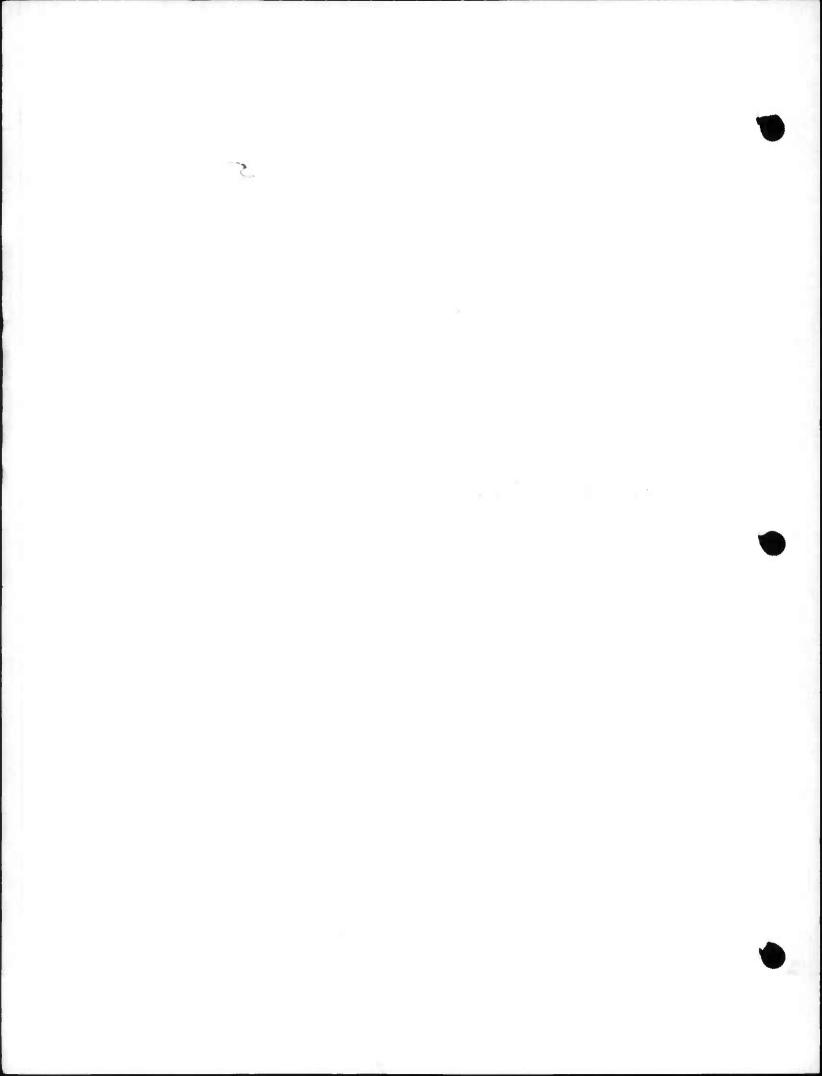
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31. DATE FILED (Month, Day, Year)
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32. REGISTRAR'S SIGNATURE

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ITEM: 14. PER F.H. FILM G-710 4/16/94 t.t FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH G. YEAR GREGORY CHRZANOWSKI FEB 94 9:35 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 37 Corraryland DAYS HOURS 1956 1 0 M 2 | F YRS. 215 48 9381 permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FRANCIS SCOTT KEY MEDICAL CENTER BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Essex 1 YES 25 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? page 5 should be detached for use as the burial-transit 1931 Sue Creek Drive 21221 USA the hospital or attending physician. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No II yea, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 20 Married 1 TES 2 TO NO Specify: -USA-BY Specify: 3 Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade come (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Elementary/Secondary (0-t2) Supervisor Waste Water Treatment 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Walter J. Chrzanowski Helen Feehely Page 6 may be retained by Ħ notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rita Marie Kurek 1931 Sue Greek Dr. Baltimore, MD 21221 Pe 20a. METHOD OF DISPOSITION 3/1/94 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Burlal 2 Cremation 3 Removal from State must director, 1 constructions Cemetery 4 Donation 5 Other (Specify) Baltimore. MD 21. SIGNATURE OF FUNERAL SERVICE LICENSES. 22. NAME AND ADDRESS OF FACULTY Bruzdzinski Funeral Home PA examiner and completely filled in by the funeral oburial, cremation, or removal. ours after death. Mun 1407 Eastern Ave. Baltimore, MD 21221 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, Dr heart fellure. Liet only one cause on each line. interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death the disease or condition ATHEROSCIPEOPIC CAPPIUNASCILLORDISTOSF resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) 2 If any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Diseeee or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE MEDICAL and by any signed t 1 DAES 2 NO DE DEATH? 1 YES 2 NO Deen PHYSICIAN: has be 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: XX YES 2 NO ATTENDING PHYSICIAN; 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 6 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this with 1 Natural 5 Pending м 1 YES 2 NO After t BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town. State) 69 ETED. 8 Could not be DIRECTOR: Hours after 4 Homicide 58 determined Item 29a. CERTIFIER

(Check and 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. 8 COMPL TO THE HOSPITAL (TO THE FUNERAL CE DE filed within 72 himmortant: If it 2 K) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE ▶ FEB 26,1994 O.C.M.E. Um 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D. KOROU MARYNONS 111 Penn Street, Baltimore, Maryland 21201 302 REGISTRAR'S SIGNATURE 31. DATE FILED (Month; Day, Year)
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30 REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Benjamin Charles Dixon Feb 8. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Fo 1 X M 2 F YRS. 214-03-0247 76 1917 Nov 24, Maryland Pages 1, 2, 3 should Bo. FACILITY NAME (If not Institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Talbot Co. Memorial Hospital Easton RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Caroline Greensboro 1 YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? the burial-transit 26006 Fox Grape Rd. 21639 USA physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-it yes, specify Cuben, Maxican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried 1 YES 2 X NO Specify BY Specify: 3 Widowed 4 Divorced attending White 38 COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify only his hospital or Q Elementary/Secondary (0-12) College (1-4 or 5+) detached 12 years Self Employed Owner Mac Tool Co. once. 17. FATHER'S NAME (First, Middle, Lust) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) the 9 Charles B. Dixon Sr. Grace Wilson 5 BE page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Elaine Dixon 26006 Fox Grape Rd. Greensboro, MD 21639 be 20s. METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must funeral director, Lake View Mem. Park 2-25 Sykesville, MD 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Loring Byers Funeral Directors, Inc. Hym filled in by the filon, or removal. 8728 Liberty Rd. Randallstown, MD 21133 medical 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. Interval Between 6 IMMEDIATE CAUSE (Final Onset and Death mpletely fille cremation. # disease or condition water Z mun resulting in death) traumatic event, leath certificate be executed with attending physician and complete rital Hygiene prior to burial, crem DUE TO (OR AS A CONSEQUENCE OF) y heuner o CERTIFICATION Sequentially list conditions, DUE TO OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 the atten PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS by and AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? PERFORMED? amy Health a 1 TYES 2 NO Shows 1 YES 2 NO t. of h PHYSICIAN: OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has b hours after death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) item certificate HOSPITAL: OTHER: 1 D YES 2 DO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE NOW INJURY OCCURED this with marked, 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 60 3 Sulcide 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 200 4 Homicide 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) and manner se stated. TO THE FUNERAL OF THE FUNERAL OF FIRM WITHIN 72 H 2 MEDICAL EXAMINER: On the ation end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE W lan 000 23 2 S/OF PERSON WNO COMPLETED CAUSE OF DEATH (IJEM 27) (Type, Print) 30. NAME AND ADD

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		MARYLA	AND / DEPAI CERTIF					MENTA	L HYGIEN	- (94	05816
	1. DECEDENT'S NAME (First, Middle, Last)			5					2. DATE	OF DEATH	AY	YEAR 3.	. TIME OF DEATH
	Lawrence	Н,	Н.			H. Draper			2	8			:01 a.m
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	n yrs. last birthday)		ER 1 YEAR	IF UNDER	_	7. DATE	OF BIRTH		S. BIRTHPL	ACE (State or Foreign
	219-07-9990	1 × M 2 - F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	5	15 1	917	Country)	1
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CIT	TY, TOWN O	R LOCATIO	ON OF DE				ITY OF OEA	
DIRECTOR	Liberty Medical Center				l _B	Balti	more						
5	RESIDENCE OF DECEDENT		Dairimore										
H	10a. STATE 10b. COUNT	ry				OR LOCAT	ION					10	Od. INSIDE CITY LIMITS?
	MD			B	alti	more						1	X YES 2 NO
M	10e. STREET AND NUMBER					10f.	ZIP CODE				10g. CITIZ	ZEN OF WHA	AT COUNTRY?
	2728 Longwood St	treet					2121	6				U.S.	Α.
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1			13.	. WAS OEC	ENDENT O	F HISPAN	IIC ORIGI	N? (Specify Ye Rican, etc.)	or No-	14. RACE Black, V	- American Indian, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W					2 NO			Pirowit, acc.,	1	Specify	
	15. DECEDENT'S EDU	I CATION							T				ack
1	(Specify only highest grad	ie completed)		(Give kind of life. Do NOT u	work done	during mo	ON st of workin	g	16	b. KIND OF BU	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5		Furnitu					Ι,	اممامما	- 4 7 -4 1	1 - 1	0 0
NA.	17. FATHER'S NAME (First, Middle, Last)		\rightarrow	FULLITE	Tre n	(er in						Conn	& Company
	Andrew James	Draper,	Cn							Middle, Maiden			
BE	19a. INFORMANT'S NAME (Type/Print)	Diapei,	21.					nie			Saunde		
2	Edgar Draper									nber, City or Tow			
1								eet,		ltimore			
	20s/ METHOD OF DISPOSITION 1 [X Burisi 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from Stata	20b. I	PLACE AND DATE efery, cramatory or AUDUY	OF DISPO	isition (Na	me of			19/94 E			MD
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	22.	. NAME AN	D ADDRES		CILITY				
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	23. PART I. Enter the diseases, or shock or heart fellure	complications the	1 coused	the death. Do	no1 ente	r the mo-	de of dyi	ng, aucl	h as car	diac or reap	Iratory arm	eat,	Approximete
	IMMEDIATE CAUSE (Final		list only one ceuse on each line.							Intervel Between Onset and Death			
	disease or condition reaulting in death)	. Chroni	nic Renal Failure										
		DUE TO	(OR AS A	CONSEQUENCE O	OF):								
Z	Sequentially list conditions,	Company of the compan											
E	if any, leeding to immediate	DUE TO	(OR AS A	CONSEQUENCE O	NF):								
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C											
ERTIFICATION	thet initiated eventa resulting in death) LAST	DUE TO	(OR AS A	CONSEQUENCE C	HF):								
	Total Ling III dodaily Exist	d											
C	PART II. Other algnificant conditio	ons contributing to	death bu	t not reaulting	In the u	inderlying	ceuse o	iven in	Part I.	24s. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
2	Dementia	make -					1000			PERFO		A	MAILABLE PRIOR TO OMPLETION OF CAUSE
										1 TYES 2	NO NO	O	F DEATN?
Σ												1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	T				00 00	105.05.0	E 4711 401					
S	EXAMINER?	HOSPITAL:	1000		OTHE	R:	ACE OF D						
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	1 Inpatient 2 I		26b, Til		28c. INJ		sidence		er (Specify) SCRIBE HOW	N ILIEN OCC	NIDED.	
	1 Netural 5 Pending	(Month, D	lay, Year)		JURY M	WO	RK?	1 NO	280. DE	SCHIBE HOW	MJURY OCC	URED	
B	2 Accident Investigation 3 Suicide & Could not be	28e PLACE O	F INJURY .	— At home, ferm,				, NO	261 1 04	CATION (Street	and Mumbar	or Pront Day	do Aliambar
COMPLETED	4 Homicide 8 Could not be	building,	etc. (Specif	(y)	J11000, 100	ctory, office			City	or Town, Stete)	or noral noo	te Namoer,
<u> </u>	29a, CERTIFIER												
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S	2 MEDICAL EXAMIN	ER: On the besis of e	xamination	end/or investigati	on, In my	opinion, d	eath occur	ed at the	tima, dat	e and place, er	nd due to the	e cause(s) e	nd menner es stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	My /	, , ,	1				NSE NUM	MBER		29d. DATE	SIGNED (M	Ipnth, Day, Year)
TO B	(MWys	10 M	u	we		- 5	D18	8327			1 2	181	94
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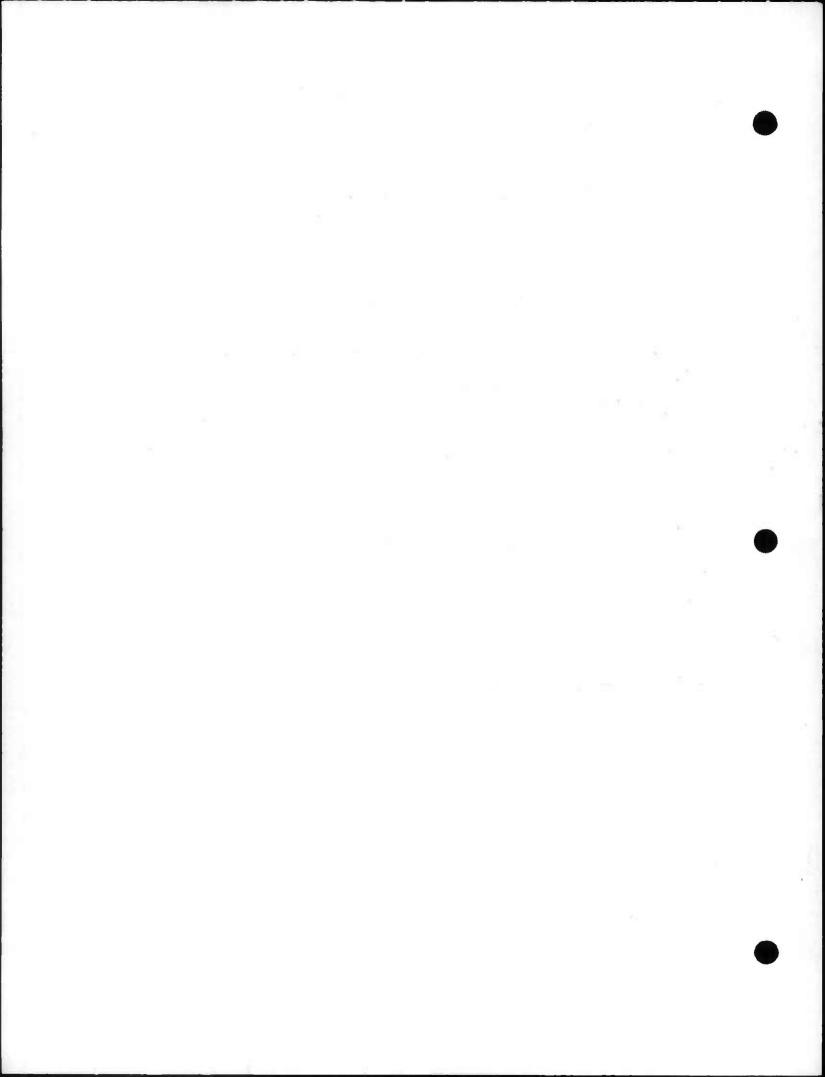
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32 REGISTRAR'S SIGNATURE

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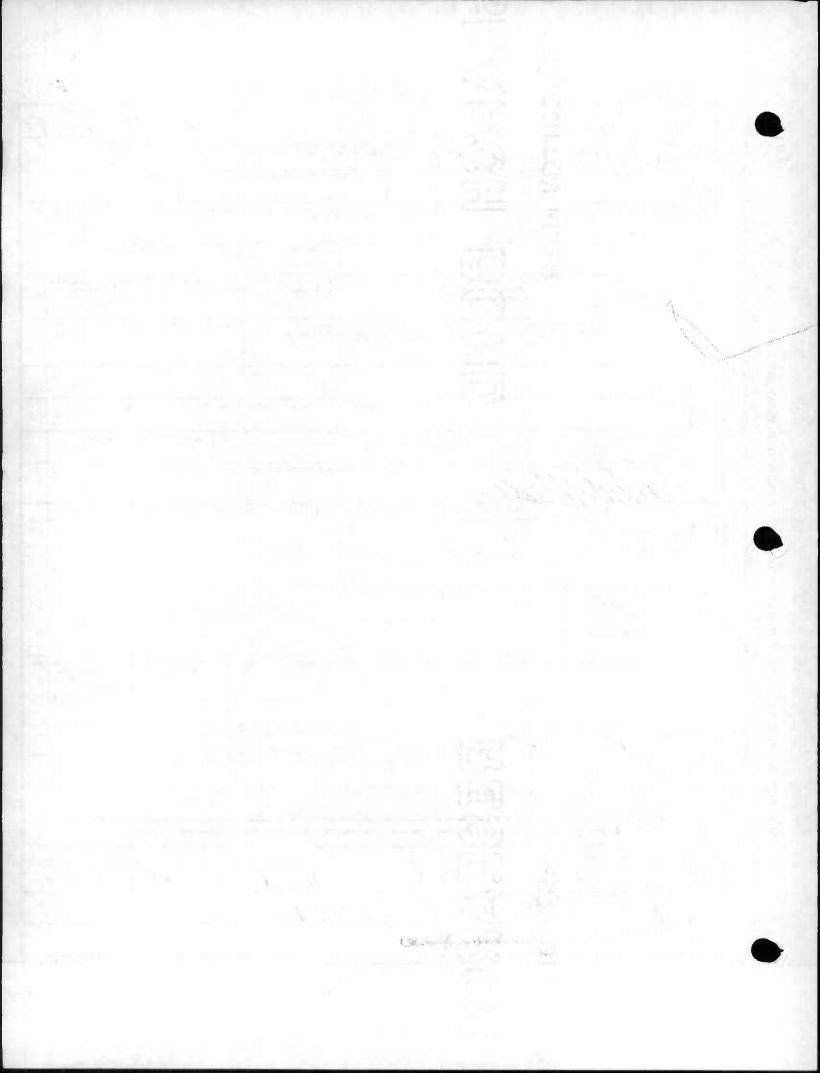
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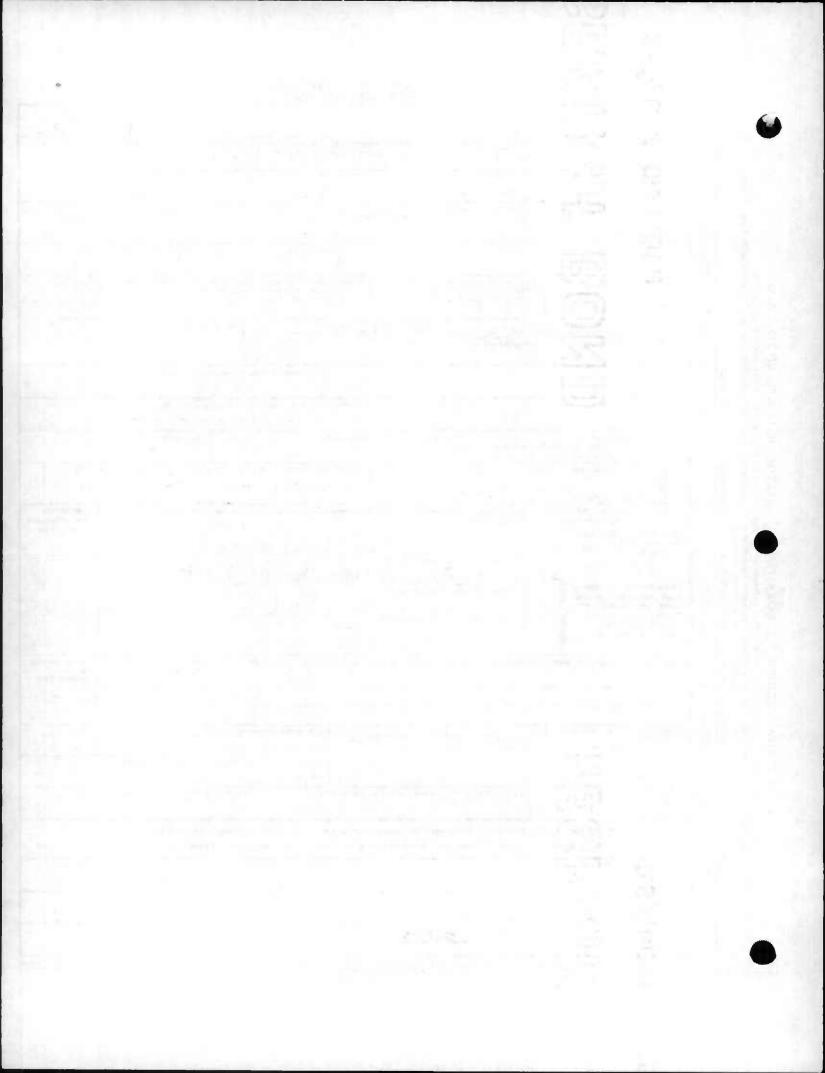
FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPARTMENT CERTIFICATE		MENTAL HYGIENE REG. NO.
DECEDENT'S NAME (Elist, Middle, Last)	ADELINE	WORTHINGTON	DOASAN	2. DATE OF DEATH DAT

	REGISTRAR	C	ERITFIC	ALE OF	DEATH		REG. NO.			00011
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	11707110	213039 45 4 10 M 2 124 8 7 YRS.			IF UNDER 24 HRS. HOURS MIN.	9-30-1906 Marylan			ce (State or Foreign	
	9a. FACILITY NAME (If not institution, give street and numb		9b	CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY OF DEATN		
OH	Good Samaritian H	ospital		Ва	Baltimore na					
5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		I son CITY TO	WAL OR LOCA	TION				L	
DIRECTOR	Maryland	Balt	altimore						I, INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	100. STREET AND NUMBER Mariner 1 2400 N. Charles St	Health Ca	are	10	1. ZIP CODE 2 1 2 1 8			10g. CITIZEN		COUNTRY?
3	11, MARITAL STATUS 12. WAS DEC	CEDENT EVER IN U.S. A	RMED	13. WAS DEC	CENDENT OF NISPA	NIC ORIGIN?	Specify Yea o		SA RACE - /	American Indian, life, etc.
BY F		7 1 YES 2 DIVE WAR OR DATES	no n o	1 TYES	ecify Cuban, Maxic 3 2 NO Speci		en, etc.)		Black, Wir Specify:	White
0	15. DECEDENT'S EDUCATION	16a. D	ECEDENT'S USU		ON	16b. K	IND OF BUSIN	IESS/INDUS	TRY	MILTE
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)	(0	Give kind of work b. Do NOT use re	done during mo						
1	8	0. 3+)						Home	emak	er
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	AME (First Mic	Idle Malden Su	mame)		
	William B. Jacks	On.								
BE	19a, INFORMANT'S NAME (Type/Print)		AN MARINO ADI	DESS (Street)	Elice				dal	
2	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DE WAILING AD	DUESS (Sheet (ind Number of Hural	HOUSE NUMBER	City or lown,	State, ZIP CO	de)	
	20a. METHOD OF DISPOSITION	Provide and								
	1 Buriel 2 Cremetion 3 Removal from Sta		AND DATE OF D		ame of	OATE	20c. LOCA	TION - City	or Town,	State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSED RO	- 1 2 77 2								
	State of tolerand service decree (8)	nald wad	e,Dir		NO ADDRESS OF F	No.	tate	Anat	comy	Board
	Immel /////			655W.	Baltim	oreSt	,Balt	to, MI	212	0 1
	23. PART i. Enter the diseases, or complication	a that coused the d	eath. Do not	entar the mo	oda of dying, suc	ch as cardis	c or reapire	tory arrest	,	Approximate
	ahock, or heart failure. List only on IMMEDIATE CAUSE (Final	a cause on each lin	a.							interval Between Onset and Death
	disease or condition	1/4								Onest and Stati
	resulting in death)	UE TO (OR AS A CONSE	QUENCE OF):						1	
-										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	UE TO (OR AS A CONSE	EQUENCE OF):						1	
X	cause. Enter UNDERLYING									
Ĕ	CAUSE (Disease or injury that initiated events	UE TO (OR AS A CONSE	OUENCE OF):							
1	resulting in death) LAST									
빙										
A	PART ii. Other aignificant conditions contributi	ng to death but not	reaulting in the	he underlyin	g cause given in	Part I. 2	4a. WAS AN AU PERFORM			RE AUTOPSY FINDINGS
EDICAL							YES 2		CON	APLETION OF CAUSE DEATH?
WE										YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE DF OEATH (C	heck only one)				
S	EXAMINER? 1 YES 2 NO 1 Properties	L: t 2 ER/Outpetient :		Number Hos	ne 5 🗆 Rasidence	a C Other (Specifici			
¥	27. MANNER OF CEATN 28e. DA	TE OF INJURY	26b, TIME OF	28c. IN.	JURY AT		RIBE NOW INJ	URY OCCUR	ED	
	1 Natural 5 Pending	onth, Day, Year)	INJURY		ORK? YES 2 NO					
A A	2 Accident Investigation 3 Suicide B Could not be 28e. PL	ACE DF INJURY - At h	ome, farm, stree			281 1 DCAT	ION (Street and	1 Alumber or I	Burnt Bourte	Akumbar
8	4 Homicide a Could not be bu	liding, etc. (Specify)		.,,			Town, State)	2 None or 1	norm moore	recompan,
	29a. CERTIFIER					<u> </u>				
COMPLET	(Check only 1 CERTIFYING PHYSICIAN: To the									territoria
Į į	one) 2 MEDICAL EXAMINER: On the bas	le of exemination and/or	Investigation, In	my opinion, o	leath occured at the	time, data a	nd place, and	due to the c	euse(a) and	I manner sa stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1.	^		29c. LICENSE NU	MBER	. \ :	29d. DATE SI	GNED (Mor	nth, Day, Year)
BE	Hozem Hoder	7 /7-	1).		Beener	(019	7)	> Fu	119	1,94
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	CAUSE OF DEATH (ITE	M 27) (Type, Prin	n)	120	-	/	, ,		1
	HATEM A	NDAR	Y -	G5+	4(4/6)53	12-5	3000			
	31. DATE FILED (Nighth Days Year) 32. REG	STRAR'S SIGNATURE		0 0 7	(11-)-)	~ (
	FED 6 0 1994 Flored	budy Bud	. 00 5							



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle Last)	John Dly			Dorsey	2. DATE OF DEATH 2	2-17-9 3 94	3. TIME OF DE	
	4. SOCIAL SECURITY NUMBER	6. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.	BIRTHPLACE (State or	
	213 52 3853	1 GM 2 GF	47 YRS.	MONTHS BAY	B HOURS MIN.	(Month, Day, Year) 11-16-4		Marylan	
	9a. FACILITY NAME (If not institution, give		- 1	9h CITY TOW	N OR LOCATION OF D		9c, COUNTY		
E	The second secon								
임	Liberty Medic	cal Center		Baltimore na					
Ĕ I	10a. STATE 10b. COUNT			TY, TOWN OR LO	CATION			10d, INSIDE CI	
DIRECTOR	Maryland	na		Balti	more			LIMITS?	
الإ	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY	
ER	504 Gold Stre	eet						USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE				NIC ORIGIN? (Specify Y	ea or No — 14.	. RACE - American in	
	1 Never Married 2 Married	FORCES? 1 Y			specify Cuban, Maxic res 2 - NO Speci	en, Puerto Ricen, etc.)		Black, White, etc. Specify:	
BY	3 Widowed 4 Divorced							Black	
	15. DECEDENT'S EDG (Specify only highest grad	UCATION (e. completed)	16a. DECEDENT'S	S USUAL OCCUP		16b. KIND OF B	USINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT L	use retired.)	most or working				
M M									
Ö,	17. FATHER'S NAME (First, Middle, Last)	FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)							
BE (
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Stre	et and Number or Rural	Route Number, City or To	own, State, Zip Co	ode)	
F	Delores Dorse	еу	504	Gold	Street,	Baltimo	re, Mar	yland	
	20s. METHOD OF DISPOSITION		20b. PLACE AND DATE		(Neme of	DATE 20c. L	OCATION City	y or Town, Stata	
	1 Donation 5 Other (Specify)	n state re	cemetery, cremetory or e	other piece)					
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Ronald	Wade, Di	22. NAME	AND ADDRESS OF F	ACILITY Stat	e Anat	tomy Boa	
		1////	_		W Baltim	oreSt, Ba		_	
4	23. PART I. Enter the diseases/or	11/1000	-						
	InfMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A DONSEQUENCE OF): Onset and D Onset and D								
		DUE TO OR AUC	MOCO. TO						
NC	reaulting in death)	b. C	2 DIC	l Va.		iccident	,		
MOIT	Sequentially list conditions, if any, leading to immediate	b. C	L L L C	l Va.			,		
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO (OR A	LOFE AS A CONSEQUENCE CO	l Var.			,		
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR A	L L L C	l Var.			,		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO (OR A	LOFE AS A CONSEQUENCE CO	l Var.			,		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b	AS A CONSEQUENCE OF	l Var.	Failu	re	AN AUTOPSY	24b. WERE AUTOPSY	
	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	AS A CONSEQUENCE OF	l Var.	Failu	Pert I. 24a. WAS A	AN AUTOPSY ORMED?	AVAILABLE PRIO	
EDICAL CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	AS A CONSEQUENCE OF	l Var.	Failu	re	AN AUTOPSY ORMED?	AVAILABLE PRIO COMPLETION OF OF DEATH?	
MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	AS A CONSEQUENCE OF	l Var.	Failu	Pert I. 24a. WAS A	AN AUTOPSY ORMED?	AVAILABLE PRIO	
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	AS A CONSEQUENCE OF	or: atery	Failu	Part I. 24a. WAS A PERF	AN AUTOPSY ORMED?	AVAILABLE PRIO COMPLETION OF OF DEATH?	
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions.	b	AS A CONSEQUENCE O	OFF: The underly OTHER:	Failuring cause given in	Pert I. 24a. WAS A PERFE 1 YES	AN AUTOPSY ORMED?	AVAILABLE PRIO COMPLETION OF OF DEATH?	
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	b. DUE TO (OR A c. DUE TO (OR A d	AS A CONSEQUENCE CO. AS A CONSEQUENCE CO.	OTHER:	Failu	Pert I. 24a. WAS A PERFE 1 YES	NA AUTOPSY ORMED? 2 ≅ NO	AMAILABLE PRIO COMPLETION OI OF DEATH? 1 YES 2 C	
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending	b. DUE TO (OR A c. DUE TO (OR A d	AS A CONSEQUENCE OF THE PROPERTY STATES A CONSEQUENCE OF THE PROPERTY STATES AS A CONS	OTHER: 4 Nursing ME OF 266.	Fa ((U)	Pert I. 24a. WAS A PERFE 1 YES	NA AUTOPSY ORMED? 2 ≅ NO	AMAILABLE PRIO COMPLETION OI OF DEATH? 1 YES 2 C	
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation	DUE TO (OR A c. DUE TO (OR A d. Due To (OR A	AS A CONSEQUENCE COAS A COAS A	OFF: 20 OTHER: 4 Nursing MC OF JURY M 1 (PLACE OF DEATH (C) Tomo 5 Rasidence INJURY AT WORKY VES 2 NO	Pert I. 24a. WAS A PERF 1 YES heck only one) 6 Other (Specify) 28d. DESCRIBE HOW	AN AUTOPSY ORMED? 2 EFNO	AMAILABLE PRIO COMPLETION OF DEATH? 1 YES 2 THE PRIOR OF	
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	b. DUE TO (OR A c. DUE TO (OR A d	AS A CONSEQUENCE CO. AS A CONSEQUENCE CO.	OFF: 20 OTHER: 4 Nursing MC OF JURY M 1 (PLACE OF DEATH (C) Tomo 5 Rasidence INJURY AT WORKY VES 2 NO	Pert I. 24a. WAS A PERFE 1 YES	NA AUTOPSY ORMED? 2 M NO V INJURY OCCUR	AMAILABLE PRIO COMPLETION OF DEATH? 1 YES 2 THE PRIOR OF	
ED BY PHYSICIAN: MEDICAL	PART II. Other aignificent condition EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural S Pending Investigation 2 Accident 3 Suicide Homicide 4 Homicide	b. DUE TO (OR A c. DUE TO (OR A d	AS A CONSEQUENCE CO. AS A CONSEQUENCE CO.	OFF: In the underly OTHER: 4 Nursing MU OF JURY M 1 (PLACE OF DEATH (C) Tome 5 Residence INJURY AT WORKY VES 2 NO	Pert I. 24a. WAS A PERFIT 1 YES 1 DESCRIBE HOW 28d. DESCRIBE HOW 28d. LOCATION (Street	NA AUTOPSY ORMED? 2 M NO V INJURY OCCUR	AMAILABLE PRIO COMPLETION OF DEATH? 1 YES 2 THE PRIOR OF	
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	b. DUE TO (OR A c. DUE TO (OR A d	AS A CONSEQUENCE CO. AS A CONSEQUENCE CO.	OTHER: 4 Nursing ME OF JURY M 1 street, tectory, o	Fa (() ying cause given in PLACE OF DEATH (C) tome 5 Residence INJURY AT WORK? YES 2 NO	Pert I. 24a. WAS A PERF 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, Stal	AN AUTOPSY ORMED? 2 MNO 2 MNO 2 INJURY OCCUR of and Number or 1	AMAILABLE PRIO COMPLETION OI OF DEATH? 1 YES 2 C	
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COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER Check only 1 CERTIFYING PHYS	b. DUE TO (OR A c. DUE TO (OR A d. Due To (OR A d. Due	AS A CONSEQUENCE CO. AS A CONSEQUENCE CO.	OTHER: 4 Nursing H ME OF 26c. IJURY M 1 [street, tectory, o	PLACE OF DEATH (C) Tome 5 Residence INJURY AT WORK? YES 2 NO Wilce	Pert I. 24a. WAS A PERFI. 1 YES 1 Part I. 24a. WAS A PERFI. 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Rown, Stall Perf. No. 1) 1 to the cause(a) and me time, data and place,	IN AUTOPSY ORMEO? 2 PNO 2 INJURY OCCUR of and Number or interest and due to the co	AMAILABLE PRIO COMPLETION OF DEATH? 1 YES 2 C	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF CEATH 1 Metural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	b. DUE TO (OR A c. DUE TO (OR A d. Due To (OR A d. Due	AS A CONSEQUENCE CO. AS A CONSEQUENCE CO.	OTHER: 4 Nursing H ME OF 26c. IJURY M 1 [street, tectory, o	ying cause given in PLACE OF DEATH (Cotome 5 Residence INJURY AT WORK? YES 2 NO Wiffice	Pert I. 24a. WAS A PERFI. 1 YES 1 Part I. 24a. WAS A PERFI. 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Rown, Stall Perf. No. 1) 1 to the cause(a) and me time, data and place,	IN AUTOPSY ORMEO? 2 PNO 2 INJURY OCCUR of and Number or interest and due to the co	AMALABLE PRIC COMPLETION OF DEATH? 1 YES 2 CAREO REO Reo Reuse(a) and manner as	
D BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide 6 detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER. 29b. SIGNATURE AND TITLE OF CERTIFIER	b. DUE TO (OR A c. DUE TO (OR A d. DUE	AS A CONSEQUENCE OF AS A C	OF): 26 OTHER: 4 Nursing ME OF Street, tectory, of the time	ying cause given in PLACE OF DEATH (Cotome 5 Residence INJURY AT WORK? YES 2 NO Wiffice	Pert I. 24a. WAS A PERFI. 1 YES 1 Part I. 24a. WAS A PERFI. 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Rown, Stall Perf. No. 1) 1 to the cause(a) and me time, data and place,	IN AUTOPSY ORMEO? 2 PNO 2 INJURY OCCUR of and Number or interest and due to the co	AMALABLE PRIC COMPLETION OF DEATH? 1 YES 2 CAREO REO Reo Reuse(a) and manner as	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF CEATH 1 Metural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	b. DUE TO (OR A c. DUE TO (OR A d. DUE	AS A CONSEQUENCE OF AS A C	OF): 26 OTHER: 4 Nursing ME OF Street, tectory, of the time	ying cause given in PLACE OF DEATH (Cotome 5 Residence INJURY AT WORK? YES 2 NO Wiffice	Pert I. 24a. WAS A PERFI. 1 YES 1 Part I. 24a. WAS A PERFI. 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Rown, Stall Perf. No. 1) 1 to the cause(a) and me time, data and place,	IN AUTOPSY ORMEO? 2 PNO 2 INJURY OCCUR of and Number or interest and due to the co	AMALABLE PRIC COMPLETION OF DEATH? 1 YES 2 CAREO REO Reo Reuse(a) and manner as	



Pages 1, 2, 3

permit.

TO THE HOSPIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tr	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attendi	be filed within 72 hours after death with the State Dept. of Health and Mental Hy	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or

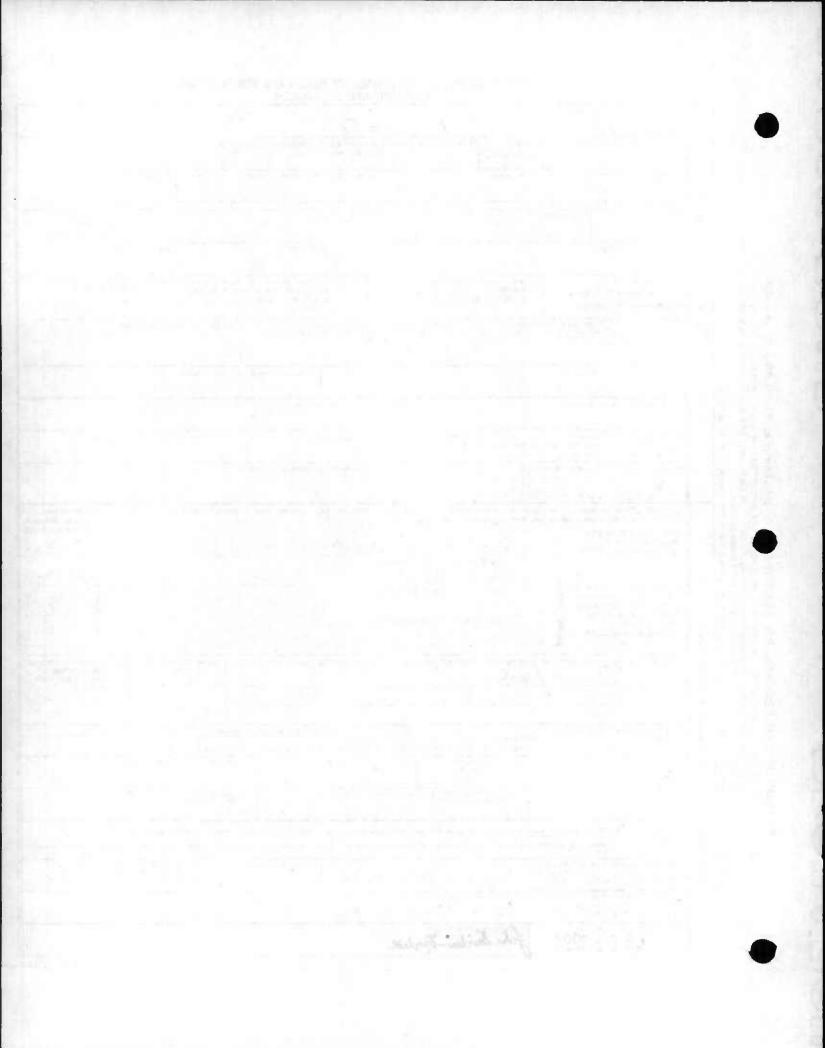
1 - STATE REGISTRAR 94 05819 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ANNIE DAUGHTRX 19 12 NNIE 1200 8. AGE (In yrs. lest birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 1 - M 2 217-68-0809 06-05-NORTH CAROLIN 9e. FACILITY NAME (If not institution, give street end number Oc. COUNTY OF DEATH DIRECTOR CHURCH HOME AND HOSPITAL BALTIMORE CITY NONE RESIDENCE OF DECEDENT 10a. STATE foc. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND NONE BALTIMORE CITY TY YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2033 E. BIDDLE STREET 21213 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, OIVE WAR OR DATES. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 TES 2 NO Specify: XX Widowed 4 Divorced BY AFRICAN AMERICAN COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE NONE 3rd none 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname, WILLIAM DAVIS EMMA BLAKE DAVIS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 HARRY LEE DAUGHTRY III 2033 E. BIDDLE STREET BALTO, MD. 21213 20e. METHOD OF DISPOSITION
1 Security 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 28c. LOCATION — City or Town, Blate MT. ZION CEMETERY 3/01/94 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL BERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY CALVIN B. SCRUGGS FUNERAL HOME alvin \$19 1412 E. PRESTON ST. BALTO, MD 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between ehock, or heert feliure. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Final Subdural disease or condition_ alays resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): SCU rars MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) thet initieted events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? lowal Pailure 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 \subseteq Nursing Home 6 \subseteq Residence 5 \subseteq Other (Specify) 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Netural 2 Accident 6 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide a Could not be COMPLETED 4 Homicide 29a. CERTIFIER (Check only CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner es atsted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE Ollavariou ed. reciali 27 40356 9 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print)

ookevan

2 NAVAPRO

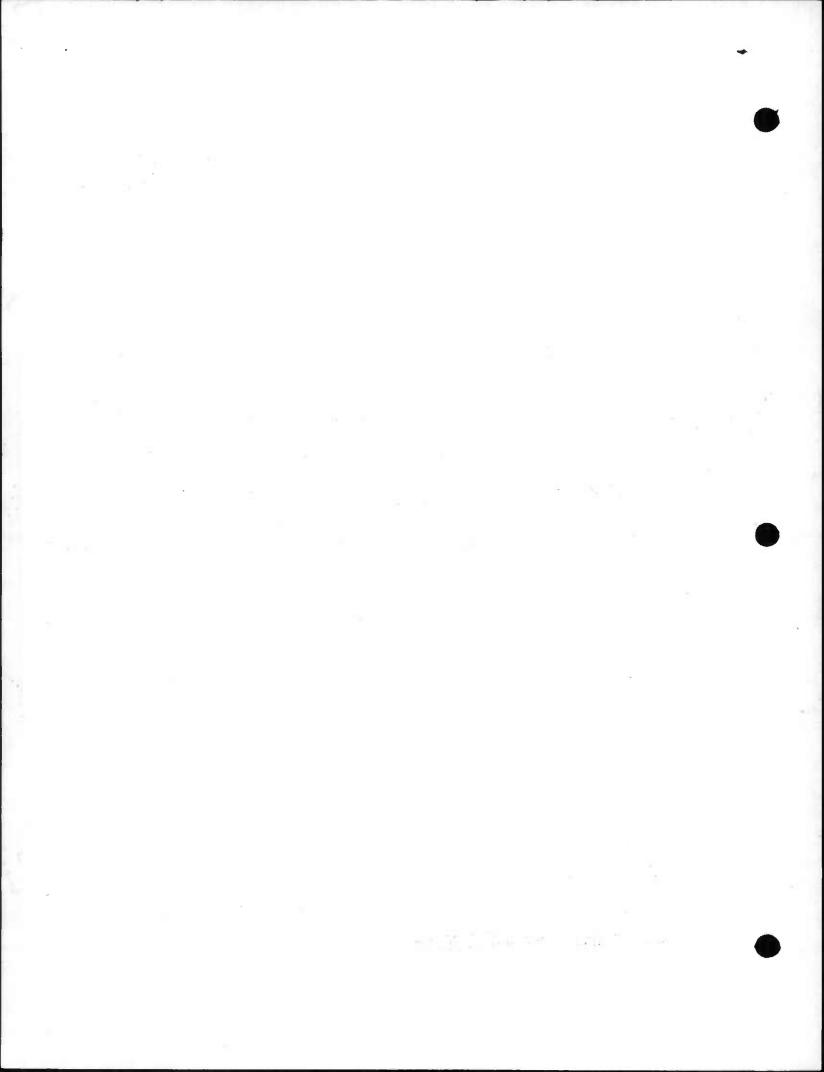
FEB 2 8 1994

31. DATE FILED (Month, Day, Year)



retained by the hospital or attending physician,	5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		notified at once.
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Fucus after death. Page 6 may be retained by the hospital or attending physician.	R. After this	er death wit	28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OF	TO THE FUNERAL DI	be filed within 72 hours aft	IMPORTANT: If Ite

	1 - FOR STATE OF MARY		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE	1. 05000
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATN	3. TIME OF DEATH
ľ	Durant P. Freter			February 25,	1994 M
			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
į	215-14-5230 1 ½ M 2 □ F	/ Z YRS.		November 22, 1	1921 Maryland
œ	9e. FACILITY NAME (If not institution, give street end number) 118 Sudbrook Lane	9b	city, town or location of D Pikesville	EATH 9c. CO	DUNTY OF DEATH Baltimore
6	RESIDENCE OF DECEDENT		TIROUVIIIC		Datelmore
DIRECTOR	Maryland Baltimore		OWN OR LOCATION		10d. INSIDE CITY LIMITS?
	Maryland Baltimore		ikesville		1 YES 2 X NO
FUNERAL	118 Sudbrook Lane		101. ZIP CODE 21208		J.S.A.
S	11. MARITAL STATUS 12. WAS DECEDENT EVE	R IN U.S. ARMED		NIC ORIGIN? (Specify Yes or No	
BY F	1 Never Merried 2 Merried FORCES? 1 XY IF YES, GIVE WAR OF WW.	ES 2 NO B DATES	If yes, specify Cuben, Mexic 1 YES 2 NO Speci	en, Puerto Ricen, etc.)	Black, White, etc.
	15. OECEDENT'S EOUCATION		<u> </u>		White
COMPLETED	(Specify only highest grade completed)	16e, OECEDENT'S USU (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BUSINESS/	INDUSTRY
P	College (1-4 or 5+)	Auditor		State of	Maryland
Š	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Meiden Surneme)
BE	Paul Oscar Freter			E. Penn	
2	190. INFORMANT'S NAME (Type/Print) Mrs. Marcia D. Freter		DRESS (Street end Number or Rural		Zip Code) 21208
		20b. PLACE AND DATE OF D	ibrook Lane P		— City or Town, State
ì	1 Burlel 2 Cremation 3 Removal from State	cametary cramatory or other			· ·
	21. SIGNATURE OF FUN RAL SERVICE LICENSEE	laryrana ve	22. NAME AND ADDRESS OF F	CILITY	
	· James B Co	wer!	8728 Liberty	Funeral Direct Road Randalls	stown, MD 21133
	23. PART I. Enter the diseases, or complicatione that cau	ed the deeth. Do not	enter the mode of dying, su	ch as cardiec or respiratory	srrest, Approximate Interval Between
ì	IMMEDIATE CAUSE (Final disease or condition	Dave	C 0		Onset and Daath
	resulting in death)	S A CONSEQUENCE OF:	101		3mo 1
z		a a solide series of j.			į į
<u>E</u>	it any, leeding to immediate	S A CONSEQUENCE OF):			
<u>Ş</u>	CAUSE (Disesse or Injury	S A CONSEQUENCE OF):			
CERTIFICATION	that initiated events resulting in desth) LAST	s a consequence or :			j
	CAPIT II Obber elemificant and library and the later in				
SAL	PART II. Other significent conditions contributing to deet CONGEST THE HES	h but not resulting in the	he underlying csuse given in ヘーステル・・ハイ	PERFORMED?	AVAILABLE PRIOR TO
		All Land			
5 N			TILU NGE	1 TES LE NO	COMPLETION OF CAUSE OF DEATH?
<u> </u>			EDEU NGE	1 TYES LA THO	
CIAN: 1	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C		OF DEATH?
YSICIAN: 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO HOSPITAL: 1 Inpetient 2 ERVO		THER:		OF DEATH?
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 1 Inpetient 2 ER/C 27. MANNER OF OEATH 26. OATE OF INJUST	Outpatient 3 DOA 4 (FHER: Nursing Home Residence 28c. INJURY NT WORK?	neck only one)	OF DEATH? 1 YES 2 NO
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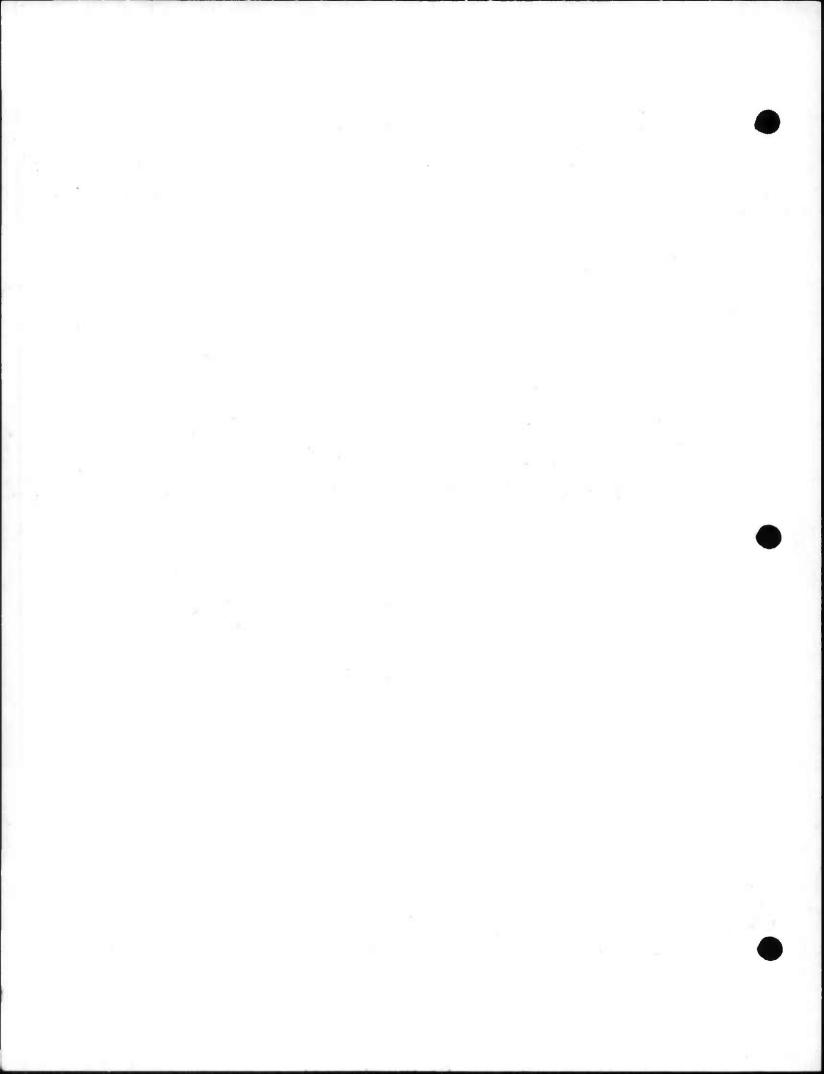


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DIVISION OF VITAL RECORDS P.O. BOX 68760

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Li		CERTIFI	MENT OF HEALTH AN CATE OF DEATH	REG. NO.	14 0582
	PEARL	FLOREN	PE F	OPPEST	MONTH DAY	YEAR 3. TIME OF DEA
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 F	Manth Day Mand	8. BIRTHPLACE (State or Fo
	578-44-195	9 1 D M 2 / F	XX YRS.	MONTHS DAYS HOURS M	03-17-12	CALVERT LOS
CTOR	PRESIDENCE OF DECEDENT	3020 G1	EANTLY	9b. CITY, TOWN OR LOCATION OF BAIL AND	OF DEATH ORO CTY CA	LVERT COU
DIRECTOR	10a. STATE 10b. COL	UNTY	10c. CITY	A HIMORE		10d. INSIDE CITY LIMITS?
FUNERAL	3020 GRAN	TLY AV	E,	101. ZIP CODE	1215 log. cr	TIZEN OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF H It yes, specify Cuben. M 1 VES 2 NO S	ISPANIC ORIGIN? (Specify Yes or No—lexican, Puerto Rican, etc.) Specify:	14. RACE — American India Black, White, etc. Specify.
TED	15. DECEDENT'S (Specify only highest g		(Give kind of w	JSUAL OCCUPATION ork done during most of working	16b. KIND OF BUSINESS/IN	DUSTRIY
IPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired)	DMMESTI	2
SE COMPL	17. FATHER'S NAME (First, Middle, Last)	JONES		16. MOTHER	'S NAME (First, Middle, Melden Surname)	
TO B	190. INFORMANT'S NAME (Type/Print)	oodson	19b, MAILING /	ADDRESS (Street and Number or I	Purel Poute Number, City or Town, State, Z	100000) 1to. Md. (15
	20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 F	Ramoval from State	20b. PLACE AND DATE Of cemelery, crematory or oth		DATE 20c. LOCATION -	- City or Town, Stata
	4 Donation 5 Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	F SICEMBER		IONAL MEM	LAURE	= 4, 11101.
				22 NAME AND ADDRESS (SE EACH ITY 3	1
	· Cani	J.C.	-	4611 PARK	HEIGHTS AVE	
	23. PART I. Enter the diseases, shock, or heart failu	J.C.	aused the death. Do not on each line.	4611 PARK	DERRICK	
	immediate cause (Finel disease or condition	or complications that cause	on each line.	4611 PARK	HEIGHTS AVE	rreat, Approxim
	iMMEDIATE CAUSE (Finel	or complications that cause. List only one cause. DUE TO (OR	on each line. Copyright AS A CONSEQUENCE OF	4611 PARK	HEIGHTS AVE	Approximinterval B Onset and
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DSPITAL DR AFTENDING PHYSICIAN: TH
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Greenspun Josephine 20 4. SOCIAL SECURITY NUMBER B. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign DAYS 293 03 1305 HOURS 1 M 2 F YRS 86 February 16 .1908 Ohio 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY Maryland Montgomery Rockville 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CDDE 10g. CITIZEN DF WHAT COUNTRY? 6121 Montrose Road 20852 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-lf yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FDRCES? 1 YES 2 1400 1 Never Married 2 Married 1 - YES 2 - WO Specify. BY \$€ Widowed 4 □ Divorced White 9 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high COMPLET Elamentary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) at Ben Alexander BE Libby Feldman notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Julian Greenspun 12716 Circle Drive, Rockville, MD 20850 pe 20a. METHOO OF DISPOSITION
1 X Burlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must Judean Mem. Gardens 2/21/94 4 Donation 8 Other (Specify) Olney MD examiner 21. SIGNATURE DE FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY Ives-Pearson Funeral Homes Falls Church, VA medical 23, ART I. Enter the diseasea, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. Liet only one cause on each line. Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death the disease or condition resulting in death) PNEUMONIA event, DUE TO (OR AS A CONSEDUENCE DF) traumatic CERTIFICATION Sequentially list conditions, QUE TO (DR AS A CONSEDUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST 10 PART ii. Other significant conditione contributing to death but not recuiting in the underlying ceuse given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL PANCREATITIS any 1 YES 2 NO OF DEATH? RENAL FAILURE 1 YES 2 ND PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DE DEATH (Check only one) Tem! EXAMINER? HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation м 1 YES 2 ND BY 2 Accident 28s. PLACE DF INJURY — At home, ferm, streef, fectory, office building, stc. (Specify) 3 Sulcide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 8 Could not be COMPLETED 4 Homicide 28 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL (TO THE FUNERAL DID BE filed within 72 ho 2 _ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE DE CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE M.D D 36552 Taluras 12/20/94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RO. ROCKVILLE MD. 20852 6121 MONTROSE 7ALWAR 2. REGISTRAR'S SIGNATURE 31. DATE FILEO (Month, Day, Year)

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DAYS

IF UNDER 24 HRS

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HOURS

9b. CITY. TOWN OR LOCATION OF GEATH

02 7. DATE OF BIRTH (Month, Day, Year

2. DATE OF DEATH

1:15 8. BIRTHPLACE (State or Foreign Country)

3. TIME OF DEATH

PM

(Month, Day, Year)
11/9/1903

Pennsylvania

9e. FACILITY NAME (If not institution, give street end number)

Manor Care- Ruxton Nursing Center RESIDENCE OF DECEDENT

Towson

Baltimore

9c. COUNTY OF DEATH

10e. STATE 10b. COUNTY

Louis

4. SOCIAL SECURITY NUMBER

162-07-2594

10c. CITY, TOWN OR LOCATION Baltimore

IF UNDER 1 YEAR

MONTHS

10d. INSIDE CITY 1 X YES 2 NO

Maryland 10e STREET AND NUMBER

permit. Pages 1, 2, 3 should

funeral director, page 5 should be detached for use as the bunal-transit

Page 6 may be retained by the hospital or attending physician.

death.

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and completely fills bunal, cremation,

the attending physician at Mental Hygiene prior to

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DIRECTOR: After the

TO THE HOSPITAL

TO THE FUNERAL I

Be filed within 72 h

IMPORTANT: If II HOSPITAL

BALTIMORE, MARYLAND 21215-0020

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CERTIFICATION

MEDICAL

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10f. ZIP CODE

10e. CITIZEN OF WHAT COUNTRY? United States

3205 Glenmore Avenue

11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced

12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR OATES

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or Notf yee, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify:

14. RACE — American Indian, Black, White, etc. Specify: White

15. DECEOENT'S EDUCATION Elementary/Secondary (0-12) College (1-4 or 5 +)

16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) Tooland Gauge Inspector

Bendix Corporation

17. FATHER'S NAME (First, Middle, Lest)

12

Harry Gruber Griffith

18. MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth Marshall Fulton

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

19a. INFORMANT'S NAME (Type/Print) Harry L. Griffith

216 Queen Anne Rd. 20b. PLACE AND DATE OF DISPOSITION (Name of

Stevensville, Md. 21666 20c. LOCATION — City or Town, State OATE

16b. KIND OF BUSINESS/INDUSTRY

20a. METHOD OF DISPOSITION
1 X Burlet 2 ☐ Cremation 3 ☐ Removal from State Donetion 8 - Other (Specify)

Stewartstown Cemetery

3/1/94 Stewartstown, Pennsylvania 22. NAME AND ADDRESS OF FACILITY

21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyna maile 7 Taroyna

Leonard J. Ruck, Inc. 5305 Harford Road

Baltimore, 21214 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate

ahock, or heart fellure. List only one ceuse on each line IMMEDIATE CAUSE (Finel disease or condition resulting in death)

DUE TO (OR AS A

Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST

PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY

1 - YES 2 000

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

Interval Between

Onset and Daath

25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** 1 TYES 2 NO

Pending

Investigation

Could not be

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (17 EM 27)

determined

27. MANNER OF DEATH

Accident

Natural

3 Suicide

29a. CERTIFIER

4 Homicide

HOSPITAL: Inpatient 2 - ER/Outpatient 3 - DOA 28e. DATE OF INJURY (Month, Day, Year)

OTHER: ng Home 5 - Residence 8 - Other (Specify) 28c. INJURY AT WORK? 28b. TIME OI

28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.

MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(e) end manner se stated. 29h SIGNATURE AND ITLE OF CERTIFIER

29c LICENSE NUMBER

28. PLACE OF DEATH (Check only one)

29d. DATE SIGNED (Month, Day, Year) 26/94

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28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)

DIVISION OF VITAL RECORDS, P.O. BOX 68760, the death certificate be OR ATTENDING PHYSICIAN: The law

31. DATE FILEO (Month, Day, Year)

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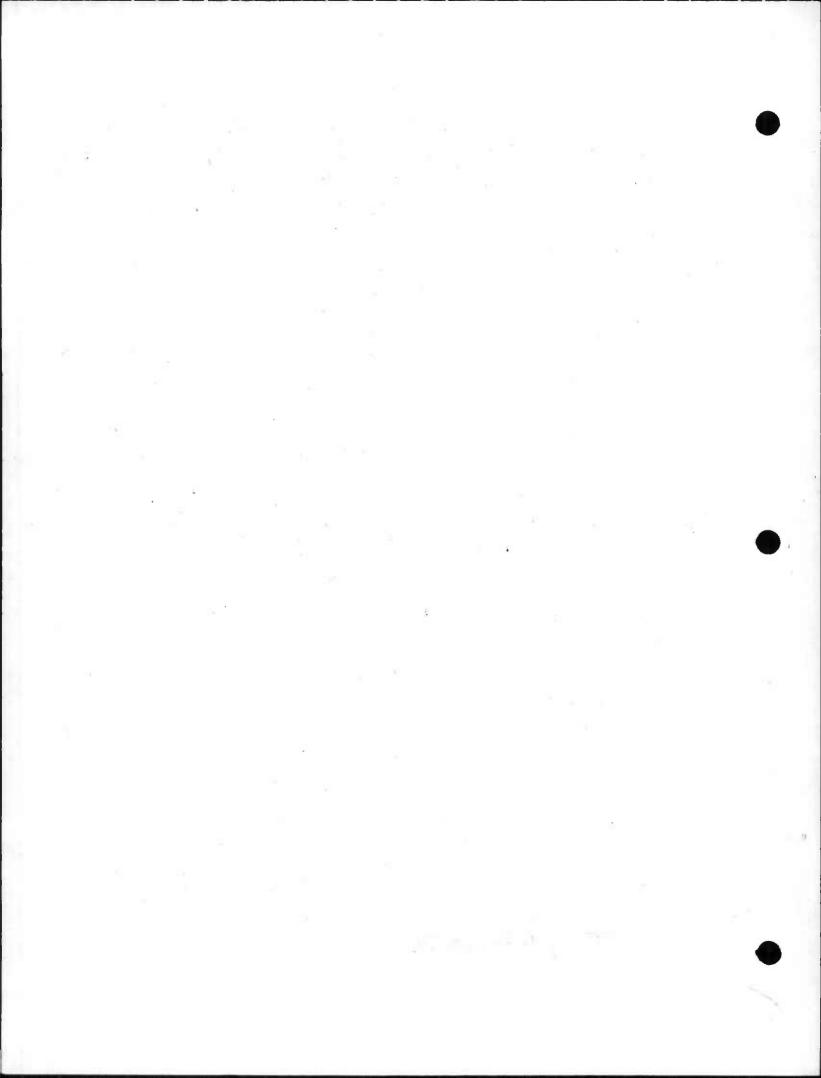
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 94 05824
	1. DECEDENT'S NAME (First, Middle, Leat) Jaspek Social Security Number S. Sex 6. AGE (In yrs. liest birthday) If under 1 year If under 24 Hrs. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign
	214-05-2182 1 Mm 2 - F YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 1919 Country) MD 90. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
	BOLLO. 100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?
FUNERAL	140 Popular Grove Street 11. MARITAL STATUS V 12. WAS DECEDENT EVER IN U.S. ARMSTO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indian, flower Merried 2 Merried PORCES? 1 VES 2 [7] 100 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indian, flower Merried 2 Merried PORCES? 1 VES 2 [7] 100 15. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indian, flower Merried 2 Merried PORCES? 1 VES 2 [7] 100 16. RACE — American Indian, flower Merried Porces (Section 1) 100 17. Was DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indian, flower Merried Porces (Section 1) 100 18. Was DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— 15. RACE — American Indian, flower Merried Porces (Section 1) 100 19. Was DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— 15. RACE — American Indian, flower Merried Porces (Section 1) 100 19. Was DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— 15. RACE — American Indian, flower Merried Porces (Section 1) 100 19. Was DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— 15. RACE — American Indian, flower Merried Porces (Section 1) 100 19. Was DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— 15. RACE — American Indian, flower Merried Porces (Section 1) 100 19. Was DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— 15. RACE — American Indian, flower Merried Porces (Section 1) 100 19. Was DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— 15. RACE — American Indian, flower Merried Porces (Section 1) 100 19. Was DECENDENT OR NISPANIC ORIGIN? (Specify Yee or No— 15. RACE — American Indian, flower Merried (Section 1) 100 19. Was DECENDENT OR NISPANIC ORIGIN? (Specify Yee or No— 15. RACE — American Indian, flower Merried (Section 1) 100 19. Was DECENDENT OR NISPANIC ORIGIN? (Specify Yee or No— 15. RACE — American Indian, flower Merried (Section 1) 100 19. Was DECENDENT OR NISPANIC ORIGIN? (Specify Yee or No— 15. RACE — American Indian, flower Merried (Section 1) 100 19. Was DECEND
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced FORCES? 1 YES 2 100 If yes, specify: Black, White, etc. Specify: Specify: Specify: BLack 15. DECEDENT'S EDUCATION 166. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY
COMPLETED	(Specify only highest grade completed) [Give kind of work done during most of working life. Do NGT use relied.] [Give kind of work done during most of working life. Do NGT use relied.] Long Shoke WAN
BE CO	17. FATNER'S NAME (Birst, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surmane) 19. INFORMAN'S NAME (Ripse/Print) 19. INFORMAN'S NAME (Ripse/Print) 19. INFORMAN'S NAME (Ripse/Print) 19. INFORMAN'S NAME (Ripse/Print)
2	3 Hrey GREENE 140 Popular Grove St.
	206. METNOD OF DISPOSITION DATE 20c. LOCATION - City or Town, State 2 or Denotion 5 or Other (Specify) Commetter, Crossestory or other place) DATE 20c. LOCATION - City or Town, State AA CO. Edgewhter, Mi
. 8	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Charles Wick TIL Charles File & H Annapolis M
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, ehock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a conscovence of):
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. FUNE TO SUBJECT MELLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
PHYSICIAN: MEDICAL (PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. **TOTALL HERE AUTOPSY FINDINGS AMAILBLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO 246. WAS AN AUTOPSY PROPINGS AMAILBLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES AND 1 Input of 2 ER/Outpet and 3 DOA 4 Number American Ameri
ву рнуз	27. MANNER OF DEATH 2 September 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. Manner OF DEATH 28a. DATE OF INJURY 28b. TIME DF Sec. INJURY AT WORK? 1 Matural 5 Pending (Month, Day, Year) M 1 YES 2 NO NO NO NO NO NO NO
	3 Suicide e Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, deta end place, and due to the cause(a) and manner ee ateted. 2 MEDICAL EXAMINER: On the best of exemination and/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(a) end manner ee steted.
TO BE	296. SIGNET OF LESSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (King Print) 30. NAME AND ADDRESS OF DESSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (King Print)
	Moges Gebremarian 4660 Wilkens for Salto 21229
	FEB 2 8 1994 Junio Burley Fundamental ST. BECHTHARE SIGNATURE



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Dr. Kiumarce Kashi M.D.

12 REGISTRAR'S SIGNATURE

FEB 2 8 1994

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OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has by hours after death with the State Dept.

TO THE HOSPITAL OF TO THE FUNERAL D DE filed within 72 ho IMPORTANT: If its

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2,

permit.

ITEM: 14. PER F.H. FILM G-710 4/16/94 t.t 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 25, GAREY 1994 Daisy Marie February 1:00 a M 7. DATE OF BIRTH 1930 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 213 28 8228 63 Maryland 1 M 2 F YRS. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Sq. Hospital Rossville DIRECTOR Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Essex 1 YES 2 NO 10s. STREET AND NUMBER FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1015 N. Marlyn Ave. 21221 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: USA BY 3 Widowed 4 N Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Segondary (0-12) College (1-4 or 5+) Factory Worker Soap Mfg. Co. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme)
Mary Watts Garey BE 190. INFORMANT'S NAME (Type/Print)
William G. Barrett, Jr. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State. Zip Code)
817 Ivydale Ave. Reisterstewn, MD Son 21136 20b PLACE AND DATE OF DISPOSITION (Name of conference of c 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA defrufts Usun 1407 Eastern Ave. Baltimore, MD 21221 23. PART I. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Fine) disease or condition Thrombosis of right coronary artery DUE TO (DR AS A CONSEDUENCE DO): resulting in death) Carcinomatosis of abdominal cavity CERTIFICATION Sequentially list conditions, probably secondary to DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury pancreatic carcinoma DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1XXYES 2 | NO 1. YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO * Inpatient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 ND 8 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 189 D 01522 2 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9000 Franklin Square Drive Baltimore, MD 21237

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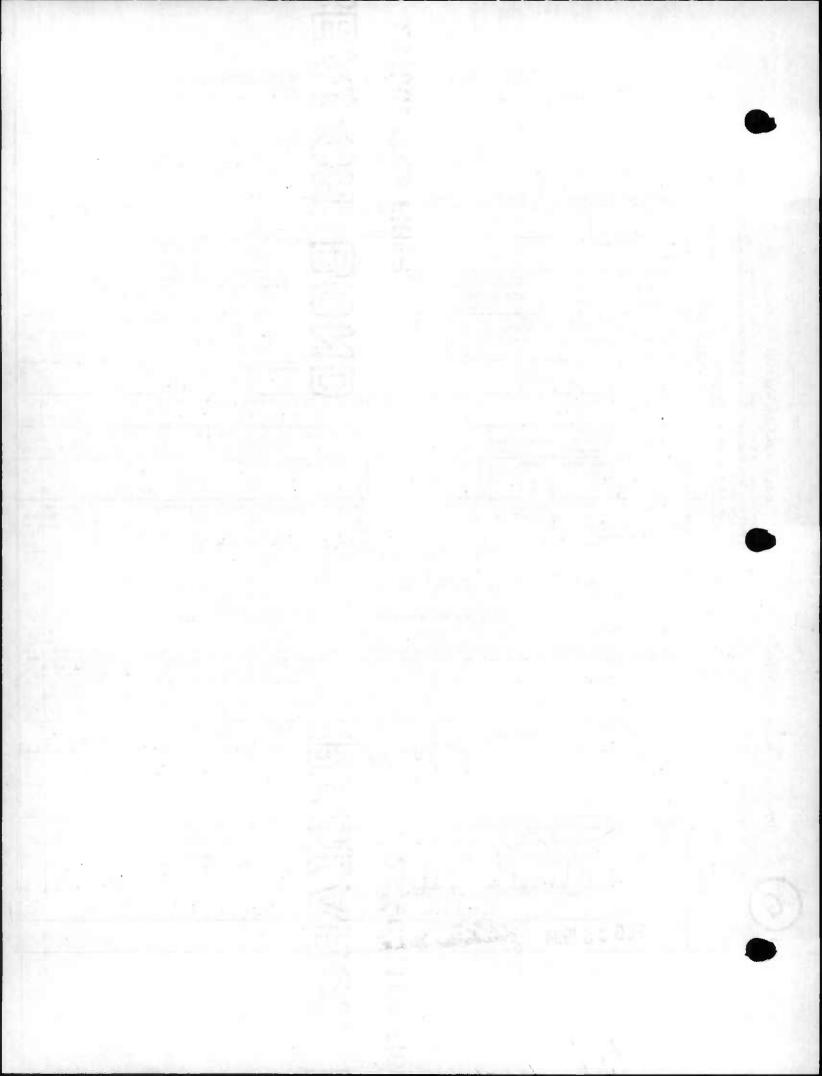
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	1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	94 05826	
	1. DECEDENT'S NAME (First, Middle, Las	MARGARET (GOMEZ		2. DATE OF DEATH DAY 2 27	year 9.4 m	
RAL DIRECTOR	4. SOCIAL SECURITY NUMBER 186-10-5747 90. FACILITY NAME (If not institution, glv.)	1 M 2 X F	N YRS.	F UNDER 1 YEAR	7. DATE OF BIRTH (Morth, Day, Year) 4/14/1912	8. BIRTHPLACE (State or Foreign Country) BLOXOM, VA	
	4505 POST RO			BALTIMORE	2410	COUNTY OF BEATN	
	10e. STATE 10b. COUP	NTY	100 100	TOWN OR LOCATION ALTIMORE		10d. INSIDE CITY LIMITS? 1 📉 YES 2 🗌 NO	
	100. STREET AND NUMBER 4505 POST ROA					CITIZEN OF WHAT COUNTRY? USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	13. WAS DECENDENT OF NISPA If yes, specify Cuben, Maxler 1 YES 27 NO Specify	NIC ORIGIN? (Specify Yes or No en, Puerto Ricen, etc.)		
COMPLETED	15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)		life. Do NOT use	rk done during most of working retired.)	166. KIND OF BUSINESS	5/INDUSTRY	
E COMP	5th 17. FATHER'S NAME (First, Middle, Last) CLARENCE DAVI	N/A	Domest		ME (First, Middle, Melden Surnan		
TO BE	190. INFORMANT'S NAME (Type/Print) ISAAC CLAYTON			DORESS (Street and Number of Rural LOYOLA SOUTH	Route Number, City or Town, State		
CERTIFICATION TO BE CON	20b. PLACE AND DATE OF DISPOSITION 1 Burley 2 Cremation 3 Removal from State 4 Donestion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 3/3/94 DATE cemetery, crematory or other place) MACEDONIA CHURCH CEMETERY MACEDONIA, VIRGINIA 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 22. PARS Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, interval Between Onset and Dasth DUE TO/OR AS A CONSEQUENCE OF: DUE TO/OR AS A CONSEQUENCE OF:						
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	S A CONSEQUENCE OF):				
MEDICAL	PART II. Other algorificant condition	iona contributing to death	n but not resulting in	the underlying couse given in	Part I. 24e. WAS AN AUTOI PERFORMED?	AMILABLE PRIOR TO	
BY PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 OO 27. MANNER OF DEATH 1 Natural	28e. PLACE OF INJU	28b. TIME INJUI	M 1 YES 2 NO	A CIID		
TO BE COMPLETED	III come)	INER: On the basis of examina	ition end/or investigation,	29c LICENSE NU	time, date and place, end dua	a stated. to the couse(s) and manner as stated. DATE SIGNED (Month, Pay, Year) Company of the country of the	



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS,	•
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HIRSCH ANNA February 19 1994 7:14 amm 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) B. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN 1 M 2 X F 062-01-1955 YRS. 83 New York Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Doctors Community Hospital Lanham Prince Georges 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Prince Georges Maryland Greenbelt 1 TYES 2 NO permit. FUNERAL 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 153 Westway Road. Apt. #102 be detached for use as the burial-transit 20770 USA 24 hours after death, Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ri 1 YES 2 NO Specify: 1 Never Married 2XX Married 2 X NO IF YES, GIVE WAR OR DATES Specify. BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) Principal School Systems 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Harry Greenstein BE Minnie Mace funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Rubin L. Hirsch 153 Westway Road #102 Greenbelt. Maryland 20770 ě 20e. METHOD OF DISPOSITION

1X_Neurial 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Beth Moses Cemetery 4 Donation 5 Other (Specify) 2/27/94 Pinelawn, New York 21. SIONATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
STEIN HEBREW MEMORIAL FUNERAL HOME, INC. Donald (232 CARROLL STREET NW. WASHINGTON. DC 2001 completely filled in by the the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Interval Between cremation, or IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) event, and corr traumatic CERTIFICATION Sequentially list conditions. 2 If any, leading to immediate attending physician cause. Enter UNDERLYING CAUSE (Disease or injury or other that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 - YES 2 X NO t TYES 2 NO PHYSICIAN: Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item State OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) HOSPITAL 1 YES 2 NO stient 2 - ER/Outpatient 3 - DOA 5 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, with this 1 🗷 Natural 5 Pending 1 YES 2 NO BY After death 2 Accident Investigation OR ATTENDING 28e. PLACE OF INJURY - At home, ferm, street, factory, office 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be DIRECTOR: nours after 28 4 Homicide item 29a, CERTIFIER 1 (VCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL DI be filed within 72 ha 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated 96. SIGNATURE AND TITLE OF CERTIFIER BE 1333 2 a DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

2. DATE OF DEATH

1 M 2 KF 220-22-3479 65 Oct.11,1928 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10b. COUNT Baltimore Md. permit. 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 116 N. Clinton Street 21224 use as the burlal-transit hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried 1 YES 25 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only high 10 Elementary/Secondary (0-12) College (1-4 or 5+) detached Housewife 8th once. be retained by the hage 5 should be detail 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) William Hartman Shopie BE funeral director, page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 116 N. Clinton Street Baltimore MD.21224 Denise Nixson 2 Раде 6 тау 20e. METHOD OF DISPOSITION

1 Serial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 1 Burial 2 Cremetton
4 Donation 5 Other (Specify) GardensofFaithCemeterv3/1/94 Rossville Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Connelly Funeral Home of Essex urs after death. filled in by the fi Homel 300 Mace Ave. Baltimore Md.21221 medical Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 23. PART i. Enter the 0 IMMEDIATE CAUSE (Final I completely filled inial, cremation, the state disease or condition resulting in death) VENTPICULAR TACHYCARDIA event. P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) executed in and corr to burial, DIOPATHIC DILATED CARPIONYOPATHY traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING attending physician ntal Hygiene prior to certificate be CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 death the atter injury, DIVISION OF VITAL RECORDS. PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? the MEDICAL and and any signed Health a 1 YES 2 NO been : PHYSICIAN: OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has bhours after death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem certificate to the State HOSPITAL:
1 Vinpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO M BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined 169 COMPLETED 4 Homicide 28 Hem 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. HOSPITAL (FUNERAL E WITHIN 72 H 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner se stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE THY 10# 65157 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27 Type, Print) BATAMORE, MAZIZOS

IOWER

CERTIFICATE OF DEATH

6. AGE (In yrs. lest birthday)

HUBER

IF UNDER 1 YEAR | IF UNDER 24 HRS.

2. DATE OF DEATH

FEBRUARY

7. DATE OF BIRTH (Month, Day, Year

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

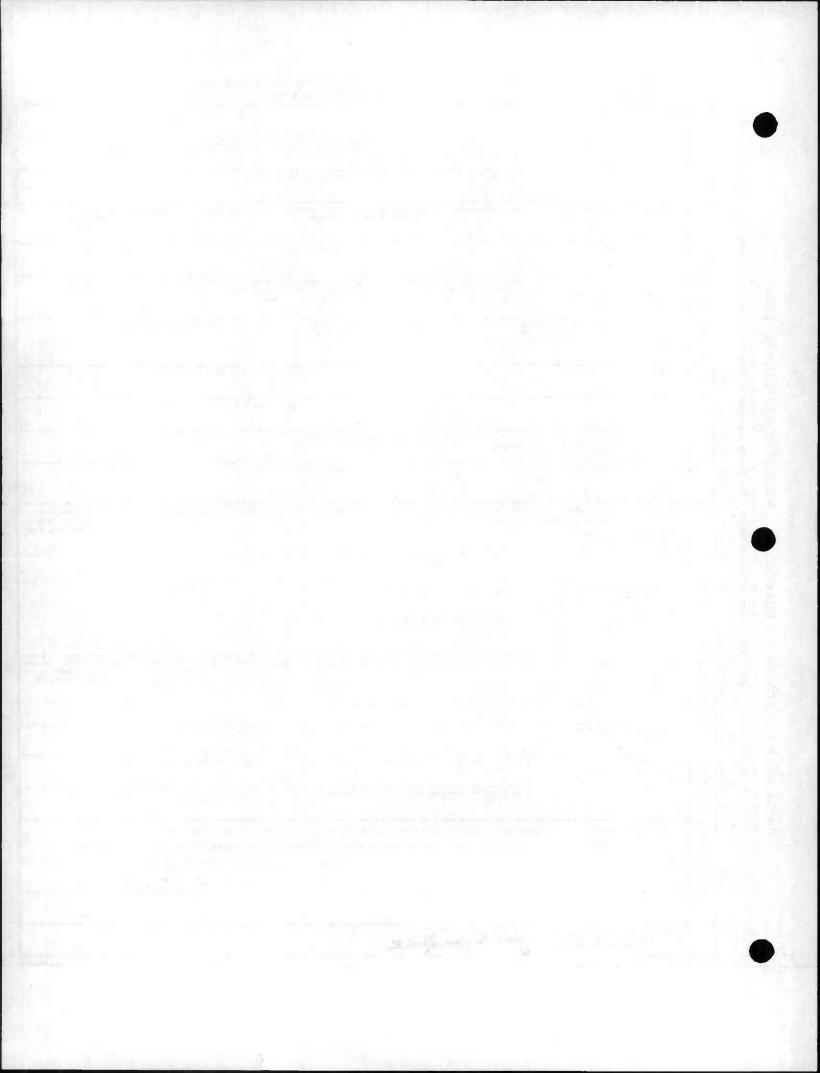
4. SOCIAL SECURITY NUMBER

MARIE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 3. TIME OF DEATH 26 1994 00:11 a M 8. BIRTHPLACE (State or Foreign Country) Maryland 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE -- American Indian, Black, White, etc. Specify: White Klitch 20c. LOCATION - City or Town, State **Approximate** Onset and Death House 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 WO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)



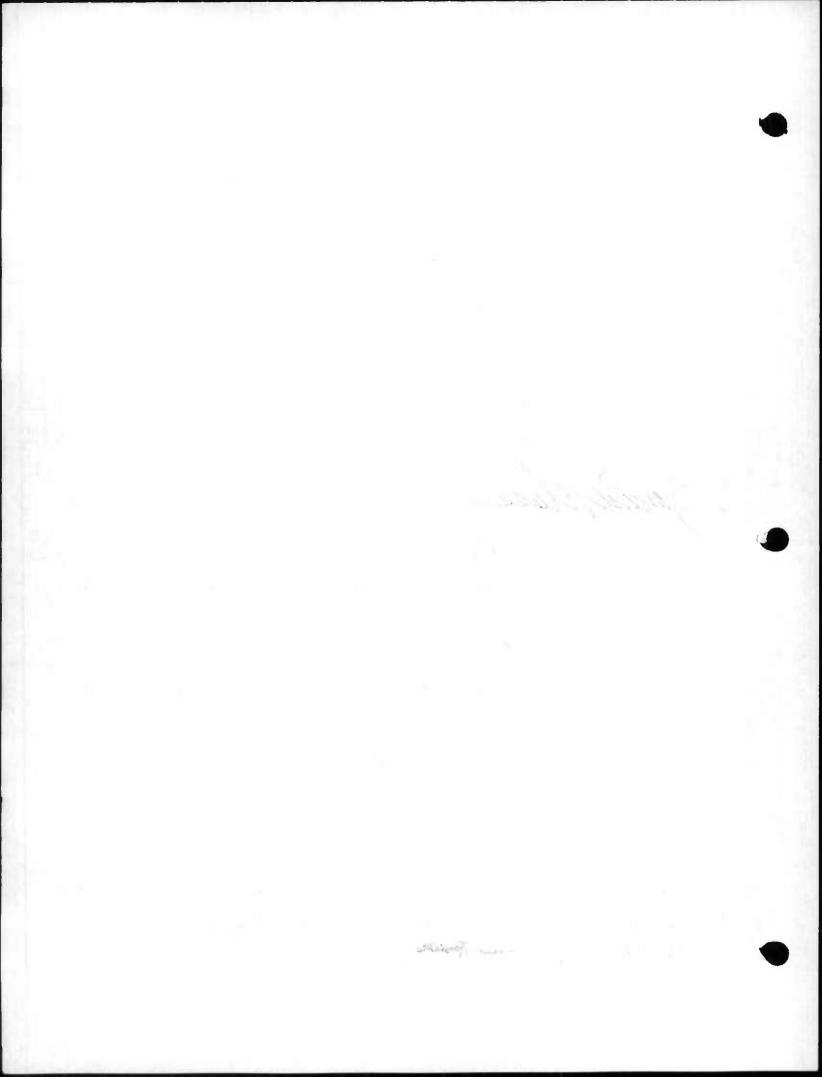
1 - STATE REGISTRAF	1
1. DECEDENT'S NA	Ų
Donald	1
4. SOCIAL SECURI	ī
220-5	4
9a. FACILITY NAME	E
3222	1
RESIDENCE	5
10a. STATE	
Md.	
10s. STREET AND	N
3222	9
11. MARITAL STATE	
1 Never Married	d

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, I							2. DATE OF DEATH	DAY	VEAD :	3. TIME OF DEATH
	Donald Eug	zene H	leckel,	Sr.				Feb 2"	.1994	4 TEAR	8:32 pm
	4. SOCIAL SECURITY NUMBER	in (5. SEX	6. AGE (In yrs. las		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPI Country)	LACE (State or Foreign
1,1	220-52-67	733	1 🔀 M 2 🗆 F	43	YRS.	ONTHS DAYS	HOURS MIN.			Ma	nuland
-	Se. FACILITY NAME (If not inst				9	b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUR	TY OF DEA	ryland
9	3222 Rock		ıd			Jann	ettavil	le	Hai	rlon	d
딩	RESIDENCE OF DECE	10b. COUNTY			to- CITY	TOWN OR LOC	TION				
DIRECTOR							0107			- 1	10d. INSIDE CITY LIMITS?
	100 STREET AND NUMBER	Hanfo	πα		J a		1 ville				AT COUNTRY?
FUNERAL	3222 Rock	. 91				- 1					
N.	11. MARITAL STATUS		12. WAS DECEDEN	T EVED IN II C AD	MED	12 148 05	21084	NIC ORIGIN? (Specify		S.A	
	1 Never Married 2 🐼 N	and the second	FORCES? 1	YES 2X	10	If yes, s	pecify Cuban, Mexico	an, Puerto Rican, etc.)	Tes or No-	Black,	- American Indian, White, etc.
ВУ	3 Widowed 4 Divorce	ped	IF TES, GIVE W	AN DH DATES		1 1 1	S 大文 NO Specif	'y :	1	Specify	White
ETED	15. DECE	DENT'S EDUCAT	TION			BUAL OCCUPAT		16b. KIND OF	BUSINESS/IND	USTRY	
	Elementary/Secondary (0-1		College (1-4 or 5 +) // // // // // // // // // // // // //	Do NOT use	retired.)	ost or working				
MP				Ир	hola	ter		Funn	riture	2	
COMPL	17. FATHER'S NAME (First, Mid							AME (First, Middle, Maid			
BE	Gustav E.		el					A. Cocc			
2	19s. INFORMANT'S NAME (Typ		,					Route Number, City or			
	Richard D.		on		2917	Piner	good Av	e Balto	Md.	21	214
	20a. METHOD OF DISPOSITIO	3 🗆 Remove	al from State	20b. PLACE A cemetery, cre	NDDATE OF matory or other	DISPOSITION (F r place)	lame of	DATE 20c.	LOCATION —	City or Tow	n, State
	4 Donation 5 Other (S		enne:	Gree	nmoui	at Cre	matory	3/1 B	alto.	, Ma	•
	A _ //	A	0	. //	1	Hans	Leu Mi	Llon Fun	onal	Hami	0
	you	41	1.11	met		7527	Harlo	ller Fun nd Rd. B	alto.	Md	21234
	23. PART I. Enter the dis	enses, or cor	mplications the	ceused the de	eth. Do not	enter the m	ode of dying, suc	ch ss cardlec or re	epiratory srr	est,	Approximate
1	IMMEDIATE CAUSE (Fine	ıl									Interval Between Onset and Death
	disease or condition resulting in death)	.	GUN	SITOT	wo	UND	OFCHE	555			
			DUE 10	(OR AS A CONSE	DUENCE OF):						
8	Sequentially list condition	ns. b.									
CERTIFICATION	if any, leading to immedicause. Enter UNDERLYIN	late	DOE 10	(OR AS A CONSE	DUENCE OF):						
윤	CAUSE (Disease or Injury that initiated events		OUE TO	(OR AS A CONSEC	UENCE OF:						
E	resulting in death) LAST			111111111111111111111111111111111111111							į.
		0.									
MEDICAL	PART II. Other significen	t conditions	contributing to	death but not r	esulting in	the underlyle	ng ceuse given in	Part I. 24a. WAS	AN AUTOPSY ORMED?		WERE AUTOPSY FINDINGS
음									2 🗌 NO	(COMPLETION OF CAUSE OF DEATH?
ME											I C YES 2 C NO
z											
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			26. I	LACE OF DEATH (C)	heck only one)			
YSI	1 X YES 2 NO		☐ Inpetient 2 ☐				me 5XX Assidence	6 Other (Specify)			
F	27. MANNER OF DEATH 1 Natural 5 P	andina.	26a. DATE OF (Month, Da		28b. TIME (RY W	JURY AT ORK?	28d. DESCRIBE HO	W INJURY OCC	CURED	
B	2 Accident In	vestigation	FEB.24	1	9:00F		YES 2 NO	SELF INF	LICTER	GUNS	SHOT WOUND
		ould not be	28s, PLACE Di building,	F INJURY At ho etc. (Specify)	me, ferm, str	et, factory, off	CB	281. LOCATION (Stre City or Town, Str	et and Number Ite)	or Rural Ro	ute Number,
H.					HOME			32.22 RO			
COMPLETED								e to the cause(s) and i			
Ö	2 W MEDIC		On the basis of a	amination and/or i	nvestigation,	In my opinion,	death occured at the	time, date and place,	and due to th	e cause(a)	and menner as stated:
BE (29b. SIGNATURE AND TITLE O	OF CERTIFIER	1/ 10				29c. LICENSE NU				Month, Day, Year)
0	Mollanto	Mel	Jall	,			0.C.	M.E.	F	EB. 26	5,1994
-	30. NAME AND ADDRESS OF	PERSON WHD	COMPLETED CAUS	E OF DEATH (ITE							
- 1			/ / -								
į	31. DATE FILED (Month, Day, Ye	D 12'	KOKELI	A'S SIGNATURE	111	Penn S	treet, B	altimore,	Maryl	and 2	21201

	TO BE COMPLETED BY BUYCLOIAN, MEDICAL OFFICE CONTROL
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.
i.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
death. Page 6 may be retained by the hospit	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- rours after death. Page 6 may be retained by the hospit

	1 - STATE STATE OF MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND M NTE OF DEATH	ENTAL HYGIENE SEG. NO.	05830
	1. DECEDENT'S NAME (First, MIGGIO, LOST) JEANNETTE BARNA:	RD IREY	2. DATE OF DEATH 24-18-9	SEAR 3. TIME OF DEATH
	577-48-33041 DM 2 XF 77 YRS. MINI	THIS CHAY'S HOUSE MIN.	(Month, Day, Year)	Country Wington W.C.
TOR	90. FACILITY NAME (If not institution, give street and number) FULLY MANUAL MUSLING HONE RESIDENCE OF DECEDENT	CITY, TOWN ON LOCKTION OF DEAT	ec count	tasmen,
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TO	whor Location ndy Springs	07	10d, INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 17330 Quaker Lane E-5	101. ZIP CODE	0860 US	1 YES 2 NO
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married	13. WAS DECENDENT OF HISPANIC If yee, specify Cuben, Maxican, 1 YES 2 NO Specify:	ORIGIN? (Specify Yes or No. 1	4. RACE — American Indian, Black, White, stc. Specify: White
PLETED	Conege (1-4 or 5+)	lone during most of working ed.)	166. KIND OF BUSINESS/INDU	STRY
E COMPL	12 + 4+ Teacher? 17. FATHER'S NAME (First, Middle, Lest) Allan Barnard		E (First, Middle, Maiden Surname)	
TO BE		RESS (Street and Number or Rural Rou	ute Number, City or Town, State, Zip C	ode) Sings,MD20860
	20e. METHOD OF DISPOSITION 1 Surie' 2 Cremetion 3 Removal from State 4 Donellon 5 Dither (Specify)	SPOSITION (Name of ece)	OATE 20c. LOCATION — CH	ly or Town, State
	21. SUBMATURE OF PUNETUL SERVICE LICENSEY Ronald Wade, Dir	22. NAME AND ADDRESS OF FACE	State Anato	my Board 4D 21201
	PART I. Enter the diffeases, Dr complications that caused the death. Do not en shock, or heart failure. List only one cause on each line.	nter the mode of dying, such a	as cardiec or respiratory arres	Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. OUE TO (OR AS A CONSEQUENCE OF): ORGANIC BI	4 - TER	MINAL	Onset and Death
NOI	Sequentially list conditions, if any, leading to immediate DEGANIC BI OUE TO (QR AS A CONSEQUENCE OF):	eain Strol	ROHE	Tes
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events out TO (OB AS A CONSEQUENCE OF):			Jos
	resulting in death) LAST d. A.S.C.V.D.			12.
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the	underlying cause givan in Pa	24s. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 _ YES 2 _ NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEATH (Check	t only one)	
IYSIG	1 Ures 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA	HER: Nursing Home 5 - Residence 8 (Other (Specify)	
ВУ РН	27. MANNER OF DEATH Solution Solution 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY (Month, Day,	28c. INJURY AT WORK? 1 YES 2 NO	8d. DESCRIBE HOW INJURY OCCU	RED
	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, building, stc. (Specify)	factory, office 2	81. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in a			
BE	296 SIGNATURE AND TITLE OF CERTIFIED 15 15	DO64	ER 29d. DATE S	IGNEO (Month Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) POHAL'D R. LEWIS N.D.,	OLHEY, "	7D 20832	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)			



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MARYLAND 21215-002	attending
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TIMORE, N	Page

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DIVISION OPVITAL RECORDS, P.O. BOX 68760,	OR STREET, STREET, SQUARE,

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TO THE HOSPITAL OR ATT DIVIDED WITH THE IAW requires that the death certificate be executed within Juris after death. Page 6 may be retained I	뽀	H	8
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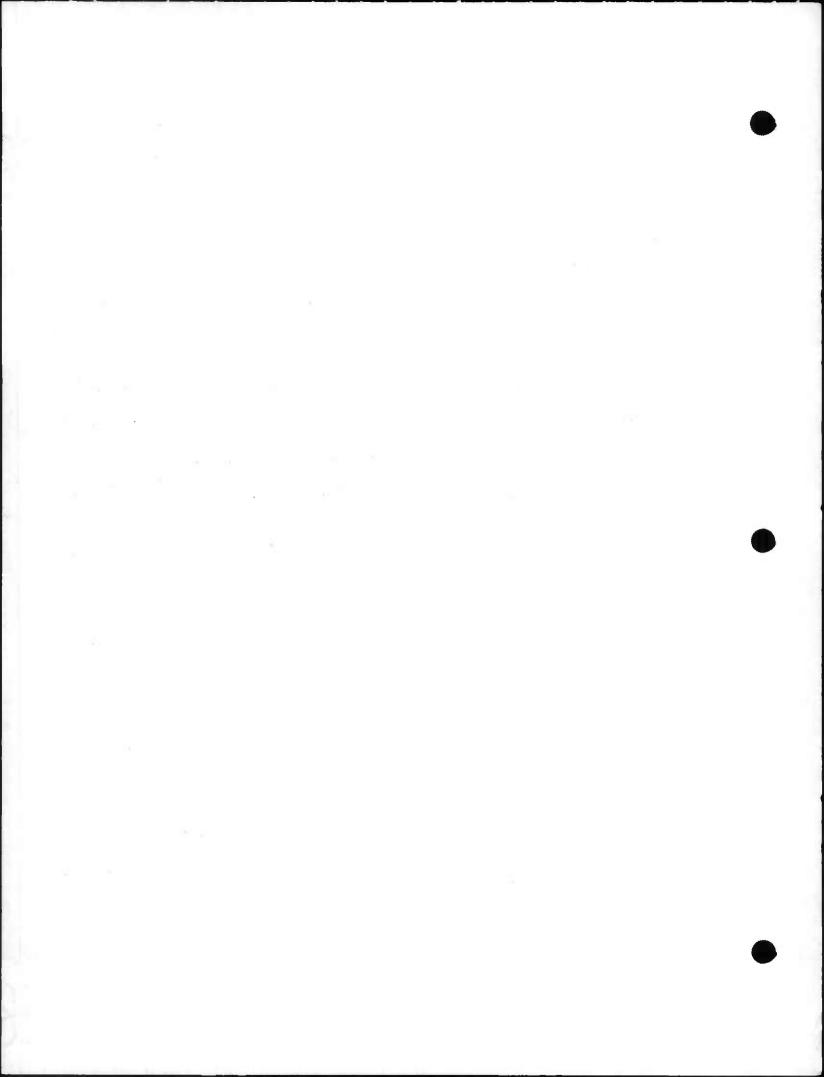
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COMPL

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94 0583! STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATN 1994 23 02 Arthur Jones 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS HOURS 1 😿 M 2 🗌 F 58 YRS. 217 14 5439 06/18/1935 Maryland 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF OEATN 4924 Brookwood Road Baltimore Anne Arundel

A SOCIAL SECURITY NUMBER 8. BIRTNPLACE (State or Foreign 9a. FACILITY NAME (If not institution, give street and number) DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Baltimore 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4924 Brookwood Road 21225 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TES 2 7 NO Specify Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15, DECEDENT'S EOUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) Disabled since 8 years old 8th Grade 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) Edward W. Jones Marquerite Reindollar BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Calvin Sturdevant 5940 Jonny Cake Road Baltimore, Maryland 21207 20a. METHOD OF DISPOSITION
130 Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other Counts 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE Loudon Park Cemetery 2/26 Donation 5 Other (Specify) . Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Jesome George J. Gonce Funeral Home P.A. DC franceouch 4001 Ritchie Hwy. Baltimore, Md. 21225 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or hear failure. List only one cause on each line. Approximate Interval Between **IMMEDIATE CAUSE (Fine) Onset and Death** Mounded Solmeter disease or condition resulting in death) Our tron QUE TO (OR AS A CONSEQUENCE OF): levendentic inknow <u>N</u>O Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CERTIFICAT CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 PT NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER-1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Nome 5 - Rasidenca 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation М 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 8 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examinstion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE urdar Mr an 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32 REGISTRAR'S SIGNATURE 31, DATE FILED (Month, Day, Year)

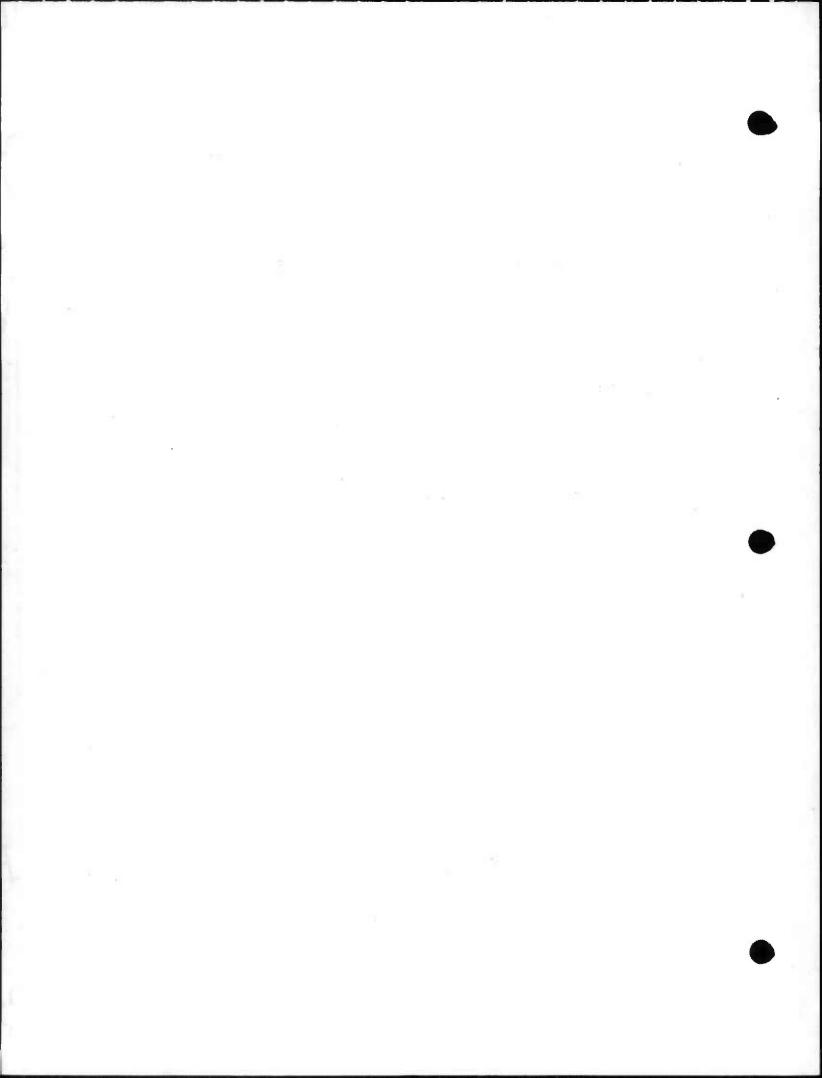


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shoul		9a. FACILITY NAME (If not institution, give a
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	2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT
Page 1	FUNERAL DIRECTOR	Md
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St. St.	HA.	3614 Ann Hatha
ician.	Š	11, MARITAL STATUS
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after use a	回	15. DECEDENT'S EDU (Specify only highest grade
DIVISION OF VITAL RECORDS, P.O. BOX 68760. THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should permit it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED	Elementary/Secondary (0-12)
the horders	ő	17. FATHER'S NAME (First, Middle, Last)
YKL d by id be	JE (John Nicholson
AAF staine shou	0	19a, INFORMANT'S NAME (Type/Print)
Se Se Se Se Se Se Se Se Se Se Se Se Se S	-	Marvin NIchols
ORE 6 may for, pa		20a. METHOD OF DISPOSITION XX Burial 2 Cremation 3 Rem
IM direc		4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI
LLT beath. uneral		D 140 0
BA Bar of the towal.	\dashv	23. PART i. Enter the diseases, or
in by		23. PART i. Enter the diseasea, or ahock, or heart feliure.
filled ion, o		IMMEDIATE CAUSE (Final disease or condition
fetely emat		resulting in death)
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and and burn	o	Sequentially list conditions,
O X Sician rior b	¥	if any, leading to immediate cause. Enter UNDERLYING
Dhys phys are p	윤	CAUSE (Disease or injury that initiated events
EVITAL RECORDS, P.O. BOX 68760. BALTIMORE, MARYLICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by 1 entificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the State Dept. of Health and Mental Hygene prior to burial, cremation, or emoval.	YSICIAN: MEDICAL CERTIFICATION	resulting in death) LAST
DS, the a	اد	PART II. Other significant condition
DR that that h and h any i	2	
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AL he la	¥	25. WAS CASE REFERRED TO MEDICAL
VIT CIAN: T entificate the Stat or ite	SIC	EXAMINER?
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S PH G PH I I I I I I I I I I I I I I I I I I	×	1 Natural 5 Pending 2 Accident Investigation
TSION OF STEEDING PHYS CTOR. After this cafer death with 28 is marked.		3 Suicide 8 Could not be
DIVISION OF TO THE HOSPITAL DR ATTENDING PHYSIC TO THE FUNERAL DIRECTOR: After this ce he filed within 72 hours after death with it IMPORTANT: It liem 28 is marked,	O BE COMPLETED BY	4 Homicide detarmined
DIV TO THE HOSPITAL DR A TO THE FUNEAL DIREC Se filed within 72 hours MPORTANT: It item	P	29a. CERTIFIER (Check only
SSPITE INERA Thin 7.	S.	one) 2 MEDICAL EXAMINI
HE HE RE OFTA	3Ë (296. SIGNATURE AND TITLE OF CHRISTIE
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		TO MAKE AND ADDRESS OF DESCRIPTION

STATE	0F	MARYLAND A	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
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1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIENI REG. NO.	94	05832
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH
	Maggie	Jones			2 17	1994	M
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	MOI	NTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year)	Coun	**
UNKNOWN 9a. FACILITY NAME (If not inelitation, give		00	CITY, TOWN (OR LOCATION OF DE	8-14-193	9c. COUNTY OF	Md
3306 Mondawmi		1	Balti		A'''	SC. COON I OF	DEATH
RESIDENCE OF DECEDENT							
10a. STATE 10b. COUNT	Y		OWN OR LOCAT				10d, INSIDE CITY LIMITS?
10e. STREET AND NUMBER		Bal	timore	. ZIP CODE		10a CITIZEN OF	1 X YES 2 NO
3614 Ann Hatha	away Drive			21133		USA	
11, MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		ENDENT OF HISPAN	IC ORIGIN? (Specify Yea	or No.— 14, RAC	CE — American Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced	FDRCES? 1 YES			ecify Cuban, Maxican 2 NO Specify	n, Puerto Ricen, etc.)	Spe	ck, White, etc.
15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S USU	IAL OCCUPATION	NA .	Tack while or nile		Black
(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work life. Do NOT use re	done during mo	st of working	16b. KIND OF BUS	INESS/INDUSTRY	1
12th	Conege (1-4 or 5+)						
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden :	Sumame)	
John Nicholson					lma Bolden		
19a, INFORMANT'S NAME (Type/Print) Marvin NIchols	on			nd Number or Rural F Street	Noute Number, City or Town Baltimore		229
20a METHOD OF DISPOSITION	20	b. PLACE AND DATE OF D	SPOSITION (NE	me of	DATE 20c. LOC	CATION — City or 1	fown, Stela
XIX Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from Stata	Thg Memors	di Par	k	22294 Ran	dallstov	vn, Md
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AI	h F/H We	CILITY C T		
1 & ladies	Warre		430		h Avenue		
23. PART i. Enter the diseases, or shock or heart tellure	complications that cause Liet only one cause on	d the death. Do not	enter the mo	de of dying, auci	aa cardiac or respir	ratory arreat,	Approximate
IMMEDIATE CAUSE (Final disease or condition	Controlly one cause on	1					Interval Between Onset and Daath
resulting in death)	· COTO	MOMON	1091	5			3 Mon
_	DUE TO (DH AS	A CONSEDUENCE OF):					
Sequentially list conditions, if any, leading to immediate	DUE TO (DR AS	A CONSEDUENCE OF):					
cause. Enter UNDERLYING CAUSE (Disease or injury	c						
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE DF):					
	d						
PART II. Other significant condition	na contributing to death	but not resulting in t	he underlyln	g cause given in	Part i. 24s. WAS AN A		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 _ YES 2		COMPLETION DF CAUSE OF DEATH?
					_ ′		1 TES 2 ND
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND	HOSPITAL:		THER:	ACE OF DEATH (Ch	eck only one)		
1 YES 2 ND 27. MANNER OF DEATH	1 Inpellent 2 ER/Out 28s. DATE DF INJURY	28b, TIME OF	Nursing Hom 28c, INJ		6 Other (Specify) 28d. DESCRIBE HOW IN	HIRY OCCUPED	
1 Natural 5 Pending	(Month, Day, Year)	INJURY	WC	RK7 RK7	200. DESCRIBE HOW III	JOH! OCCORED	
2 Accident 8 Could not be	28s. PLACE DF INJUR building, etc. (Spe	Y — At home, term, etree			281. LOCATION (Street a	nd Number or Rural	Route Number,
4 Homicide determined	building, etc. (Spe	y City)			City or Town, State)		
	SICIAN: To the best of my know						
2 MEDICAL EXAMIN	ER: On the beals of examination	on and/or investigation, is	n my opinion, d	eath occured at the	time, data and placa, and	dua to the cause	(a) and manner as stated.
296. SIGNATURE AND TITLE OF COSTSPIC	i Xaopa	rw)		DIST	46	► 2 2	5 9 4
30. MAME AND ADDRESS OF PERSON WI	A Pade	EATH (ITEM 27) (Type, Pri	601	Eoch!	Caven!	Blist	Balto 212+
FEB 2 8 1994	32. REGISTRAR'S SIGN	NATURE					

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	FOR STATE REGISTRAR	STATE OF MARYLA		RIMENT OF I		MENTAL	HYGIENE REG. NO.	9	la 1	15833	,
	1. DECEDENT'S NAME (First, Middle, Last	the same of the sa		10111		2. DATE	OF DEATN DAY	Y	S. T	ME OF DEATN	
	GWENDOLYN 4. SOCIAL SECURITY NUMBER	JOHNSON					2 20	44		0156 A	M
2	213 80 1775	10 M 2 X F 3/	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	4 (Month	OF BIRTH J. Day, Year)	8.	BIRTNPLAC Country) MD	E (State or Foreign	
T, Z, 3 should	De. FACILITY NAME (If not inetitution, give				OR LOCATION OF D		y º	_	OF DEATH	ITY	
IR I	10a. STATE 10b. COUN	BACT. CITY	10c. CIT	BOLT	TION	,	440			INSIDE CITY LIMITS? PYES 2 NO	
We KAL	100. STREET AND NUMBER 4624 CLAREN		MAG	10	7. ZIP CODE	4	-10	og. CITIZEN	OF WHAT		
BY FUNEF	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	CENDENT OF NISPA City Cuban, Maxie 3 2 NO Speci	an, Puerto F		No- 14	RACE — A Black, Whi Specify:	merican Indian, ita, atc.	
once. COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION fe completed) College (1-4 or 5 +)	(Give kind of life. Do NOT u	USUAL OCCUPATI work done during m se retired.)		16b.	KIND OF BUSINE	ESS/INDUS	TRY		
once.	17. FATNER'S NAME (First, Middle, Last)		UNE	II LOTED	18. MOTNER'S N	AME (First A	fiddle, Malden Sun	name)	_		4
	JOHN	JOHNSON			DOROTH			IGHT(MED		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	_					
DE notif	SARAH EN	GLISH	4751	PARK HE	IGHTS AV	ENUE,	BALTIM	ORE,	MD.	21215	
must	20a. METHOD OF DISPOSITION Buriel 2 Cremation 3 Re- 4 Donation 5 Other (Specify)	moval from State ceme	tery, crematory or o	OF DISPOSITION (Nother place) CEMETERS		DATE				tota RYLAND	
examiner	21. SIGNATURE OF FUNERAL BERVICE1	C D - B	m	JOSE	PH H. BROWN BALT	OWN J				P.A. MD. 2122	23
mental hypers profit to buttar, contaction, or convolution, or other traumatte event, the medical	shock, or heart failure IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. SEPS (S DUE TO (OR AS A (DUE TO (OR AS A (DUE TO (OR AS A (DUE TO (OR AS A (DUE TO (OR AS A (CONSEQUENCE O	SYSTEM FI:	FAIC	ine				Interval Between	
hows any inju	PART II. Other algnificant condition	one contributing to deeth bu	t not resulting	in the underlyin	ng cause given in	Part i.	24e. WAS AN AUT PERFORME 1 YES 2	07	COM DF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION DF CAUSE EATH? YES 2 ND	
vith the State Dept. ted, or item 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	LACE OF DEATH (C	heck only on	o)				
or it	1 TES 2 NO	Inpatient 2 - ER/Outpar		4 - Nursing Hor	me 5 🗆 Residence	6 🗆 Other	(Specify)				
s marked, BY PH	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIN	JURY W	JURY AT DRK? YES 2 NO	28d. DES	CRIBE NOW INJU	IRY OCCUP	ED	10	
S S	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	— Al homa, farm,	street, factory, offic	Ca		ATION (Street and or Town, State)	Number or	Rural Route	Number,	
within 72 hours after TANT: If Item 28 Is COMPLETED		SICIAN: To the best of my knowle IER: On the besis of examination							ause(a) and	menner as stated.	
POR BE	296, SIGNATURE AND TITLE OF CERTIFI	ER O	6	· clie	29c. LICENSE NU		21	d. DATE S	GNED (Mon	(h, Day, Year)	
2 = 2	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF DEAT			D283		0 1)	2	2/1	4	
+ 1	31. DATE FILEO (Month, Day, Year)	22. RIGISTRAP'S SIGNA			reene S	4.	Balt.	212	101		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.	trificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event,

	FOR 1 STATE		STATE OF M	MARYLAND /	DEPAR	RTMEN	T OF H	IEALTH	AND	MENTAL I	HYGIEN	lE	91	: 05	83
	REGISTRAR			CI	ERTIF	ICAT	E OF	DEAT	ГН		REG. NO		J 4	7 001	0 0
5	1. DECEDENT'S NAME (First, Mar	i Middle, Last)	lane	Kraen	er					2. DATE OF MONTH	D	AY	YEAR	3. TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. les		I se conne	R 1 YEAR	IF UNDER		Februa 7. DATE OF		24	1994	1:06	
	578-20-276		1 M 2 X F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D	ey, Year)	4000	8. BIRTHP Country)		
	Sa. FACILITY NAME (If not in			/ 1		Dh. CIT	V TOWAL C	OR LOCATION	ON OF 61	Apr.	27,	1922		New Jer	rsey
Œ	Berlin Nu					90. CIT			ON OF DE	EATH		0.1	NTY OF DE		
DIRECTOR	RESIDENCE OF DEC					L	Ber	1111					Worce	ster.	
R	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT						1	IOd. INSIDE CITY	
	Maryland	Anne	Arunde:				Ed	gewa ⁻	ter				1	YES 2 X	NO
FUNERAL	10e. STREET AND NUMBER	2704	Edb Acc				101	ZIP CODE				10g. CIT	IZEN OF WH	IAT COUNTRY?	
Ä		3704								1037			nited:	States	
5	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR		13.	WAS DEC	ENDENT C	F HISPAN	VIC ORIGIN? (S	Specify Yes	s or No—	14. RACE - Black,	- American Indian White, atc.	n,
B	3 💢 Widowed 4 🗆 Divo		IF YES, GIVE W	AR OR DATES				2 NO			,		Specify		
	15, DEC	EDENT'S EDUCA	ATION	16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON .		166 KI	ND OF BU	SINESS/INC	MISTRY	WIII CE	
	(Specify only Elementary/Secondary (0	y highest grade co	College (1-4 or 5	(G	ive kind of a Do NOT us	work done	during mo	st of workin	g	1000 101		311 VE 337 11 VE	, O31111		
P.	12				usew	ife									
COMPLETED	17. FATHER'S NAME (First, M.							16. MOT	IER'S NA	ME (First, Midd	ffe, Maiden	Surname)			
ш		Jo	hn A.Mo	loney					Hel	en	For	bes			
10 B	19a. INFORMANT'S NAME (7)			191						Route Number,					
-	Elizabeth	n K. Ka	ssakatis	5	370	4 5	oth A	venu	Э	Edgewa	ter,	Md.	21037	7	
	20a. METHOD OF DISPOSITI		ral from State	20b. PLACE / cemetery, cre	ANDDATE	OF DISPOS	SITION (Ne	me of	-	DATE	20c. LO	CATION -	City or Town	n, Slata	
	4 Donation 5 Other	(Specify)		- Oak	Lawn	_Cer	<u>ieter</u>			8/94	Ва	ltimo	ore i	Maryland	d
	21. SIGNATURE OF FUNERAL	L SERVICE LICE	Milta	on J Khie	ght J	r 22.	NAME AN	ID ADDRES	SS OF FA	CILITY E	alti	more	, Mary	yland 21	214
	mil	ton	Knie	KI L		L	eona	ird .	J. R					ord Road	
	23. PART I. Enter the di	seeses, or co	mpilcetions the	t caused the de	eth. Do r	not enter	the mo	de of dyl	ng, suc	h es cardled	or reap	ratory sn	rest,	Approximat	te
1 1	IMMEDIATE CAUSE (Fin		/	A STATE OF THE STA				,						Onset and	
	disease or condition resulting in death)	→	-6	101			b	110	n	e				12 40	ny
			DUE TO	OR AS A CONSEC	DUENCE OF	F):	4 6	-						7	
N N	Sequentially list conditi	iona, b.	046 70	OR AS A CONSE	1	07	17							,	
RTIFICATION	if any, leading to immed cause, Enter UNDERLYI			horasaconsec		F):	01	10	60	111 >	22 -)	
윤	CAUSE (Disease or Inju		- /	(OR AS A CONSEC			- /	00	110	//4 .				•	
	resulting in death) LAS	T												j	
뜅		0.												1	
¥	PART ii. Other significe	nt conditions	contributing to	death but not r	esulting	In the ur	nderlying	coupe g	iven in	Part I. 24	A. WAS AN	AUTOPSY		VERE AUTOPSY FIN	
MEDICAL	- con	10 /	56	one	U p	n k	0 / 6	4		1	YES 2	X NO	C	OMPLETION OF CA	
										_			1	TYES 2 X NO	0
PHYSICIAN:															
힐	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only one)					
14S	1 YES 2 NO	1	I Inpatient 2			4X□ Nur	rsing Home		sidence	6 Other (S					
	_	Pending	28e. DATE OF (Month, D	ny, Ybar)	28b. TIM INJ	URY M		RK?		28d. DESCRI	BE HOW I	NJURY OC	CURED		
ВУ	2 Cutation	Investigation	28a, PLACE O	F INJURY — At ho	me form	troot for		/ES 2	NO	204 1 004714	NI /Ct		- 2 - 12	. M .	
		Could not be determined	building,	etc. (Specify)	, , , , , , ,	pireet, rac	tory, orne			28f, LOCATIO	own, State)	Ind Number	or Hural Hou	ite Number,	
<u>"</u>	29a. CERTIFIER 1 X CERT	IEVING PHYSICI	AN: To the heat of	en knowledne de	ath annual					563				-	
COMPLETED	(Check only one) 2 MEDI	CAL EXAMINER:	AN: To the best of On the bests of a	rmy knowledge, de remination and/or I	nvestigatio	n, in my a	opinion. d	and place,	and due	Ime. data en	s) and mar	oner as stat	ed.	and manner as	ted.
	29b. SIGNATURE AND TITLE					,					protest, dill				ned.
띪	S SIGNATIONE AND TITLE	OF VERTIFIER						29c. LICE				29d. DAT	E SIGNED (A	Aonth, Day, Year)	,
	/ 5	0						D	0202	6			12	594	

1622A Ocean Pines Berlin, MD 21811

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

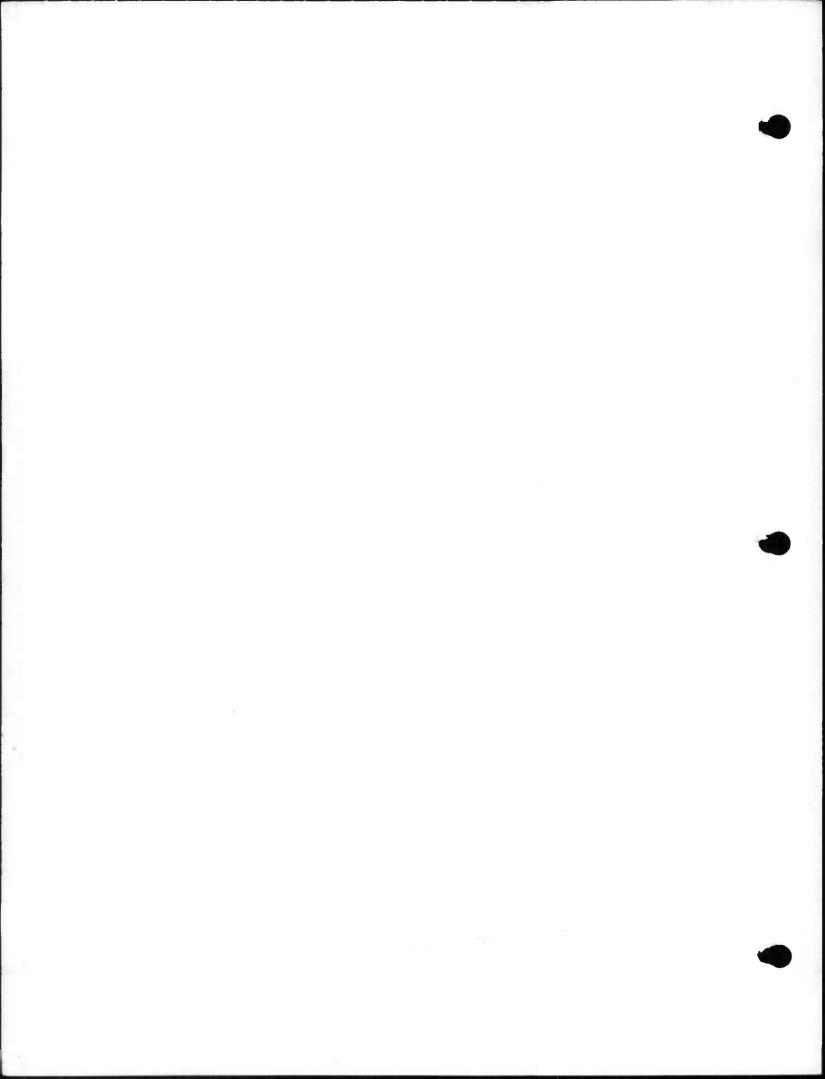
Federico G. Arthes, MD 1622A Oce
31. DATE FILED (MOOTH), Day, New 1994

FEB 2 8 1994

32. JEGNTHAL'S SIGNATURE
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DHMH-16 Rev 1/89

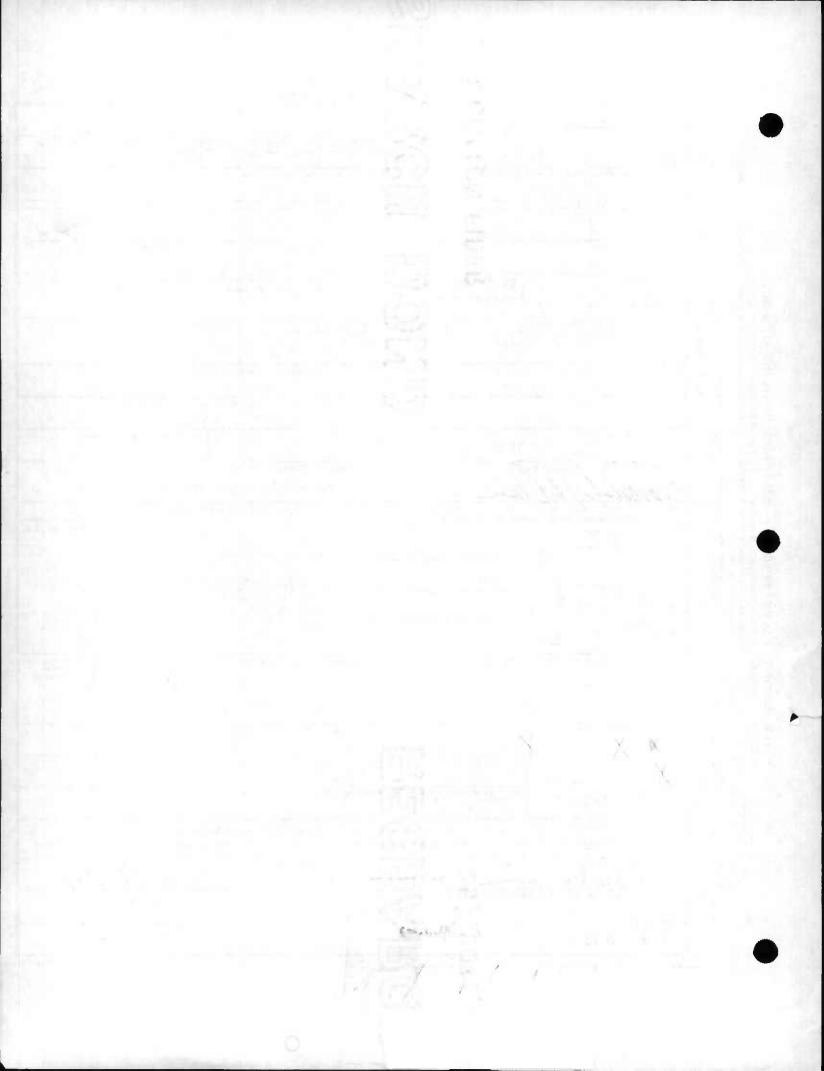
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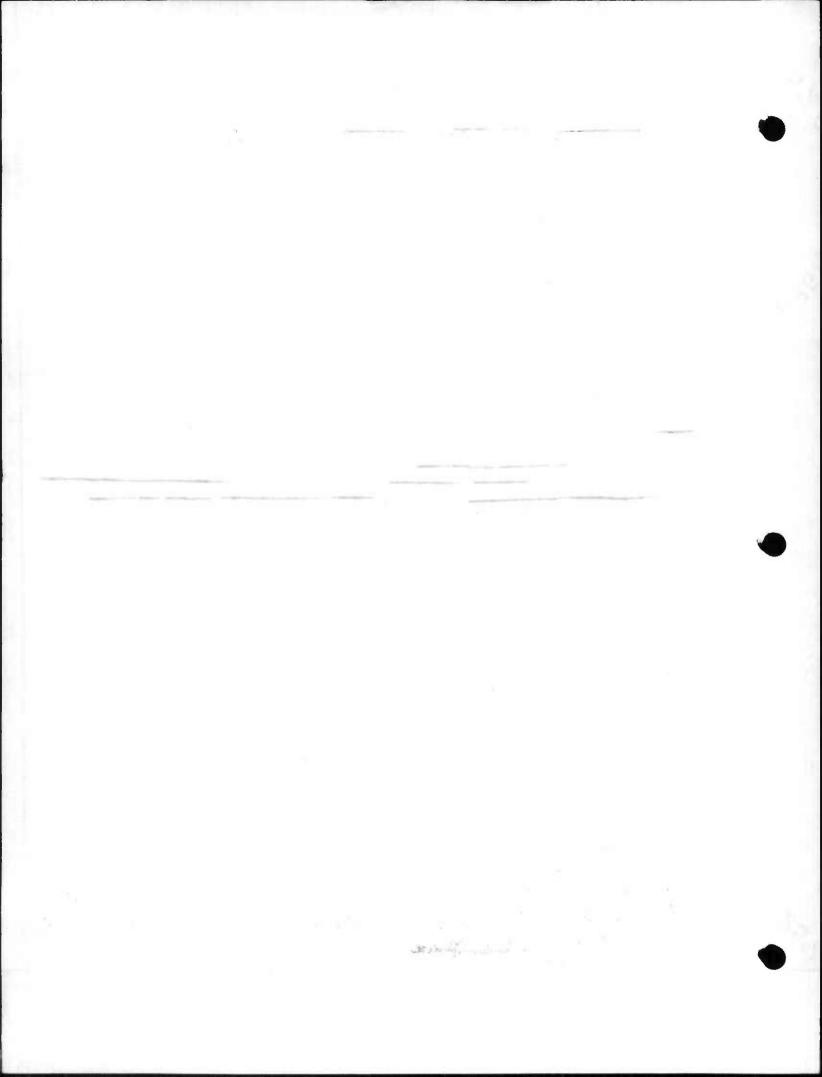
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	1. DECEDENT'S NAME (First, Middle, Las								
		0)				2. DATE OF DE			TIME OF DEATN
	Carolyn Gerts	rude	KOESTER			монтн 2 —	19- 94	YEAR	2.45 A
	4. SOCIAL SECURITY NUMBER		S. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BH	RTN I		CE (State or Fore
B	212 28 8556	1 M 2 F	7.4 YRS.	MONTHS DAYS	HOURS MIN.	1 0 - 4 -	1919		land
	9a. FACILITY NAME (If not institution, giv		7 -2	ah CITY TOWN	OR LOCATION OF D			TY OF DEATI	
œ			a						re Cou
DIRECTOR	Franklin Squ	are Med	Center	Esse	x/Roseda	116	Da	LCIMO	e cou
S	10a, STATE 10b. COU	NTY	10c. CIT	TY, TOWN OR LOCA	ATION			100	I. INSIDE CITY
E	Maryland Bal	timore Co		Towson	n				LIMITS?
	10e. STREET AND NUMBER	CIMOIC C		10f, ZIP CODE			I so- CITIT	1 YES 2 1	
ERAL	7700 York Roa			2	21204			SA	COUNTRY
N.	11. MARITAL STATUS								
FUN	1 Never Married 2 Married	FORCES? 1	EVER IN U.S. ARMED YES 2 NO	If yes, a	CENDENT OF NISPAI specify Cuban, Maxics	n, Puerto Rican,		14. RACE — Black, W	American India hita, stc.
B	3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE WAI	R OR DATES	1 🗆 YE	S 2 NO Specif	y:		Specify:	White
03	15. DECEDENT'S E	DUCATION				Late and	1		
	(Specify only highest gra		(Give kind of life. Do NOT u	Work done during in	nost of working	166. KIND	OF BUSINESS/INDU	ISTRY	
	Elementary/Secondary (0-12)	College (1-4 or 6+)			Hospit	a 1	Medicir	0.0	
COMPLET			UIII	CIELK				10	
8	17. FATHER'S NAME (First, Middle, Last)		0 - 1		18. MOTNER'S NA		,		
BE		oysios	Sader				len Nor		
2	18b. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number. City or Town, State, Zip Code) 3902 Southern Avenue, Balto, MD21206								
-	Judy Schneide	r	3902	Southe	rn Aven	ue,Bal	to,MD21	206	
	20a. METNOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Re	mount from State	20b. PLACE AND DATE		Veme of	OATE	20c. LOCATION — C	ity or Town,	State
	4 Donation 6 Other (Specify)	HILLOWER HOURI STEELS	cemelery, crematory or o	other place)					
	IMMEDIATE CAUSE (Finel disease or condition	e. List only one cause	caused tha daeth. Do			h aa cardlac g	or reapiratory arre	st,	Approximation interval Be Onset end
H	resulting in death)		OR AS A CONSEQUENCE O					-	
_			etes Mellit						
Ó	Sequentielly list conditions,	U.	OR AS A CONSEQUENCE OF						
¥	if any, leading to immediate couse. Enter UNDERLYING	Enter UNDERLYING Hypertension							
CERTIFICATION	CAUSE (Disease or Injury that Initiated events	C	OR AS A CONSEQUENCE O	OF):					
E	resulting in death) LAST								
∃ ■		d,							
- 1	PART II. Other significant conditi	ons contributing to d	eeth but not resulting	In the underlyic	ng ceuse given in	Part I. 24a.	WAS AN AUTOPSY		RE AUTOPSY FIL
EDICAL							PERFORMED?	co	MABLE PRIOR
							N. W.		DEATH?
						- 87		1	YES 2 P
Σ				00.0	DI ACE OF STATE	and and and			
Σ	25. WAS CASE REFERRED TO MEDICAL			OTHER:	PLACE OF DEATH (Ch				
AN: M	25. WAS CASE REFERRED TO MEDICAL EXAMPLER?	HOSPITAL:			ma # Basidanaa	6 Other (Spe	clfy)		
AN: M	1 A ES 2 NO	1 I Inpetiant 2 🗆 i	ER/Outpatient 3 DOA					JRED	
Σ	1 A ES 2 A NO 27. MANNER OF OEATH		YJURY 28b. TIR	AE OF 28c. IN	JURY AT		E NOW INJURY OCCU		
PHYSICIAN: MI	1 A ES 2 NO	1 Finpetient 2 1 28a. DATE OF IN (Month, Day)	yJURY 28b. TIR ; Year) IN	ME OF 28c. IN W	JURY AT PORK? YES 2 NO		E NOW INJURY OCCI		
BY PHYSICIAN: MI	27. NANNER OF OEATH 1 Natural 6 Pending Investigation 3 Suicide a Could not 8	28a, DATE OF IN (Month, Day)	yJURY 28b. TIN IN INJURY — Al home, ferm,	ME OF 28c. IN W	JURY AT PORK? YES 2 NO	29d, DESCRIBI	(Street and Number of		Number,
ED BY PHYSICIAN: MI	EXAMPLER? 1 S 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation	28a. DATE OF IN (Month, Day)	yJURY 28b. TIN IN INJURY — Al home, ferm,	ME OF 28c. IN W	JURY AT PORK? YES 2 NO	29d, DESCRIBI	(Street and Number of		Number,
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ETED BY PHYSICIAN: MI	27. MANNER OF OEATH 1 Natural 6 Pending Investigation 3 Suicide a Could not to distermined 29a. CERTIFIER (Check only) 1 CERTIFYINO PN	28a. DATE OF IN (Month, Day, or 28a. PLACE OF building, et	NJURY 28b. TIN IN INJURY — All home, farm, tc. (Specify) to knowledge, death occur	ME OF 28c. IN W 1 street, factory, offi	AJURY AT KORK? YES 2 NO lice te and place, and due	281. LOCATION City or Tow	(Street and Number on, State)	or Rural Route	
ED BY PHYSICIAN: MI	27. MANNER OF OEATH 1 Netural 6 Pending Investigation 3 Suicide a Could not a determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	28a. DATE OF IN (Month, Day) 28a. PLACE OF building, et 28a. PLACE OF building, et	NJURY 28b. TIN IN INJURY — Al home, farm, tc. (Specify)	ME OF 28c. IN W 1 street, factory, offi	JURY AT JORKY YES 2 NO lice te and place, and due death occured at the	28f. LOCATION City or Town to the cause(a) Hime, data and p	(Street and Number on, State) and manner as state- place, and due to the	or Rural Route d. cause(s) an	d manner as st
E COMPLETED BY PHYSICIAN: M	27. MANNER OF OEATH 1 Natural 6 Pending Investigation 3 Suicide a Could not to distermined 29a. CERTIFIER (Check only) 1 CERTIFYINO PN	28a. DATE OF IN (Month, Day, or be 28a. PLACE OF building, et applications). The property of the best of miner: On the best of axester.	NJURY 28b. Till INJURY All home, farm, ic. (Specify) Ty knowledge, death occur mination and/or investigation.	ME OF 28c. IN W 1 street, factory, offi	AJURY AT KORK? YES 2 NO lice te and place, and due	28f. LOCATION City or Town to the cause(a) Hime, data and p	(Street and Number on, State) and manner as state- place, and due to the	or Rural Route d. cause(s) an	
COMPLETED BY PHYSICIAN: M	EXAMPLER OF DEATH 1 Natural 6 Pending investigation 3 Suicide 4 Homicide a Could not a determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	28a. DATE OF IN (Month, Day, or 28a. PLACE OF building, et 28a. PLACE OF building, et 28a. PLACE OF building, et 28a. PLACE OF building, et 28a. PLACE OF building, et 28a. PLACE OF building, et 28a. PLACE OF building, et	NJURY 28b. Till INJURY All home, farm, ic. (Specify) ny knowledge, deeth occur minetion and/or investigeti	ME OF JURY M 1 Street, factory, offi	JURY AT JORKY YES 2 NO lice te and place, and due death occured at the	28f. LOCATION City or Town to the cause(a) Hime, data and p	(Street and Number on, State) and manner as state- place, and due to the	or Rural Route d. cause(s) an	d manner as st
BE COMPLETED BY PHYSICIAN: M	27. MANNER OF DEATH 1 Natural 27. MANNER OF DEATH 1 Natural 28. Certifier (Check only one) 2 MEDICAL EXAM 29b. SIGNATURE AND ATTLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON OF PERSO	1 Prinpetient 2 1 28a. DATE OF IN (Month, Day, or 28a. PLACE OF building, et 28a. PLACE OF building, e	NJURY 28b. Till INJURY All home, farm, ic. (Specify) by knowledge, death occur mination and/or investigation and/	ME OF JURY M 1 28c. IN W 1 Street, factory, offi	UURY AT VORKY YES 2 NO lice te and place, and du death occured at the	281. LOCATION City or Row to the cause(a) Hime, data and p	(Street and Number of m, State) and manner as state- place, and dua to the	d. cause(s) an	d manner as st
BE COMPLETED BY PHYSICIAN: M	EXAMPLER OF DEATH 1 Natural 6 Pending investigation 3 Suicide 4 Homicide a Could not a determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	1 Prinpetient 2 1 28a. DATE OF IN (Month, Day, or 28a. PLACE OF building, et 28a. PLACE OF building, e	NJURY 28b. Till INJURY All home, farm, ic. (Specify) by knowledge, death occur mination and/or investigation and/	ME OF JURY M 1 28c. IN W 1 Street, factory, offi	UURY AT VORKY YES 2 NO lice te and place, and du death occured at the	281. LOCATION City or Row to the cause(a) Hime, data and p	(Street and Number of m, State) and manner as state- place, and dua to the	d. cause(s) an	d manner as st

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	1 - STATE REGISTRAR	CI	DEPARTMENT OF HEALTH AN ERTIFICATE OF DEATH	REG. N		
	1. DECEDENT'S NAME (First, Middle, Las	Thomas	AS HENRY KEYS, JR.	2. DATE OF DEATH	2-19-9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-40-8261	5. SEX 6. AGE (In yrs. let	YRS. MONTHS DAYS HOURS M	(Morith, Day, Year) 2-9-42		BIRTHPLACE (State or Foreign Country) ARYLAND
CTOR	90. FACILITY NAME (If not institution, given 1304 Merrima	e street and number)	Langley Par		9c. COUNTY	of DEATH CeGeorgeCo
12	RESIDENCE OF DECEDENT 10a, STATE 10b, COUR		10c. CITY, TOWN OR LOCATION			10d, INSIDE CITY LIMITS?
SAL DI	Maryland Pri	nce Geo Co	Langley Park		10g. CITIZEI	1 VES 2 NO
BY FUNER	1304 Merrimac 11. MARITAL STATUS 1 ((())) Never Married 2 (() Married 3 (()) Widowed 4 (() Divorced	Street 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 1 YES 2 1 YES, GIVE WAR OR DATES	MED 13. WAS DECENDENT OF H	0783 ISPANIC ORIGIN? (Specify Yexican, Puerto Rican, etc.) ipecify:		D STATES I. RACE — American Indian, Black, White, etc. Specify:
LETED	15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	CEDENT'S USUAL OCCUPATION live kind of work done during most of working Do NOT use retired.)		USINESS/INDUS	WHITE
BE COMPI	17. FATHER'S NAME (First, Middle, Last) THOMAS H. KEYS, SR.			US GOVE S NAME (First, Middle, Maide H. TODD		
TO B	19a. INFORMANT'S NAME (Type/Print) DME ESTHER H. KEY	19	b. MAILING ADDRESS (Street and Number or F 725 KINGSWAY CIRCLE #31			
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify).	amoval from State complex cos	AND DATE OF DISPOSITION (Name of imatory or other place)	OATE 20c. L	OCATION - CIT	y or Town, State
	23. PART I. Enter the diseases, o shock, or heart failure	or complications that caused the date. List only one cause on each line	iath. Do not antar the mode of dving.	such as cardiac or res	piratory arrea	
NO	23. PART I. Enter the diseases, o shock, or heart failured in the shock of the shoc	DUE TO (OR AS A CONSEI	The Cardinascul	such as cardiac or res	piratory arrea	t, Approximata Interval Betwee
SERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)	At suptiles	DUENCE OF):	such as cardiac or res	piratory arrea	t, Approximata Interval Betwee
: MEDICAL CERTIFICATION	shock, of heart failure in the state of the	b. DUE TO (OR AS A CONSECUTION OF TO (DR AS A CO	DUENCE OF):	n in Part I. 24a. WAS A	IN AUTOPSY	t, Approximata Interval Betwee
MEDICAL	SHOCK, OF heart failure shock, of heart failure shock,	b. DUE TO (OR AS A CONSEI C. DUE TO (DR AS A CONSEI d. DUE TO (DR AS A CONSEI DUE TO (DR AS A CONSEI HOSPITAL:	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	n in Part I. 24a. WAS A PERFC 1 YES	IN AUTOPSY	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	SHOCK, Of heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditi THY IS M 25. WAS CASE RESERRED TO MEDICAL EXAMINERY 1 FIVES 2 \(\) NO 27. MANNER OF DEATH 1 Netural S \(\) Pending	DUE TO (OR AS A CONSECT. DUE TO (OR AS A CONSECT. DUE TO (OR AS A CONSECT. DUE TO (DR AS A CO	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF DUENCE OF DEATH	n in Part i. 24a. WAS A PERFC 1 YES H (Check only one) 28d. DESCRIBE HOW	IN AUTOPSY PRIMEO?	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	SHOCK, Of heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditi THY ISM 25. WAS CASE RESERTIRED TO MEDICAL EXAMINERY 1 For S 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A CONSEI DUE TO (OR AS A CONSEI DUE TO (OR AS A CONSEI C. DUE TO (DR AS A CONSEI d. DUE TO (DR AS A CONSEI TO (DR AS A CONSEI DUE TO (DR AS A CONSEI C. DUE TO (DR AS A CONSEI DUE TO (DR AS A CONSEI C.	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DOA 4 Nursing Home 5 Reside 28b. TIME OF 18JURY AT WORK? 1 YES 2 NE	n in Part i. 24a. WAS A PERFC 1 YES H (Check only one) 28d. DESCRIBE HOW	IN AUTOPSY PRIMED? 2 (I) NO 1 (INJURY OCCUP	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
D BY PHYSICIAN: MEDICAL	SHOCK, Of heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions EXAMINERT 1 S O NO 25. WAS CASE REPERRED TO MEDICAL EXAMINERT 1 Netural 5 Pending investigation 3 Suicide 8 Could not b determined 29a. CERTIFIER (Chock only) 1 CERTIFUNG PM	DUE TO (OR AS A CONSEI DUE TO (OR AS A CONSEI DUE TO (OR AS A CONSEI C. DUE TO (DR AS A CONSEI DUE TO (DR AS A CONSEI DUE TO (DR AS A CONSEI DUE TO (DR AS A CONSEI A CONSEI DUE TO (DR AS A CONSEI DUE TO (DR AS A CONSEI A CONSEI DUE TO (DR AS A CONSEI A CONSEI DUE TO (DR AS A CONSEI DUE TO (DR AS A CONSEI DUE TO (DR AS A CONSEI A CONSEI DUE TO (DR AS A CONSEI DUE TO (DR AS A CONSEI DUE TO (DR AS A CONSEI DUE TO (DR AS A CONSEI DUE TO (DR AS A CONSEI DUE TO (DR AS A CONSEI DUE TO (DR AS A C	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DOA 4 Nursing Home 5 Reside 28b. TIME OF 18JURY AT WORK? 1 YES 2 NE	n in Part I. 24a. WAS A PERF(1 YES H (Check only one) 28d. DESCRIBE HOW 28f. LOCATION (Stree-City or Town, Stell	IN AUTOPSY PRIMED? 2 (I) NO I INJURY OCCUP I and Number or	24b. WERE AUTOPSY FINDING: MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO



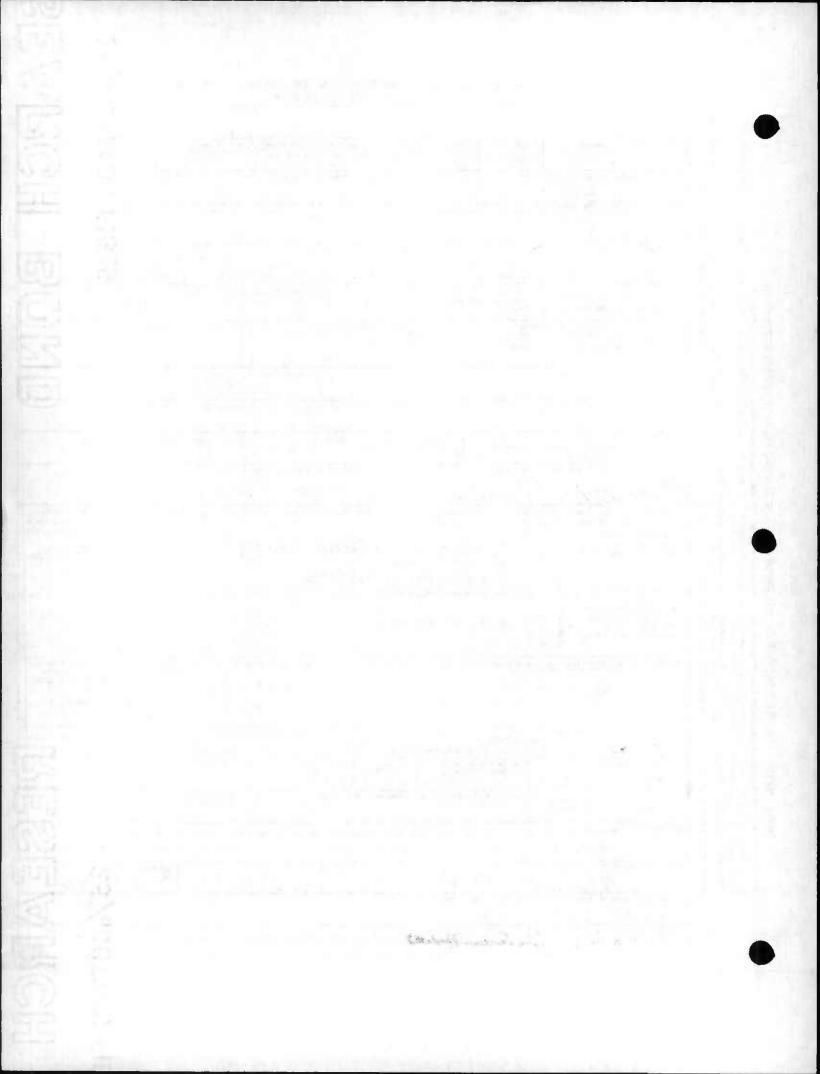
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, L 2. DATE OF DEATH 3. TIME OF DEATH 94 SOA 8. BIRTNPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F DAVE 212 07 2793 82 July 7. Maryland Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Johns Hopkins Geriatries Center DIRECTOR Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY Baltimore 10d. INSIDE CITY 1 - YES 2 NO permit. FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 547 M. WoodlynnRd. 21221 USA use as the burial-transit ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White 11 to BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cubar 1 Never Married 2 Married BY Specify: Specify: Wildowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work work)
Itie. Do NOT use retired.) ntary/Secondary (0-12) Q Steel Mill College (1-4 or 5+) detached once. 17. FATNER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Frank J. Klima 8 Josephine Scott 75 BE funeral director, page 5 should notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rita Deacon 547 N. Woodlynn Rd. Balto., MD 21221 9 20s. METNOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must costy, compart he worth. Cemetery 2/28/94 Baltimore, MD 4 Donation 5 Other (Specify) the medical examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA Amus 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. Approximate Interval Between ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) event, executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE DE) if any, laading to immediate that the death certificate be cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST 10 Injury. PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL been signed by the any COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? OR ATTENDING PHYSICIAN: The law requires Shows 1 TYES 2 T NO 10 has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate I HOSPITAL: 4 ☐ Mursing Name 5 ☐ Residence 6 ☐ Other (Specify) 1 YES 2 AO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH with t 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY death 2 Accident Investigation After 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is 6 Could not be determined DIRECTOR: / COMPLETED 4 Homicide FUNERAL DIRECT within 72 hours a TTANT: If Item 2 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. HOSPITAL TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29h SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNES (Month, Day) BE 25 94 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FEB 2 8 1994 32. BEGISTEAN

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	1. DECEDENT'S HAME (First, Middle, Las	0	-7-1-1		2. DATE OF DEATH 2	-9-94 YEAR	3. TIME OF DEATH
	Baby Boy L	ockes			reso 9	94	0729
	4. SOCIAL SECURITY HUMBER	1 🙀 M 2 🗆 F	YRS.	FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN. 2	7. DATE OF BIRTH (Month, Day, Year) 2 - 9 - 9 4	Ma	ryland
E E	9e. FACILITY HAME (If not institution, given by the Union Memoria		•	b. CITY, TOWN OR LOCATION OF D		9c. COUNTY OF I	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Baltimore Ci	ty	na	
DIRECTOR	Managara	na		ltimore			10d. INSIDE CITY LIMITS? 1 YES 2 HO
	10e. STREET AND HUMBER		Bu	101. ZIP CODE		10g. CITIZEN OF	
FUNERAL	1534 Tunlaw			21218		USA	
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	3 2 NO	13. WAS DECEMBENT OF HISPA If yee, specify Cuban, Mexic 1 YES 2 HO Specify	en, Puerto Rican, etc.)	Blac	E — American Indian, ik, White, atc. if/y: Black
IPLETED	15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during most of working	16b. KIHD OF BUSI	IHESS/IHDUSTRY	
COMPL	17. FATHER'S HAME (First, Middle, Last)			16. MOTHER'S HA	AME (First, Middle, Meiden S	Surname)	S. I. Line
BE	19a. IHFORMANT'S HAME (Type/Print)		19h MAH ING AT	Laur			
2	Lauren Locke	s	1534	Tunlaw Road			218
	20s. METHOD OF DISPOSITION 1 Durisl 2 Cremetion 2 Re		Db. PLACE AND DATE OF I	DISPOSITION (Name of		ATTON - City or To	
	4∑ Donation 5 □ Other (Specify)						
	21. SIGNATURE OF FUNERAL SERVICE	Monald	wade, Dir	655W.Balti	State A	Anatomy	Board
-	23 PART I. Enter the discesses, o	r complications that cause	ed the death. Do not				Approximat
-	shock, or heart fellur IMMEDIATE CAUSE (Final disease or condition	e. List only one cause on	each line.			atory arreat,	intervel Bet Onset and I
	resulting in death)	a. EXTKE	ME F	PREMATURI	19		Zhr
z			O AMNIO				11
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		A CONSEQUENCE OF):				
FIC	CAUSE (Disease or Injury that initiated events	CDUE TO (OR AS	A CONSEQUENCE OF):				
CERTIFI	resulting in death) LAST	d					
()		one contribution to death	but not resulting in	the underlying cause given in	Part I. 24s. WAS AN A		D. WERE AUTOPSY FINE
	PART II. Other aignificant conditi	one commodering to death		the anderlying cades given it		MED?	AWAILABLE PRIOR TO
AL	PART II. Other algorificant conditi			and underlying datase given in	PERFORM		
MEDICAL	PART II. Other algnificant conditi			and disconning dates given in	1 . /		OF DEATH?
IAN: MEDICAL	PART II. Other algnificant conditions of the condition of				1 XYES 2		OF DEATH?
IAN: MEDICAL		HOSPITAL: 1 Inpetient 2 ER/Ou		26. PLACE OF DEATH (C	1 X YES 2		OF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 12 VES 2 NO 27. MANNER OF DEATH 1 Hetural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/OL 28s. DATE OF INJURY (Month, Day, Year)	ritpetient; 3 DOA 4	26. PLACE OF DEATH (C) PTHER: Hursing Home 5 Residence PF 28c, INJURY AT	1 X YES 2	□ NO	COMPLETION OF CAL
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 12 VES 2 NO 27. MANNER OF DEATH 1 Hatural 5 Pending	HOSPITAL: 1 Inpetient 2 ER/OL 28a. DATE OF INJURY (Month, Day, Year)	repatient 3 DOA 4 28b. TIME C IHJUR RY — At home, farm, stre	26. PLACE OF DEATH (CONTHER): Hursing Home 5 Residence PY WORK? M 1 YES 2 NO	1 X YES 2 heck only one) 8 Other (Specify)	□ NO	COMPLETION OF CAI OF DEATH? 1 YES 2 NO
MPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 1 YES 2 NO 27. MANNER OF DEATH 1 Hatural 5 Pending Investigation 2 Accident Investigation 4 Homicide 6 Could not be determined 29e. CERTIFIER Inches only	HOSPITAL: 1 Inpetient 2 ER/Ou 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (S)	At home, ferm, streecify)	26. PLACE OF DEATH (CONTHER): Hursing Home 5 Residence PY WORK? M 1 YES 2 NO	1 XYES 2 S Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street er City or Town, State)	UNO NO NO NO NO NO NO NO NO NO NO NO NO N	COMPLETION OF CAI OF DEATH? 1 YES 2 NO Route Number,
ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 1 YES 2 NO 27. MANNER OF DEATH 1 Hatural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI	HOSPITAL: 1 Inpetient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Sp. (SICIAN: To the best of my known) NER: On the basis of axaminat	At home, farm, streedily) At home, farm, streedily) At home, farm, streedily)	26. PLACE OF DEATH (C) PTHER: Hursing Home 5 Residence PT	1 XYES 2 Theck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street at City or Rown, Stete) a to the cause(a) and mant of time, data and place, and	JURY OCCURED and Number or Rural her se stated.	COMPLETION OF CAL OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 1 YES 2 NO 27. MANNER OF DEATH 1 Hatural 5 Pending Investigation 2 Accident Investigation 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI 29b. SIGNATURE AND TITLE OF CERTIF	HOSPITAL: Inpetient 2 ER/Ou 28a. DATE OF INJUR 28a. PLACE OF INJUR 28a. PLACE OF INJUR 28a. PLACE OF INJUR On the basis of my known of the basis of axaminet	At home, farm, streedily) At home, farm, streedily) At home, farm, streedily)	26. PLACE OF DEATH (C) PTHER: Hursing Home 5 Residence PT	1 XYES 2 Theck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street at City or Rown, Stete) a to the cause(a) and mant of time, data and place, and	JURY OCCURED and Number or Rural her se stated.	COMPLETION OF CAI OF DEATH? 1 YES 2 NO Route Number,



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FEBRUARY 23, 1994 SOPHIA McFARLAND 3:22 A. 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last hirthday) 7 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. BURTAIN ACE (State or Foreign oth, Day, Year) 02 213-09-5310 74 DAYS HOURS MARYLAND 1 M 2 X F 1920 page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 98. FACILITY NAME (If not institution, give street and number NORTH ARUNDEL HOSPITAL 9c. COUNTY OF DEATH
ANNE ARUNDEL DIRECTOR RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL GLEN BURNIE 1 YES 2 NO 10. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 540 GLEN COURT 21061 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED the hospital or attending physician. WAS OECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—
 If yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rid 1 YES 2 NO Specify: 1 Never Married 2 Married FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES Specify: WHITE BY 3) Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INQUISTRY (Specify only highest grade comp (Give kind of work done ite. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+)
NONE 9 HOMEMAKER OWN HOME 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First Middle Maiden Surname JOHN SOLTYNSKI Page 6 may be retained by notified at MARYANNA DRODZ 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 DANIEL RASINSKI 300 WEST ARDEN ROAD, BROOKLYN PARK, MD. 21225 e 20a. METHOD OF DISPOSITION
1XXBurial 2 □ Cremation 3 □ Ramoval from State 20h PLACE AND DATE DEDISPOSITION (Name of must emetery, crematory or other place) $CEDAR\ HILL\ CEMETERY$ ☐ Donation 5 ☐ Other (Specify) _ examiner 21. SIGNATURE OF FUNERAL SERVICE VICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME, 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 ami the f medical 23. PART I. Pater the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and completely filled in by bunal, cremation, or remo shock, or heart failure. List only one cause on each line interval Between IMMEDIATE CAUSE (Finel Onset and Death the disesse or condition Cerebro Vascular resulting in death) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediate the attending physician I Mental Hygiene prior to the death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS signed by the Health and N AVAILABLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☐ NO 1 - YES 2 - NO Deen s OR ATTENDING PHYSICIAN: The law has b 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) DIRECTOR: After this certificate hours after death with the State HOSPITAL OTHER: 1 YES 24 stlant 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF GEATN 28c. INJURY AT WORK? 28d. OEŞCRIBE NOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 60 8 Could not be COMPLETED 4 Nomicide 28 determined item item 29a. CERTIFIER 1 DEERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. TO THE HOSPITAL O
TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If its 29b. SIGNATURE AND TITLE OF CERTIFIED 29d. DATE SIGNED (MONTA)

2 2 3 1 BE 23 2 30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BASANT KHANDELWAL, M.D., 1600 CRAIN HIGHWAY, S.W., SUITE 201, GLEN BURNIE 21061

REGISTRAR'S SIGNATURE

31. DATE EILED (Month, Day You) EB 2 8 1994

.

1. DECEDENT'S NAME (First Middle Lest)

ITEM: 7. PER F.H. FILM G-709 3/1/94 t.t 1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

3. TIME OF DEATH

permit. Pages 1, 2, 3 should	DIRECTOR	218-40-9087 99. FACILITY NAME (If not institution, give str EAST ALCO ALUMINI RESIDENCE OF DECEMENT 100. STATE Maryland Ca:	UM PLANT		OCATION		1942 N 9c. COUNTY FREDE	ERICK 10d. INSIDE CITY LIMITS?
sit permit.	AL	100. STREET AND NUMBER 5745 Oklahoma Road			101. ZIP CODE 21784			1 YES 2 X NO
215-0020 attending physician. se as the burial-transit	BY FUNER	11. MARITAL STATUS 1 M Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT, EVER IN U.S. AI FORCES? 1 (2) YES 2 [IF YES, GIVE WAR OR DATES			NIC ORIGIN? (Specify Yes in, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: White
21 21 21 21 21	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12 years	College (1-4 or 5 +)	ecedent's usual occu ive kind of work done durin Do NOT use retired.) ruck Driver	ng most of working	D.M. Bow		FRY
YLA by the be def	il m	17. FATHER'S NAME (First, Middle, Last) Edward Wilson Mar	tin	-		ME (First, Middle, Meiden :	Surname)	
60 60	2	190. INFORMANT'S NAME (Type/Print) Ms. Christine Cur Mr. Edward W. Mar		b. MAILING ADDRESS (St. 5745 Oklah 717 Belle	reet and Number or Rural P noma Road Terre Ave			
ALTIMORE, death. Page 6 may be funeral director, page		20e. METHOD OF DISPOSITION 1X Burlel 2 Cremetien 3 Remo 4 Donation 5 Other (Specify)	val from State cemetery, cri	and date of disposition of their place. Lip U.M. Cen	N (Name of	DATE 20c. LOC	CATION — City	or Town, State
9 = 0		21. SIGNATURE OF FUNDAL SERVICE LICE	ENSEE	Lor		Funeral Di		es, Inc. own, MD 21133
hours ed in b		23. PART i. Enter the diseases, or coshock, pr heart fallure. L	omplications that caused the delist only one cause on each line	eth. Dp not entar tha				
with		disease or condition	DUE TO (OR AS A CONSE					Onaet and Deati
P.O. BOX 68760 th certificate be executed within ending physician and completely all Hygiene prior to burial, crematic series.	ERTIFICATION	disease or condition		OUENCE OF):				Onaet and Deat
CORDS, P.O. BOX 68760 inites that the death certificate be executed within signed by the attending physician and completely the and Mental Hygiene prior to burial, crematic and initing or other transmetters.	MCAL CERTIFICATION	Sequentielly list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS A CONSE	OUENCE OF): OUENCE OF):	fying ceuse given in	Part I. 24s. WAS AN PERFORE 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
RECORDS, P.O. BOX 68760 v requires that the death certificate be executed within been signed by the attending physician and completely better the state and Mental Hygiene prior to burial, cremain shapes and latitude of party of patrix of the state of	: MEDICAL CERTIFICATION	Sequentielly list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF): OUENCE OF): reaulting in the under	lying ceuse given in	PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
RECORDS, P.O. BOX 68760 v requires that the death certificate be executed within been signed by the attending physician and completely better the state and Mental Hygiene prior to burial, cremain shapes and latitude of party of patrix of the state of	SICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1XXYES 2 \(\triangle \tria	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE contributing to death but not HOSPITAL:	OUENCE OF): OUENCE OF): resulting in the under OTHER: OTHER:	8. PLACE OF DEATH (Che	PERFORI 1 YES 2 mck only one) 8 X Other (Specify)	MED? □ NO JOB	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
OF VITAL RECORDS, P.O. BOX 68760 PHYSICIAN: The law requires that the death certificate be executed within the certificate has been signed by the attending physician and completely with the State Dept. of health and Mental Hygiene prior to burial, cremain and the prior of physician and property teamed to burial, cremain and the property teamed to burial.	HYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1\times \times 2 \to No 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE Contributing to death but not Contributing to death but not HOSPITAL: Inpetient 2 ER/Outpetient 3	OUENCE OF): OUENCE OF): OUENCE OF): reaulting in the under 2 OTHER: 4 Nursing 28b. TIME OF INJURY 28c	8. PLACE OF DEATH (Che Home 5 Residence : INJURY AT WORK?	PERFORI 1 YES 2 BCK only one) 8 X Other (Specify) 28d. DESCRIBE HOW IN	JOB	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
OF VITAL RECORDS, P.O. BOX 68760 PHYSICIAN: The law requires that the death certificate be executed within the certificate has been signed by the attending physician and completely with the State Dept. of health and Mental Hygiene prior to burial, cremain and the prior of physician and property teamed to burial, cremain and the property teamed to burial.	BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE CONTributing to death but not CONTributing to death but not CONTRIBUTED TO INJURY (Month, Day, Year) FEB 25, 1994 28e. PLACE OF INJURY — At h.	OUENCE OF): OUENCE OF): OUENCE OF): reaulting in the under OTHER: 4 Nursing 28b. Time OF 1NJURY 8:20 Å	R8. PLACE OF DEATH (Chr. Home 5 Residence INJURY AT WORK? YES 2 NO	PERFORI 1 YES 2 SCK Only one) 8 X Other (Specify) 28d. DESCRIBE HOW IN SUBJECT S' 281. LOCATION (Street e)	JOB TRUCK	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO BY FORKLIFT
ISION OF VITAL RECORDS, P.O. BOX 68760 TENDING PHYSICIAN: The law requires that the death certificate be executed within: TOR: After this certificate has been signed by the attending physician and completely after death in the State Dept. of Health and Mental Hygiene prior to burial, cremating the impacted or than 23 shapes and Intury or other trainmatic cremating.	TED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Netural 5 Pending investigation	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE Contributing to death but not a contributing to death but not 28e. DATE OF INJURY (Month, Day, Year) FEB 25, 1994 28e. PLACE OF INJURY — At the building, etc. (Specify)	OUENCE OF): OUENCE OF): OUENCE OF): reaulting in the under OTHER: 4 Nursing 28b. Time OF 1NJURY 8:20 Å	88. PLACE OF DEATH (Chi Home 5 Residence DINJURY AT WORK? YES 2 NO office	PERFORI 1 YES 2 8 X Other (Specify) 28d. DESCRIBE HOW IN SUBJECT S' 281. LOCATION (Street e. City or Yourn, State)	JOB STRUCK Ind Number or R	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO BY FORKLIFT BY FORKLIFT BUTEL ROUTE Number,
DIVISION OF VITAL RECORDS, P.O. BOX 68760 TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within AL DIRECTOR: After this certificate has been signed by the attending physician and completely 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremating the managed of them 23 should be supplyed to the property of the propert	MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated eventa resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Natural 5 Pending Investigation 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE Contributing to death but not C	OUENCE OF): OUENCE OF): OUENCE OF): reaulting in the under OTHER: 4 Nursing 28b. TIME OF	88. PLACE OF DEATH (Chi Home 5 Residence : INJURY AT WORK? YES 2 NO office	eck only one) 8 Mother (Specify) 28d. DESCRIBE HOW IN SUBJECT S' 281. LOCATION (Street e. City or Town, State) MANORWOODS to the cause(s) and mani-	JOB HJURY OCCURE TRUCK AND Number or F	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO BY FORKLIFT Rural Route Number. REDERICK CO, M
DIVISION OF VITAL RECORDS, P.O. BOX 68760 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIRECTOR: After this certificate has been signed by the attending physician and completely hours after death with Estate Dept. of Health and Mental Hygiene prior to burial, cremating them 28 is marged by Ham 23 shapes and Inline or other required to the perior to burial, cremating them.	MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated eventa resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Natural 5 Pending Investigation 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE Contributing to death but not Contributing to death bu	OUENCE OF): OUENCE OF): OUENCE OF): reaulting in the under OTHER: 4 Nursing 28b. TIME OF	88. PLACE OF DEATH (Chi Home 5 Residence : INJURY AT WORK? YES 2 NO office	PERFORI 1 YES 2 8 X Other (Specify) 2ed. DESCRIBE HOW IN SUBJECT S' City or Yourn, State) MANORWOODS to the cause(s) and manual time, date and place, enc	JOB NO TRUCK Ind Number or R RD. F ner ee stated.	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO BY FORKLIFT Rural Route Number. REDERICK CO, M

A.Koveu

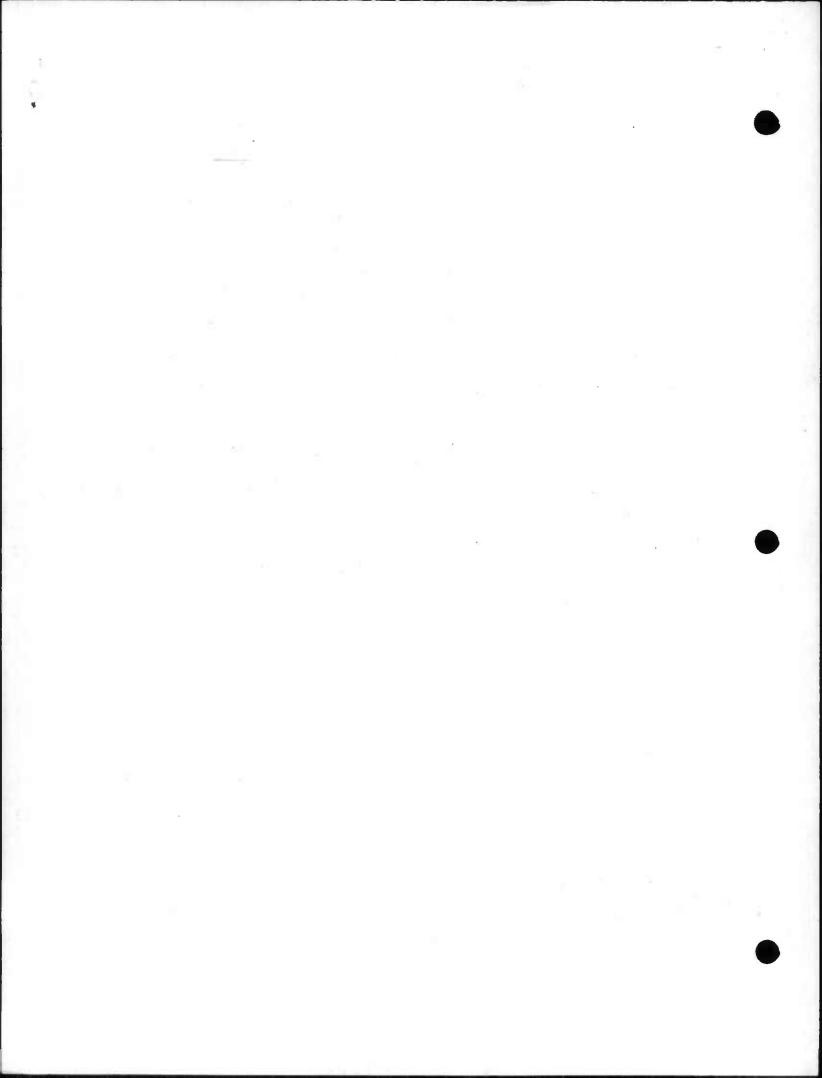
EB 2 8 19

32 REGISTRAR'S SIGNATURE

when being down

STRUCK BY FORKLIFT FREDERICK CO, MI , end due to the ceuse(s) end manner ee stated. 29d. DATE SIGNED (Month, Day, Year) ▶FEB 26,1994 111 Penn Street, Baltimore, Maryland 21201 DHMH-18 Rev 1/89

Approximate Interval Between **Onaet and Death**



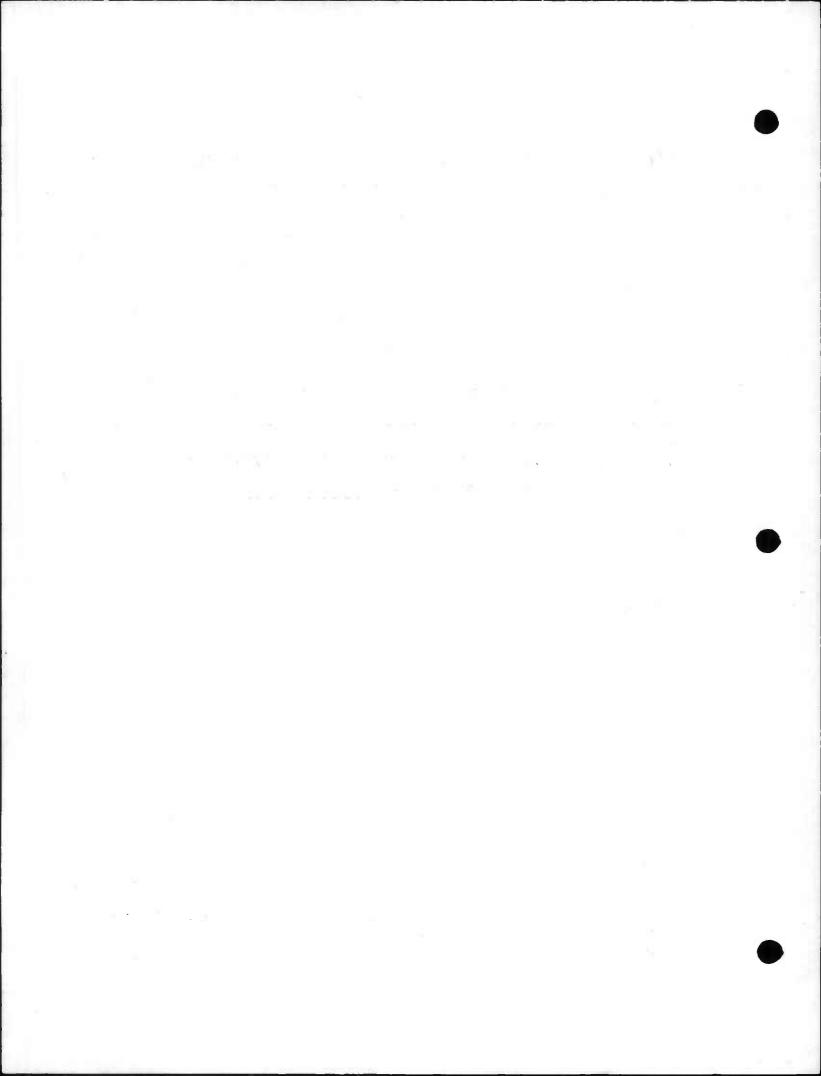
94-0865-510

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 0501 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FEB 20 PM WILLIE MOORE 5:24 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 | F 9 Arolina Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and no 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SINAI HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10d. INSIDE CITY LIMITS? 1 DES 2 NO 10b. COUNTY 10c_CITY, TOWN OR LOCATION A Himore permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE tog. CITIZEN OF funeral director, page 5 should be detached for use as the burial-transit 12 d retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE CE — American Indian, ck, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced 1946 ETED 15. DECEDENT'S EDUCATION tee. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) ISB. KIND OF BUSINESS/INDUSTRY (Specify College (1-4 or 5+) COMPLE ucking river 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, 10010 BE notified 19a, INFORMANT'S NAME (Typ 2 016 Page 6 may be pe 20a. WETHOD OF DISPOSITION
1 W Burlal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City DAR must 4 Donation 6 Other (Specify) 187 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENS nours after death. the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. Liet only one cause interval Between Onset and Death **IMMEDIATE CAUSE (Final** the Cardiovascular disease or condition resulting in death) Atherosclerotic event. traumatic CERTIFICATION Sequentielly liet conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING the death certificate be CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DIVISION OF VITAL RECORDS, P.O. that initiated events resulting in deeth) LAST 0 PART II. Other significent conditione contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS I signed by th AVAILABLE PRIOR TO rostate shows any COMPLETION OF CAUSE 1 YES 2 TONO 1 YES 2 NO t, of F PHYSICIAN: has by Dept. OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL: OTHER: 1X XYES 2 □ NO 1 Inpetiant 2 K ER/Outpetiant 3 I DOA 4 I Nursing Home 5 Residence 8 Other (Specify) 50 27. MANNER OF DEATH 28e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED this c marked. 1 Natural 1 YES 2 NO BY After 2 Accident 3 Suicida 28a. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 28 is DIRECTOR: / COMPLETED 4 Homicide Hem 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my know ledge, death occurred at the time, data and placa, and due to the cause(a) and manner as ateted. FUNERAL | HOSPITAL = 2 MEDICAL EXAMINER: On the be TO THE HOSPITA
TO THE FUNERA
De filed within 73
IMPORTANT: II Investigation, in my opinion, death occured at the time, data and placa, and due to the cause(s) and manner as stated. 29b, SIGNATURE AND LITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) BE mute no O.C.M.E. FEB 21,1994 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE R 1994

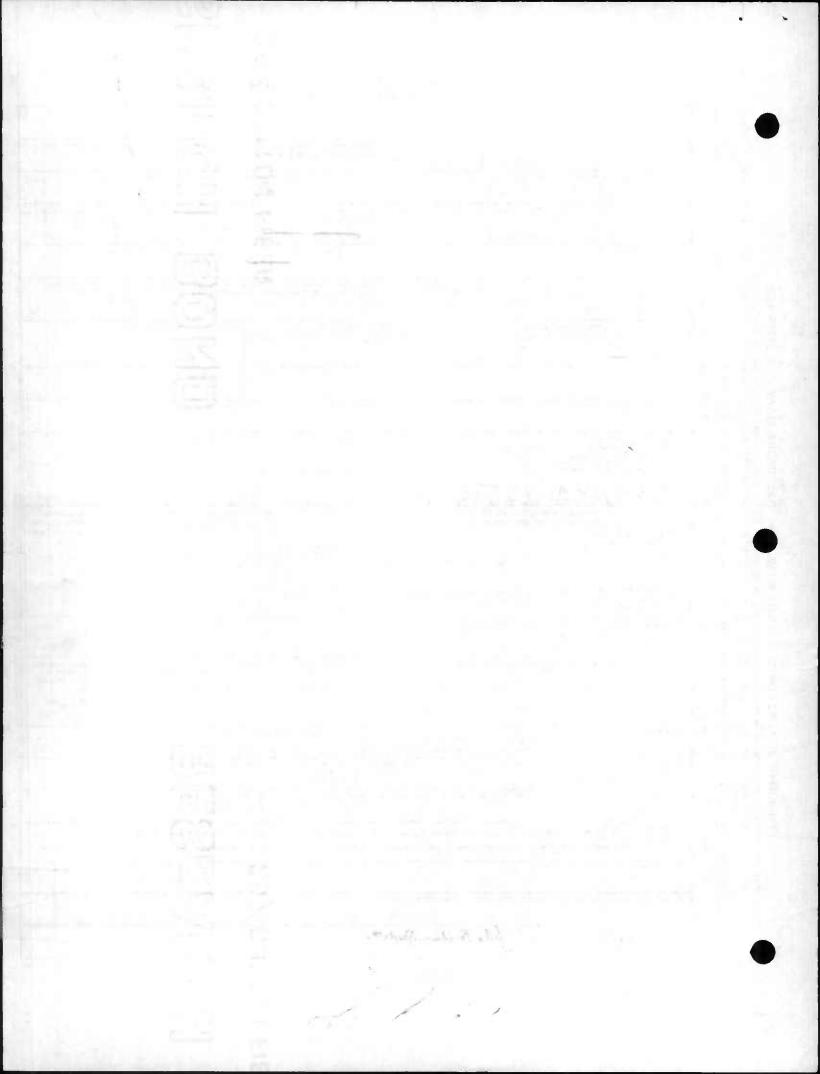
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	ars after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be Detr. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last	" Miltor					2. DATE OF DEATH DOWNTH		EAR 9.	32 A
4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 D F	NGE (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (Country)	State or Foreign
9a. FACILITY NAME (IT not institution, give	Sh. CITY, TOWN OR LOCATION OF DEAT			0 .1		altimore			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	Y, TOWN OR LOCATION Randall					Lik	SIDE CITY AITS?		
100. STREET AND NUMBER 4370 Pin	e field Cou	+		10f. ZIP CODE	111	7.21133	10g. CITIZEN	N OF WHAT CO	UNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1	YES 2 ND	If yes,	DECENDENT OF SPECIFIC CUBER PER 2 NO	, Maxican	C ORIGIN? (Specify Yes, Puerto Rican, atc.)	a or No 14	Black, White,	rican Indian, atc.
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)			work done during se retired.)	most of working		16b, KIND OF BU	SINESS/INDUS	TRY	
17. FATHER'S NAME (First, Middle, Last)		Dat	a Proc	_,		AE (First, Middle, Maiden	Sumama)		
John Milton						eth Pull			
194. INFORMANT'S NAME (Type/Print)		19b. MAILING	3 ADDRESS (Street			oute Number, City or Tow		ode)	
Carolyn Milto	n	4370	Pinef	ield	Cou	rt, Rand	iall,	MD 21	.133
Carolyn Milton 4370 Pinefield Court, Randall, MD 21133 20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Cemetery, Cremetory of other place) Metro Cemetery 3/1/94 Catonsville, MD									
24 SHOWATORE OF FUNERAL SERVICE	CENTRE	Hetro C					tonsvi	ille,	MD
21. SEPART I. Enter the diseases, or shock or heart fellows	Complications that car	s, on	22. NAME UNI 108	TY FU	S OF FAC INER Vort	AL HOME	Balto	o, MD	2120
23. PART I. Enter the diseases, or	complications that call. List only one cause of	s, on	22. NAME UNI 108 not enter the I	AND ADDRES TY FU W. P	S OF FAC JNER Jort Jort ng, such	AL HOME	Balto	o, MD	2120 pproximate terval Betw
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	complications that can be considered to the cause of the	used the death. Do on each line. Sophayeal V as a consequence of Alcohol as a consequence of As a consequence of As a consequence, of as a consequence, of	22. NAME UNI 108 not enter the i	AND ADDRESS TY FU B W. P mode of dyle	S OF FAC JNER Jort Jort ng, such	AL HOME	Balto	o, MD	2120 pproximate terval Betw
23. PART I. Enter the diseases, or shock, or haart failure immediate cause or condition resulting in desth) Sequentially tist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	complications that can be considered to the cause of the	used the death. Do on each line. Sophageal V As a consequence of Alcohol a As a consequence of As a consequence, of As a consequence, of As a consequence, of	22. NAME UNI 108 not enter the i	AND ADDRESS TY FU B W. P mode of dyle	S OF FAC JNER Jort Jort ng, such	AL HOME	Balto	o, MD	2120 pproximate terval Betw
23. PART I. Enter the diseases, or shock, or haert failure immediate cause or condition resulting in death) Sequentially tist conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	complications that can List only one cause of the cause o	Sophageal V As a consequence of Alcohol a As a consequence of Alcohol a As a consequence of Alcohol a As a consequence of Alcohol a	22. NAME UNI 108 not enter the i	EAND ADDRESS TY FU B W. P mode of dyle bleedin	s of FAC	AL HOME h Ave se cardiac or resp	Balto stress	t, AD In O	2120 pproximate terval Batwonset and Do
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23. Part I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially tist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in the conditions of the conditions	DUE TO (OR DUE TO	JURY — At home, farm, (Specify)	22. NAME UNI 108 not enter the in 108 GCICROSI) PD: DUSP: DU	AND ADDRESS TY FU Note of Description of dyle Note of Description of Descriptio	is of FAC	Part I. 24a. WAS AN PERFOI 1 YES 2 ck only one) B Other (Specify) 28d. DESCRIBE HOW 1 City or Town, State, 10 the cause(a) and ma	Balto stress and Autopsy RMED? 2 NO INJURY OCCUPANT OF THE PROPERTY OF THE P	24b. WERE A ANALAB COMPLE OF DEAL 1 YE	2120 pproximate terval Batw neet and Do



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year) FEB 2 8 1994

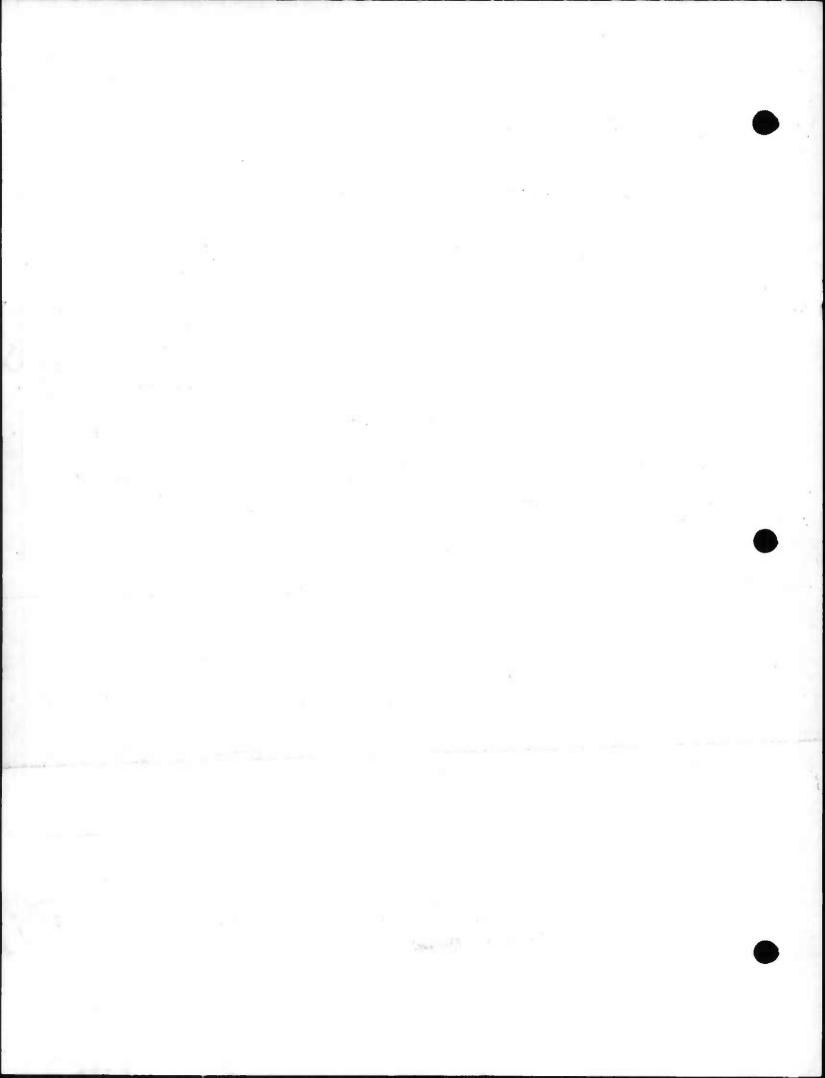
32. REGISTRAR'S SIGNATURE

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the control of the death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEDAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND /		RTMENT					YGIEN EG. NO.	_	91	+ 0584
	1. DECEDENT'S NAME (First, I	Middle, Last)								2. DATE OF I	DEATH			3. TIME OF DEATH
	ELLEN CATHI	FRING	MODAN							монтн 02	2		94	11:30 A M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF E	-	1		HPLACE (State or Foreign
	214 07 2819		1 M 2 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De 11-6	v. Year)	0.9	Count	yland
	9m. FACILITY NAME (If not inst	titution, give st	Λ			9b. CITY,	TOWN C	R I OCATI	ON OF DE				NTY OF E	
œ			,							.am				
DIRECTOR	SACRED HEAD	KT HOS	PITAL			CUI	MRE	RLANI)			AL	LEGA	NY
Ĕ	C5.07.00	10b. COUNTY			10c. CIT	Y, TOWN OR	LOCAT	ION						10d. INSIDE CITY
5	Maryland	Alle	gany Co	ounty	1	Cumb	er	land	f					LIMITS?
A.	10e. STREET AND NUMBER						101	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL									215	02			USA	
5	11. MARITAL STATUS			T EVER IN U.S. AR						IIC ORIGIN? (S		or No—	14. RAC	E — American Indien, k, White, etc.
	1 Never Married 2 N	2000		MAR OR DATES				clfy Cuba 2 NO		n, Puerto Ricar	t, etc.)		Blac Spec	
B	3 Widowed 4 Divorc	bed			No				,,,,,,				5,00	White
	15. DECE (Specify only	DENT'S EDUC	CATION completed)			USUAL OCC			20	16b. KIN	D OF BUS	SINESS/IN	OUSTRY	
Ψ,	Elementary/Secondary (0-	1	College (1-4 or 5	Him	Do NOT u	se retired.)	arry na	at or works	v	Me	edîc	ຳກວ		
<u> </u>	12+		3		Nι	ırse				I III	SULC	THE		
COMPLETED	17. FATHER'S NAME (First, Mic	Idle, Last)						18. MOTI	HER'S NA	ME (First, Middl	e, Malden	Sumame)		
BE	Frank Mich	ael :	Moran					El	.la	Regin	a L	ehma	n	
	19e. INFORMANT'S NAME (7)	oe/Print)		19	. MAILING	ADDRESS	(Street a	nd Number	or Rural F	Route Number, C	aty or Town	n, State, Zi	p Code)	
2	Mary Cha	ney		16	515	Bef	ord	st	, Cui	mberl	and,	MD	215	0 2
Ì	20a. METHOD OF DISPOSITIO	3 🗌 Remo	oval from State	20b. PLACE A			ION (Ne	me of		DATE	20c. LO	CATION —	Cify or To	own, State
- 1	4 X Donation 5 Other (enced a ma	1 2 11 - 2 -	D. 2	I "				- C+		7	h = == -	
- 1	7/	11	Rona	Id wade	, DI								_	y Board
1	Junul	////	Mall			6:	o o w	.Ba.	TCIN	niores	c, B	alt	O, MI	21201
	23/PART I. Enter the dis	eeses, or c	omplications the	at ceused the de	ath. Do	not enter t	ha mo	da of dy	ing, suci	h aa cardiac	or reapi	ratory ar	reat,	Approximate
	iMMEDIATE CAUSE (Fine		List only one cer	use on each line										Interval Batween Onset and Dasth
	disease or condition		Acul	hamatta		8 8	10	0.1.						monto
	resulting in death)		DUE TO	(OR AS A CONSE	DUENCE O	F):	1	74,000						
_			DUE TO	TONKA	a	Vish	al	ne	~					
CERTIFICATION	Sequentially list condition if any, leading to immed	na,	DUE TO	(OR AS A CONSE	DUENCE O	F):								
Ž	cause. Enter UNDERLYIN	IG	1	sterio 5	der	wer								
≝	CAUSE (Disease or Injur that initiated events	, ,	DUE TO	(OR AS A CONSE	DUENCE O	ர :								
	reaulting in death) LAST		4											
4	PART II. Other algorifican	t condition	a contributing to	daeth but not r	eeulting	in tha und	larlying	cause	givan in	Part i. 24	PERFOR	AUTOPSY	248	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
음ㅣ	Con	egrus	· Hea	W.	tille	n _				1[YES 2	□ NO		COMPLETION DF CAUSE OF DEATH?
	Renat	Fa	leine	HXI	rerie	-cho-								1 YES 2 NO
PHYSICIAN: MEDICA				4										
동니	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL						ACE OF D	EATH (Ch	eck only one)				
Š	1 TYES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:		• 5 🗆 Re	eldenca	8 Other (Sp	ecify)			
٦	27. MANNER OF DEATH		28e. DATE Of (Month, I		28b. Till	E OF :	28c. INJ	URY AT		28d. DESCRI	BE HOW I	NJURY OC	CUREO	
B	1 Natural 5 P	ending westigation				M		ES 2] NO					
	a D a sass	ould not be	28a. PLACE (OF INJURY — At ho	mo, farm,	street, fecto	ry, offic					and Numbe	r or Rural	Route Number,
COMPLETED		elermined	Juliang	, and (opening)						Uny or 10	wn, State)			
ا ت	290. CERTIFIER 1 Y CERTIF	FYING PHYCH	CIAN: To the best o	f my knowledge 4	eth coor-	ned at the ele		and alac-	and de-	to the court) and -		tod	
MP	onel													s) and menner se stated.
2	0			The state of the s	valigeti	, my op					piace, en	OUR TO E	ne cause(e, and manner se sisted.
BE	29b. SIGNATURE AND TITLE (Greller					29c. LICI	ENSE NUM	ABER		29d. DA	TE SIGNE	(Month, Day, Year)
2		,						D.T	690	7	1111		1/2	1134
	30. NAME AND ADORESS OF			•									1	1
	DR. HARJIT S	SIDHU,	M.D., 9	25 BISHO	DP WA	LSH I	ROAI	, CI	JMBE	RLAND.	MD 2	21502	2	



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

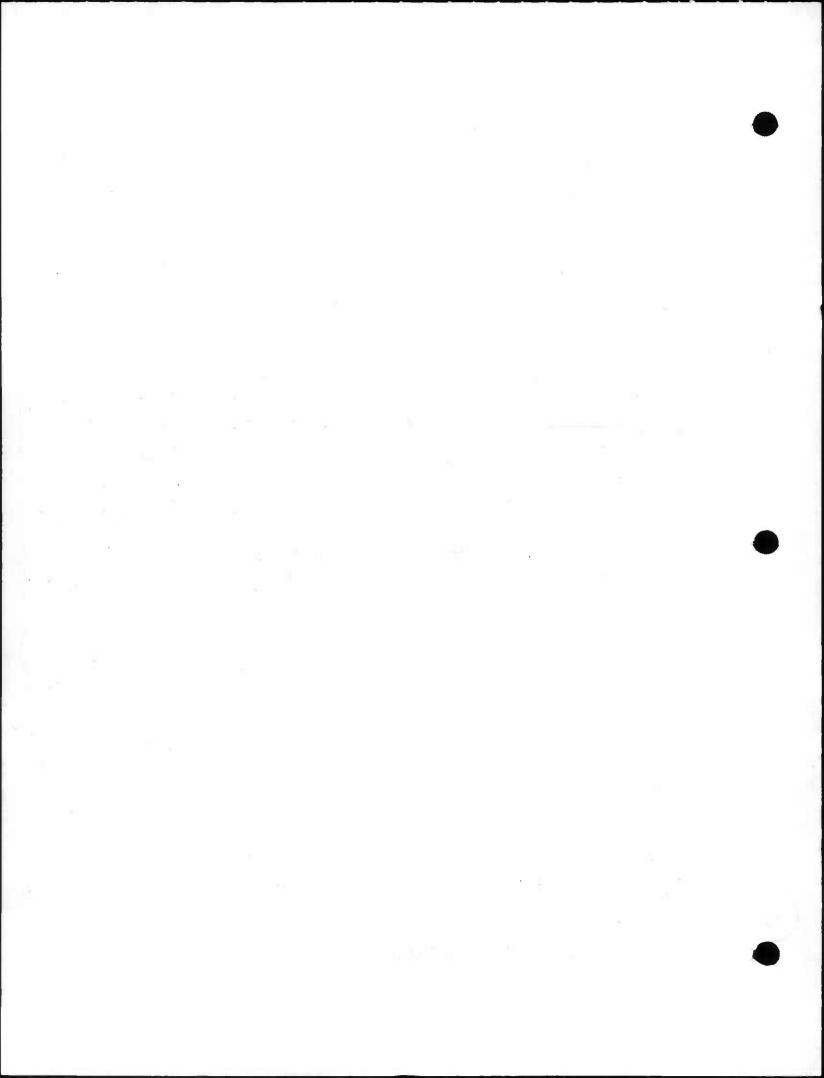
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FOR 1 . STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	=RTIFIC	ATE OF	DEATH	REG. NO).	
1. DECEDENT'S NAME (First, Middle, Last)	77 T 7 N D 77	TH ME	V D E					3. TIME OF DEATN
								М
			W.			(Month, Day, Year)	C	RTNPLACE (State or Foreign puntry)
		82	YRS.			06-17-1	1 M	ARYLAND
9e. FACILITY NAME (If not institution, give s	treet end number)		9	b. CITY, TOWN	OR LOCATION OF E	EATH	9c. COUNTY C	F DEATN
	L AVENU	Ε		B	ALTIMOR	E CITY	NO	NE
1 335 4411			10c. CITY, 1					10d, INSIDE CITY LIMITS?
	ONE					E CITY		1X YES 2 □ NO
				10			10g. CITIZEN	OF WHAT COUNTRY?
	AL AVEN	JE			21202		UNITE	D STATES
	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED	13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Specify Ye	s or No — 14. F	RACE — American Indian, Black, White, etc.
3 - Widowed 4 Divorced						fy:		Specify:
	1							N AMERICAN
(Specify only highest grade		(G	ive kind of won	k done during mo	ON ost of working	16b. KIND OF BU	SINESS/INDUSTF	TY .
Elementary/Secondary (0-12)) Hre.				NONE		
	1 YEAR		noos	CMILE				
19e. INFORMANT'S NAME (Type/Print)	44-1							
BERNICE WALKER			1413	N. CE	NTRAL A	VE. BALT	O, MD.	21202
20a. METHOD OF DISPOSITION 20 Burlet 2 Cremetion 3 Rem	oval from State	20b. PLACE	AND DATE OF	DISPOSITION (Na	ame of 3 / 3 / 0	A DATE 20c. LC	CATION — City of	or Town, State
4 Donetion 5 Other (Specify)		MARYI	AND	NATIO	NAL MEM	PK L	AUREL.	MD.
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSES)			ACILITY		
Jahren Ro	See	-	20.	1412	E. PRE	STON ST	UNERAL BALTO	HOME ,MD. 21213
23. PART I. Enter the diseasea, or o	omolications that	caused the de	ath. Do not					Approximate
anock, or neart failure.	List only one caus	se on each line	,				matory actually	Interval Between
	Molm	11: 1	2 [-	3				Onset and Death
reaulting in death)	a. Process	ette (10 00	vicer			4 months
	DUE 10 (OH AS A CONSEC	DUENCE OF):					
Sequentially list conditions,	b. DUE TO	OR AS A CONSE	STIENCE OFF					
	202 10 (011 A0 A 00110E	ZOLITOL OF J.					
CAUSE (Disease of Injury		OR AS A CONSEC	OUENCE DE:					
resulting in desth) LAST			,					
	d							
PART II. Other algnificant condition	a contributing to	death but not r	eaulting in	the underlyin	g cause given ir	Part I. 24s. WAS AN		246. WERE AUTOPSY FINDINGS
						100		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								OF DEATH?
								1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				28. PI	LACE OF DEATH (C	heck only one)		
	HOSPITAL:	ER/Outpetient 3		THER:				
27. MANNER OF DEATN							IN ILIEV OCCURE	
Natural 5 Pending				Y WC	DRK?	200. DESCRIBE NOW	INJUNY OCCURE	
2 Sulate	28e, PLACE OF	INJURY — At ho	me form stra			284 LOCATION (Comp.)	and Numberies O	
4 Homicide determined	building,	etc. (Specify)	mo, term, otro	et, rectory, offic				nsi rioute Number,
				NAME OF THE PARTY				
29a CERTIFIER	CHANGE TO AND ADDRESS OF					e to the cause(e) end me		
			nvestigation,	in my opinion, o	leath occured at the	time, date end place, e	nd due to the ceu	se(e) end menner ee stated.
(Check only		emination end/or i						
(Check only CEHTIFTING PHYSI	R: On the basis of ex	emination end/or i			29c. LICENSE NU		29d. DATE SIG	NED (Month, Day, Year)
(Check only one) 2 MEDICAL EXAMINE	R: On the basis of ex	emination end/or i	M	0		MBER 1693	29d. DATE SIG	NED (Month, Day, Year)
(Check only one) 2 MEDICAL EXAMINE	R: On the basis of ex	~	M	D (int)			29d. DATE SIG	1 (
(Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the basis of ex	~	M	D (ne)			29d. DATE SIG ▶ Z	1 (
(Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHI	R: On the basic of ex	E OF DEATH (ITEI	MAN (Type, Pri	D Bo			≥9d. DATE SIG	1 (
(Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the basic of ex	E OF DEATH (ITER	MAN (Type, Pri	D Bo			≥9d. DATE SIG	1 (
	1. DECEDENT'S NAME (First, Middle, Last) BERNICE 4. SOCIAL SECURITY NUMBER 213-36-3232 9e. FACILITY NAME (If not institution, give s 1413 N. CENTRA RESIDENCE OF DECEDENT 10e. STATE 10e. COUNT MARYLAND N 10e. STREET AND NUMBER 1413 N. CENTR 11. MARITAL STATUS 1 Never Merried 2 Merried 3. Widowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, Last) ROBERT WEST 19e. INFORMANT'S NAME (Type/Print) BERNICE WATHER 20e. METHOD OF DISPOSITION M Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIK 14 Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) AND THE CONTROL INTERPLY NOT THE CONTRO	BERNICE ELIZABE' 4. SOCIAL SECURITY NUMBER 2. 13 - 36 - 3232 9e. FACILITY NAME (If not institution, give street and number) 1413 N. CENTRAL AVENU RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MARYLAND NONE 10e. STREET AND NUMBER 1413 N. CENTRAL AVENU 11. MARITAL STATUS 1 Never Merried 2 Merried 3. Whidowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Coilege (1-4 or 5 + 1 YEAR 17. FATNER'S NAME (First, Middle, Last) ROBERT WEST 19e. INFORMANT'S NAME (FyperPrint) BERNICE WATKER 30a. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Removal from State 4 Donostion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. PART I. Enter the diseases, or complications that shock, or heart failure. List only one cause immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) 23. PART I. Enter the diseases, or complications that shock, or heart failure. List only one cause immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) A. DUE TO (C.	BERNICE ELIZABETH ME. 4. SOCIAL SECURITY NUMBER 5. SEX 213-36-3232 9e. FACILITY NAME (If not institution, give street end number) 1413 N. CENTRAL AVENUE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MARYLAND NONE 10e. STREET AND NUMBER 1413 N. CENTRAL AVENUE 11. MARTIAL STATUS 1 Never Merried 2 Merried 3. Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S EDUCATION (Specify only highest grade completed) 17. FATNER'S NAME (First, Middle, Lest) ROBERT WEST 19e. INFORMANT'S NAME (TyperPrint) BERNICE WATTAKER 19e. INFORMANT'S NAME (TyperPrint) BERNICE WATTAKER 19e. INFORMANT'S NAME (TyperPrint) BERNICE WATTAKER 20b. PLACE Cometery, Cre MARY 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. PART I. Enter the diseases, or compilications that caused the death of the complete of	BERNICE ELIZABETH MEADE 4. SOCIAL SECURITY NUMBER 213-36-3232 1	BERNICE ELIZABETH MEADE 4. SOCIAL SECURITY NAMER 213-36-3232	BERNICE ELIZABETH MEADE 1. SOCIAL SECURITY NUMBER 2. SOCIAL SECURITY NUMBER 2. SOCIAL SECURITY NUMBER 5. SEX 2. SAGE (in yrs. lisst berinday) 90. COUNTY 1. SOCIAL SECURITY NUMBE (if not institution, give street end number) 1. 413 N. CENTRAL AVENUE 90. COUNTY 100. STATE 100. COUNTY 100. STATE 100. COUNTY 100. STATE 100. COUNTY 100. STATE 101. MARYLAND 102. STATE 103. STREET AND NUMBER 1413 N. CENTRAL AVENUE 15. WAS DECEDENT SEQUENCEDENT SEQUENCE WAS OR DATES 17. WAS DECEDENT SEQUENCEDENT SEQUENCE WAS OR DATES 18. DECEDENT'S EQUICATION 19. STATE AND STATES 19. WAS DECEDENT'S EQUICATION 19. STATE STATES NAME (First, Middles, Last) 19. WAS DECEDENT'S EQUICATION 19. DECEDENT'S EQUICATION 19. MARYLAND ADDRESS (Street end Number or Parell LYEAR 19. MARYLAND ADDRESS (Street end Number or Parell LYEAR 19. MARYLAND ADDRESS (Street end Number or Parell LYEAR 19. MARYLAND ADDRESS (Street end Number or Parell LYEAR 19. MARYLAND ADDRESS (Street end Number or Parell LYEAR 19. MARYLAND ADDRESS (Street end Number or Parell LYEAR 19. MARYLAND ADDRESS (Street end Number or Parell LYEAR 19. MARYLAND ADDRESS (Street end Number or Parell LYEAR 19. MARYLAND ADDRESS (Street end Number or Parell LYEAR 19. MARYLAND ADDRESS (Street end Number or Parell LYEAR 19. MARYLAND ADDRESS (Street end Number or Parell LYEAR 19. MARYLAND ADDRESS (Street end Number or Parell LYEAR 19. MARYLAND ADDRESS (Street end Number or Parell LYEAR 19. MARYLAND ADDRESS (Street end Number or Parell LYEAR 19. MARYLAND ADDRESS OF F. 19. CALLYIN B. S. 10. DECEDENT'S EQUICATION 10. DECEDENT'S EQUICATION 10. DECEDENT SEQUENCE OF): 10. MARYLAND ADDRESS (Street end Number or Parell LYEAR 10. Denetion S. Other pictory or other piccol 10. DECEDENT SEQUENCE OF): 20. PLACE OF DEATH (1) OTHER SEQUENCE OF): 21. SOLUTION AS A CONSEQUENCE OF): 22. MARK HOLOSED STATES (STATES): 23. MARK HOLOSED STATES (STATES): 24. MARK HOLOSED STATES (STATES): 25. WAS CASE REFERED TO MEDICAL 26. MARYLAND ADDRESS (STATES): 26. MARK STATES (DECEDENT'S NAME (First, Middle, Last) BERNICE ELIZABETH MEADE 4. SOCIAL SECURITY NUMBER 5. SEX 2. A AGE (fir yrs. last benday) 21. 3 – 3 6 – 3 2 3 2 5. PRESTOR DESIGNED, the street and number) 21. 3 – 3 6 – 3 2 3 2 5. PRESTOR DESIGNED, the street and number) 14. 13. N. CENTRAL AVENUE 14. 13. N. CENTRAL AVENUE 15. CETY, TOWN OR LOCATION OF DEATH 14. 13. N. CENTRAL AVENUE 16. COUNTY 17. STREET AND NUMBER 17. MARYLAND 18. STREET AND NUMBER 19. STREET AND NUMBER 1	LOCATION TO RESIDENCE OF DECEDENT SUBMER (PS. ALONG TO PENTAL AVENUE SIGNATURE STANDS FOR CORPET STANDS FOR ST



	1 - STATE REGISTRAR	STATE OF MARYL		ARTMENT OF		MENTA	L HYGIEN		J 14	0004
	1. DECEDENT'S NAME (First, Middle, Last)			1.07	I Mariti	2. DATE	E OF DEATH		3	3. TIME OF DEATH
	Hazel H Montgo	omery				MONT	H 2		S4	8: 40 PM
	4. SOCIAL SECURITY NUMBER		'In yrs. last birthday				OF BIRTH			LACE (State or Foreign
	215-07-6549 9e. FACILITY NAME (If not institution, give st	1 M 2 F 94	YR\$.		N OR LOCATION OF D	02		1900	WES'	T VIRGINIA
E	Union Memoria				ore City	JEAIN		VC. COURT	I UP DEA	ин —
5	RESIDENCE OF DECEDENT									
DIRECTOR	MARYLAND 106, COUNTY	r	10c, C	CITY, TOWN OR LO BAI	CATION TIMORE					IOd. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				tof. ZIP CODE			10g. CITIZE		IAT COUNTRY?
FUNERAL	3616 ASH STREE	ET			21211	1			USA	
J.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES			DECENDENT OF HISPA specify Cuben, Mexic			or No- 14	I. RACE -	- American Indien, White, etc.
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			res 2X NO Speci		Pitteri, etc.,		Specify:	
	t5. DECEDENT'S EDUC	CATION	16a. DECEDENT	T'S USUAL OCCUP	ATION	16/	b. KIND OF BUS	PINESS/INDIS	TEV	MUTIE
ETE	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o	of work done during use retired.)	most of working	1	I KIND OF DO.	MNEGG/RIDEG) lets	
APL	3RD	Course (1-4 Ct 0.1)	I	FACTORY	WORKER		MT. VE	RNON C	COTTO	ON MILLS
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First,	Middle, Maiden	Sumame)		
BE (FRANK HINES				MATI	CLDA	PLAUGE	R		
2	19e. INFORMANT'S NAME (Type/Print)	-			et end Number or Rural				,	
	HAZEL GENTRY				TREET, BA					21211
	20s. METHOD OF DISPOSITION 1.A. Burlel 2 Cremetion 3 Remo 4 Donetion 5 Other (Specify)	oval from State 20b.	seteni cramatoni o	TE OF DISPOSITION or other place) E PARK C	(Name of EMETERY 3	3/1/9		CATION — CH TTMORF	•	
ĺ	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /		22. NAME	AND ADDRESS OF F	ACILITY				
;	> a alan	Seit h			ALAN SEIT					
	23. PART I. Enter the diseees, or c	complications that ceuser	the deeth. Do	o not entar the	8 ROLAND	AV EIN	diac or reepi	retory arres	t.	MARY LAND Approximata
	shock, or haert failure. I IMMEDIATE CAUSE (Final	List Dnly ona cause Dn er	sch line.		Anna Comment		The contract of			Interval Between Onset and Death
	disease or condition resulting in dasth)	a	Conge	stive i	Heart oning Mallity	Fail	2me			5 years
		DUE TO (OR AS A	CONSEQUENCE	OF):						
ON	Sequentially list conditions,	b DUE TO (OR AS A	CONSEQUENCE	OF):	لمحادلا					3 Jrs
SAT	If sny, leading to immediata csuse. Enter UNDERLYING	-	Dic	bets	Mellita					10 m
CERTIFICATION	CAUSE (Disesse or Injury thet initisted events	DUE TO (OR AS A	CONSEQUENCE	OF):		7				1-7
EH	resulting in deeth) LAST	d								
AL C	PART II. Other significant conditions	ne contributing to death b	ut not resultin	a in the underly	ving ceuse givan ir	n Pert I.	24a. WAS AN	AUTOPSY	24b. V	WERE AUTOPSY FINDINGS
		1A					PERFOR	RMED?	A C	WAILABLE PRIOR TO COMPLETION OF CAUSE
AED							T TEO a	NAMO		OF DEATH?
N.									'	AM
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C	heck only o	ne)			
YSI	1 TES 2 TYNO	HOSPITAL: 1 Inpetient 2 ER/Outp.	atlent 3 DOA	OTHER:	lome 5 - Reeldence	6 🗆 Oth	er (Specify)			
PH	27. MANNER OF DEATH 1 Westurel 5 Pending	28a, DATE OF INJURY (Month, Day, Year)		TIME OF 28c.	INJURY AT WORK?	26d. DE	SCRIBE HOW II	NJURY OCCUP	RED	
B	2 Accident Investigation				YES 2 NO					
ED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	— A1 home, ferπ :ify)	i, street, factory, o	Hice		CATION (Street e or Town, State)		Rural Rou	ute Number,
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSIC	ICIAN: To the best of my knowl	ledge, death occi	urred at the time, o	late end place, end du	e to the ca	use(e) end mer	mer ee stated		
NO.		R: On the beele of examination								end menner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFIER		Paul	WRASSA	29c. LICENSE NU			29d. DATE S	HGNED (A	Month, Day, Yeer)
TO BE	30. NAME AND ADDRESS OF PERSON WHO	4SSAM,MD		7	ATZY:	3894	66 F10	> E	ila	28, 94
	PAUL RASSA	717 - 3223	STE	PAUL S	T- BA	247	- 141	0 21	21	8
	FEB 2 8 1994	32. RIGISTRANS GIGN	ATURE ACTION	. DE						

DHMH-15 Rev 1/89

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

ours after death. Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020

e.

94 05846

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

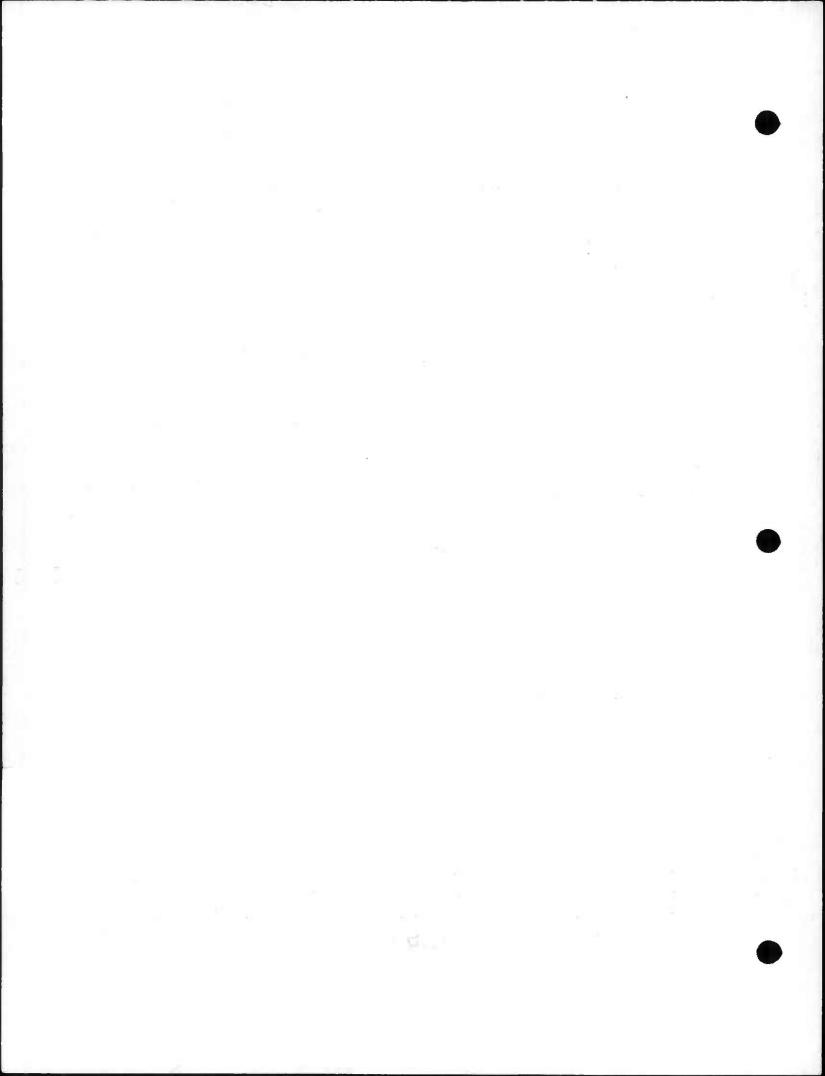
	HEGISTRAR		CERTIFIC	ALE OF	DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last) CHARLIE	С.	MOS	ES		2. DATE OF DEATH MONTH FEB.	DAY 2 1	YEAR 9.4	3. TIME OF DEATH 10:37 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (Stata or Foreign
	242-30-0117	1 🔀 M 2 🗍 F	70 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year 12-29-1		Country	y)
	9a.' FACILITY NAME (If not institution, give a		16,111		OR LOCATION OF DE		9c. COL	NTY OF D	EATH
FUNERAL DIRECTOR	1014 WEST LAN	VALE STREE	T 2ND	BALTI	MORE CI	TY			
[[[RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	1	10c. CITY T	OWN OR LOCA	TION				10d. INSIDE CITY
띪	MD.		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			msz			LIMITS?
اد	10e. STREET AND NUMBER				IMORE CI	IY	100 CIT	IZEN OF W	1 TYPES 2 NO
8	1014 LANVALE STR	EET 2ND FLO	OR	1	21217			JSA.	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DE		HC ORIGIN? (Specify			— Americen Indian, , White, etc.
ВУ F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR D			ecity Cuban, Mexice 2 X NO Specify	n, Puerto Rican, etc. /:		Specific BLA	Y:
ED	15. OECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S US			16b. KIND OF	BUSINESS/IN		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work life, Do NOT use re	t done during mi etired.)	ist or working				
M M			UNEMPLO	OYED					
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mai	den Sumeme)		
BE	19e. INFORMANT'S NAME (Type/Print)		405 MAII NO AT	DDE00 (0	- 446 e kin - 0 e ki				
임	THOMAS R. WHEATLE	V CD				Route Number, City or			01015
	20a. METHOD OF DISPOSITION	201	D. PLACE AND DATE OF			BALTIMORE 20c	LOCATION -		
	1 Denetion 5 Other (Specify)	oval from State cen	netery, cremetory or other IETRO CREM	place)					MARYLAND
	21. SHAVATURE OF FUNERAL SERVICE LIC		DIKO OKLIL	22. NAME A	ND ADDRESS OF FA	CILITY	20.00		
	IN SPALL	ma				WN JR. F			
7	23. PART I Enter the diseeses, or o	complications that cause	d the death. Do not	enter the me	W . BALII de of dying, auc	h sa cardiac or re	epiratory a	TMUK.	E. MD. 21223
1	IMMERIATE CALLSE (Float	List only one cause on e							Interval Between Onset and Death
	disease or condition resulting in deeth)	ARTORIOSO	LEROTIC	CARD	LOVASCU	UAK PI	SETAS+	5	
	reasting in death)	DUE TO (OR AS	A CONSEQUENCE OF):						
Z	Sequentially list conditions,	b							
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS /	A CONSEQUENCE OF):						i 1
임	CAUSE (Diseese or injury that initiated evente	DUE TO (OR AS A	A CONSEQUENCE OF):						
E	resulting in death) LAST	4							1
		•							
EDICAL	PART II. Other algorificant condition DIAR ETES		out not resulting in t	the underlyin	g ceuse given in	Part I. 24a. WAS PER	AN AUTOPSY FORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă					.	1X YE	8 2 NO		OF DEATH?
Σ	ALCOHOLIS	in r				_ '			1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			20.00	AGE OF DEATH OF				
22	EXAMINER? 1 X YES 2 NO	HOSPITAL:	0	THER:	LACE OF DEATH (Ch	8 Other (Specify)			
ξĺ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O		URY AT	28d. DESCRIBE HO	W INJURY OC	CURED	
	1 Natural 5 Pending Investigation	(Month, Day, Year)	PULNI		YES 2 NO	250,000			
ЭВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, ferm, atre	el, factory, offic	•	281. LOCATION (Str		er or Rural R	loute Number,
	4 Homicide determined	bunding, etc. Spe	Cny)			City or Town, S	(616)		
COMPLETED	29e. CERTIFIER (Check only	CIAN: To the best of my know	viedge, death occurred a	rt ihe ilme, dat	end place, end due	to the cause(s) end	manner es et	nted.	
WO	one) 2 MEDICAL EXAMINE	R: On the beals of examination	on end/or investigation, i	in my opinion,	leath occured at the	time, date end place	, end due to t	the ceuse(a) end menner es stated.
	290, SIGNATURE AND TITLE OF CERTIFIES	- /// /	1		29c. LICENSE NUI				(Month, Day, Year)
) BE	James To	Jalle /	Tw		O.C.M.	E			,1994
임	30, NAME AND ADDRESS OF PERSON WI	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	int)	0.0.11.		1 - 1		
	MARIO F. GOLLIG 31. DATE FILED (Model), Day Many	JR MD 1	11 PENN	STREE	T, BALT	IMORE, M	ARYLA	AND :	21201
	FEB 2 8 199	4 guile de	NATURE Rando						

DIVISION OF VITAL RECORDS, P.O. BOX 68760, III. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should at the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MEDITIANT II Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020 nous after death. Page 6 may be retained by the hospital or attending physician.



his arter dearn. Page o may be retained by the hospital or attending physician.	of in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1.2.3 should	or removal.	the medical examiner must be notified at once.
Control on Attendance Productive, the law requires that the death celulicate of execution within A	as been signed by t	The metal Mygiene prior to burial, cremation, after the State Dept. of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND A	DEPAR	RTMEN	IT OF H	IEALTH DEA	AND I	MENTAL	HYGIEN		94	05847
	1. DECEDENT'S NAME (First, Middle, Last)	-								OF DEATH		wear.	3. TIME OF DEATH
	MICHAEL		Mc	CRAY					MONTH 2	1		1994	M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le	st birthday)		ER 1 YEAR	IF UNDER	Y-		OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	579-64-1660	1 🔀 M 2 🗌 F	45	YRS.	MONTHS	DAYS	HOURS	MIN.	2-23	Day, Year) -1948		WASH	HINGTON, DC
	9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CIT	ry, town (OR LOCATI	ON OF DI			9c. COU	NTY OF D	
1 8	SETON HILL MANOR	NURSING	HOME			RAT	TIMOI	RE C	TTV				
DIRECTOR	RESIDENCE OF DECEDENT					DVP	LINO	KE O	TII		<u></u>		
1 11	10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
	MD.					BAL'	TIMO	RE C	ITY				1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
1 1 1 1	501 W. FRANKLIN	STREET					2120	01			170	~ A	
15	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMEO	13	. WAS DEC	ENDENT C	OF HISPAN	VIC ORIGINA	(Specify Yee	or No-	SA .	- American Indian
	1 Never Merried 2 Merried	IF YES, GIVE V	YES 2 X	NO		If yes, sp	ecify Cuba 2 □XNO	ın, Mexica	n, Puerto Ri	icen, etc.)		Black Speci	— American Indian, c, White, etc.
BY	3 Widowed 4 Divorced						120.0	Opacin				BL.	
ED	15. DECEDENT'S EDUC (Specify only highest grade		16e. DE	CEDENT'S	USUAL	OCCUPATIO	ON		16b.	KIND OF BUS	SINESS/INC		1CK
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	Hito.	live kind of a Do NOT u	se retired.	auring mo	St of Workir	ng					
COMPLET				OF	FICE	WO:	RKER						
Ö	17. FATHER'S NAME (First, Middle, Last)						ts. MOTI	HER'S NA	ME (First, M.	iddle, Maiden	Surname)		
BE (JESSE	McCRAY					VEI	DO.			HAN	YWOOI)
	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	SS (Street a			Route Numbe	er, City or Town			
5	JESSE McCRAY	JR.	1							IE, M			
	20e. METHOD OF DISPOSITION		20b. PLACE					GLEN	DUKIN	_	CATION —		
	1 St Burlet 2 Cremetton 3 Remo	oval from State	cemetery, cre MD N	matory or o	ther plece	CEME	TEDV		DATE			- 1	
	21. SIGNATURE OF THE BAR SERVICE LIC	ENSEE	- IID. N	ALLU	_	. NAME AN		00.05.54	DUI STO	LA	UKEL	, MAI	RYLAND
	> XBlows	700			J	OSEP 913	н н. W. в	BRO	WN JR MORE	.FUNE	BALT	IMORÍ	P.A. E, MD. 21223
	23. PART 1. Enter the diseasea, or cahock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	. HUMAA	ise on each line	nuno	ot ente $\mathcal{D}\mathcal{E}$	r the mo	de of dyl	ng, sucl	h as cerdi	ec or respl	ratory arr	est,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		(OR AS A CONSEC										
MEDICAL (Serywe dyndu		deeth but not r			nderlylng	cause g	lven in		24a. WAS AN A PERFORI 1 YES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: N													1 YES 2 NO
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF O	EATH (Che	ck only one)				
YS	1 YES 2 NO	1 Inpatient 2	ER/Outpatient 3	□ DOA			5 🗆 Re	sidence	6 🗆 Other ((Specify)			
РНУ	27. MANNER OF OEATH	28s. OATE OF (Month, D.		28b. TIMI	E OF URY	28c. INJU WOI			28d. DESC	RIBE HOW IN	JURY OCC	CURED	
B	1 Natural 5 Pending 2 Accident Investigation				M		ES 2	NO					
ETED !	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE O building,	F INJURY — At horate. (Specify)	me, ferm, s	treat, fac	tory, office			28f. LOCAT	TON (Street et Town, State)	nd Number	or Rural R	oute Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSIC (Check only one) 2 MEDICAL EXAMINES	CIAN: To the best of	my knowledge, dec camination end/or I	ath occurre	d at the	time, date opinion, de	end place, eath occur	end due	to the cause	e(a) and meni nd place, end	ner as atate	ed. e cause(e)	end manner es atated.
ш	29b. SIGNATURE AND THILE OF CERTIFIER		20				29c, LICE	NSE NUM	BER	T	29d. DATE	SIGNED	(Month, Day, Year)
TO B	30. NAME AND AODRESS OF PERSON WHO	COMPLETED CAUS	17	107.6			01	75	37		> 2	2-2	-2 94

BALTIMORE

MD

21217

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo.

32. AFGISTRAR'S SIGNATURE

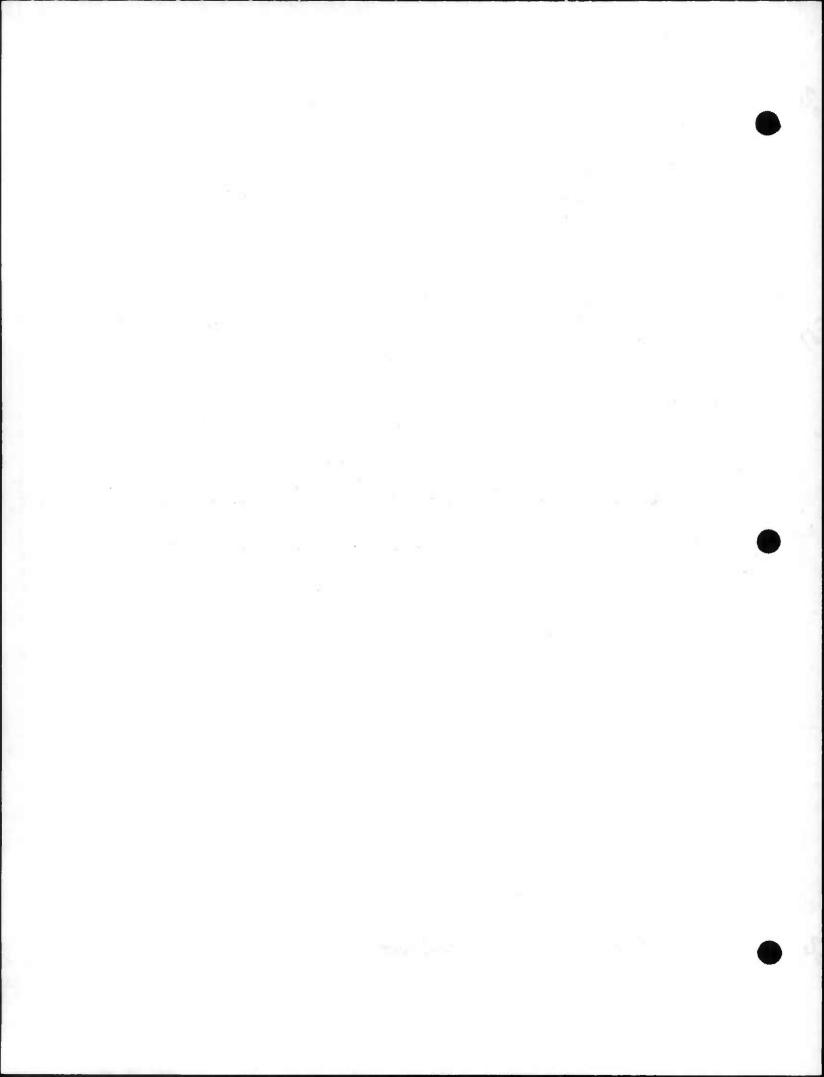
JUNE DEVILOR FONDER

30. NAME AND ADDRESS OF PERSON WITH STATE OF PERSON



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

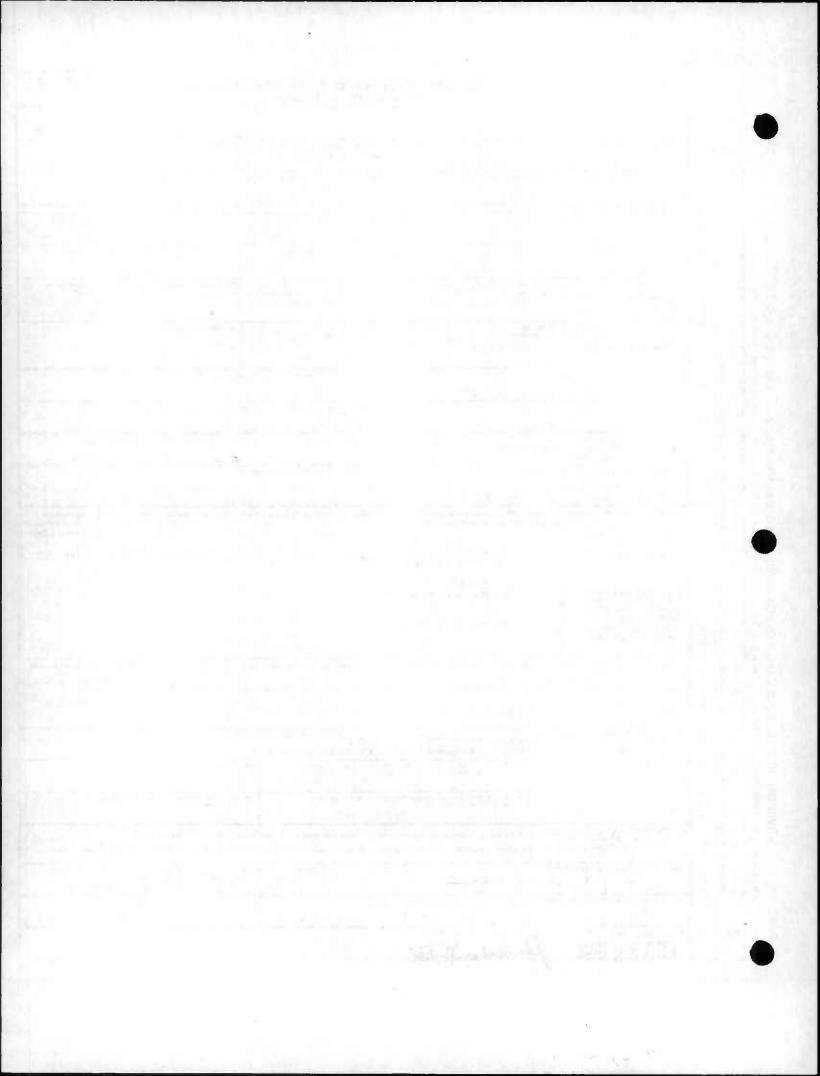
1. DECEDENT'S NAME (First, Middle, Lest) ALVERTA MULLEN 4. SOCIAL SECURITY NUMBER 2. DATE OF DEATH MONTH PEB. 21 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) 96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 97. CATE OF BIRTH (Month, Day, Year) 5-18-1907 98. CITY, TOWN OR LOCATION OF DEATH	
ALVERTA MULLEN FEB. 21 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, 'ber') 7. DATE OF BIRTH (Month, Day, 'ber') 8. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, 'ber')	3. TIME OF DEATH
219-32-4761 1 M 2 TXF 86 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Welr)	94 7:15 A M
	BIRTHPLACE (State or Foreign Country)
SECULT, TOWN ON COCATION OF DEATH	GLEN BURNIE, MD.
3219 PRESSTMAN STREET BALTIMORE CITY	COUNTY OF DEATH
PESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY
10c. CITY, TOWN OR LOCATION MD. BALTIMORE CITY	LIMITS?
	g. CITIZEN OF WHAT COUNTRY?
▼ H 3219 PRESSTMAN STREET 21216	USA.
IF YES, GIVE WAR OR DATES	No— 14. RACE — American Indian, Black, White, etc. Specify: BLACK
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINE	
(Spectry only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.) [Give kind of work done during most of working life. Do NOT use retired.)	
Specially only impress grade Compilered) College (1-4 or 5+) College (1-4 or 5+) DOMESTIC	
	ATEWOOD
DOROTHY MULLEN-WELBOURNE 3712 FOREST PARK AVENUE BALTIMOR	
200 METHOD OF DISPOSITION	ION — City or Town, Stata
1 N Burlet 2 Crementon 3 Removal from State 1 N Burlet 2 Crementon 3 Removal from State 4 Donation 5 Other (Specify) MT ANBURN CEMETERY BAILTI	MORE, MARYLAND
21. SIGNATURE OF PUMERAL SERVICE DEENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNER JOSEPH H. BROWN JR. FUNER	
JOSEPH H. BROWN JR. FUNER 1913 W. BALTIMORE ST., BA	
23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate	ory arrest, Approximate
Y S I II IMMEDIATE CAUSE (Final	Interval Between Onset and Death
Arteriosclerofic Cardiovascular Disease	3
Treaulting in death) BUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):	
O P D D E E E E E E E E E E E E E E E E E	
DUE TO (OR AS A CONSEQUENCE OF): That Initiated events resulting in death) LAST	
C	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUT	O? AVAILABLE PRIOR TO COMPLETION OF CAUSE
The separate of the separate o	OF DEATH? 1 □ YES 2 ▼NO
as been as been 23 short Mr. Mr.	X
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) 27. WANNER OF DEATH 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 29. DATE OF INJURY (Month, Day, Year) 29. DATE OF INJURY (Month, Day, Year) 20. DATE OF INJURY (Month, Day, Year) 20. DATE OF INJURY (Month, Day, Year) 20. DATE OF DEATH (Check only one)	
N X YES 2 NO 1 Inpetiant 2 ER/Outpetiant 3 DOA 4 Nursing Home X XResidence 8 Other (Specify)	
1 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJU	RY OCCURED
O E = 1 No 1	Number or Rural Route Number,
Z D S S NO Investigation Investigation	
2 Accident Investigation National County	
2 Accident 1 Department 2 Accident 3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, term, street, tectory, office 28t. LOCATION (Street and in City or Town, State) 29e. CERTIFIER 29e. CERTIFI	ee stated.
2 Accident 1 Department 2 Accident 3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, term, street, tectory, office 28t. LOCATION (Street and in City or Town, State) 29e. CERTIFIER 29e. CERTIFI	
2 Accident 1 Department 2 Accident 3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, term, street, tectory, office 28t. LOCATION (Street and in City or Town, State) 29e. CERTIFIER 29e. CERTIFI	
A SACIDATE AND TITLE OF CERTIFIER 1 CERTIFIED AND TITLE OF CERTIFIER 1 PLANS A SUBJECT OF TOWN, State) 2 A SACIDATE AND TITLE OF CERTIFIER 2 A SACIDATE AND TITLE OF CERTIFIER 2 A SACIDATE AND TITLE OF CERTIFIER 2 A SACIDATE AND TITLE OF CERTIFIER 2 A SACIDATE AND TITLE OF CERTIFIER 2 A SACIDATE AND TITLE OF CERTIFIER 2 A SACIDATE AND TITLE OF CERTIFIER 2 A SACIDATE AND TITLE OF CERTIFIER 3 Subcide 4 Homicide 2 B L LOCATION (Street and July 1) A Subcide 4 Homicid	se to the cause(s) and manner as stated.
A SACIDATE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER	d. DATE SIGNED (Month, Day, Year) FEB. 21,1994



FOR 1 - STATE PEGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-		1. DECEDENT'S NAME (First, Middle, Leet) 2. DATE OF DEATH 3. TIME OF DEATH 3. TIME OF DEATH
	1	1. DECEDENT'S NAME (First, Middle, Leel) ELIZABETH NIXON 2. DATE OF DEATH FEB 18 99 5 AM
		4. SOCIAL, SECURITY NUMBER 5. SEX 6. AGE (In yrs. legal birthday) F UNDER 1 YEAR IF UNDER 20 HRS. 1 DAYS HOURS MIN. 7. DATE OF BIRTH COURTS 1 Day, Sear) 1 DAY SHOULD 1 DAY SHOU
2, 3 should	CTOR	Sa. FACILITY NAME (If not institution, give street and number). 9b. CITY, TOWN OR LOCATION OF DEATH BULLIMOR CLUY 9c. COUNTY OF DEATH
Pages 1,	DIREC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. MAIDE CITY MAITS? 1 YES 2 NO
n. Insit permit.	AL.	100. STREET AND NUMBER 4800 SUM DRIVE BUHO, MU, 101. ZIP CODE 2/2/5 109. CITIZEN OF WHAT COUNTRY?
:1215-0020 or attending physician. r use as the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married Brokes 1 Yes, GIVE WAR OR DATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cubian, Mexican, Puerto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cubian, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, alc. 15. WAS DECEDENT EVER IN U.S. ARMED 16. Yes 2 NO Specify: 16. RACE — American Indian, Black, White, alc. 17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cubian, Mexican, Puerto Rican, etc.)
	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.)
RYLAND 2 ed by the hospital uld be detached to detached at once.	BE COM	17. FATHER'S NAME (First, Middle, Last) HUBBARD. 18. MOTHER'S NAME (First, Middle, Melden Surneme) LUTUW MC CLAMM
MA retain 5 sho	2	190. INFORMANT'S NAME (Type/Print) MARGARET GARAGER 2121 WINDSOR GARGERLANE BEHIMORE MARYLAND
TIMORE, 1. Page 6 may be tral director, page		20a. METHOD OF DISPOSITION 1 If Burlai 2 Gremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of complete
death death		21. SIONATURE OF FUNERAL SERVICE LICHARY 22. NAME AND ADDRESS OF PACILITY WILLIAM C. BROWN COMMUNITY FUNERAL HON 1206 W. North Avenue
ours or rei		23. PART 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such se cerdiec or reepiratory erreet, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Oue TO (OR AS A CONSEQUENCE OF):
ficate be execuphysician and ne prior to bur	RTIFICATION	Sequentisity list conditions, if eny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST
	8	DART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part 1. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
O S S S E	ME	Performed? 1 YES 2 NO AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Las las Dep	CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOSSITAL: AND SPITAL: EXAMINER?
ICIAN: The State the State	YSICI	1 VES 2 NO 1 inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)
NDING PHYSIC R. After this cer or death with th	ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO
AND STATE SE	ETED	3 Suicide S Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
DIV TO THE HOSPITAL OR ITO THE FUNERAL O'RE DE filed within 72 hours MAPORTANT: If Item	COMPL	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 in MPORTANT: If	TO B/E 0	296. SIGNATURE AND TITLE OF CERTIFIED 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 297. Tall (194)
2	1	30. NAME AND LOORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) JOEL MESHULAM 1147 S HANOUER ST BALT MD 2/230
07		31. DATE FILED (Moeth, Day, Year) 12. REGISTRAR'S SIGNATURE FEB/2, 8 1994 Fisher Davids And The State of State



		ACT to a Com		isl birthday)	MONTHS	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH n, Day, Yapr)		Country)	ACE (State or Foreign
		t M 2 □ F		YRS.		10			30 9		mo	
TOR	Sa. FACILITY NAME (If not institution, gh		36				R LOCATION OF DI				t C	
DIRECTOR	10e. STATE 10b. COU	nty na			TOWN OF						**	Dd. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER 942 Exeter A	venue	133	1,000		101.	21218				EN OF WHA	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2		lf.	yes, spe	ENDENT OF HISPAI acity Cuben, Mexics 2 NO Specifi	in, Puerto	? (Specify Yes Rican, etc.)	or No- 1	I4. RACE — Black, V Specify:	American Indian, White, etc. Black
PLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)			DECEDENT'S I Give kind of w le. Do NOT use	ork done di	CUPATIO Iring mos	N at of working	166	KIND OF BUS	SINESS/INDU	STRY	
BE COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA			Surname)		F-17
TO B	19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS	(Street a	nd Number or Rural	Route Num	ber, City or Tow	n, Statu, Zip C	Code)	
-	Twanna Owens			942	Exe	te	r Avenu	ıe,B	alto,	MD21	218	
	20s. METHOD OF DISPOSITION 1	n state	remova			TION (Na	me of	DAT	E 20c. LO	CATION — CI	ity or Town	State
	21. SIGNATURE OF FUNERAL SERVICE	Lade	d Wade	,Dîr			Baltím					
NO	shock, or heart fellul HMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Necro	OF AS A CONS	EQUENCE OF	3	te	ದಬಂದ	ض				Interval Between Onset and Da
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cOUE TO	(OR AS A CONS	EOUENCE OF):							
MEDICAL CERTIFI	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	d				ierlying	g cause given in	Part I.	24s. WAS AN PERFOR	MED?	CC OI	MILABLE PRIOR TO
CIAN: MEDICAL CERTIFI	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART H. Other algnificant conditions to the condition of the condit	d,lone contributing to	death but not	resulting lo	OTHER	26. PL	ACE OF DEATH (C)	neck only o	PERFOR	MED?	CC OI	MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
PHYSICIAN: MEDICAL CERTIFI	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART H. Other algnificant conditions are supported by the condition of the condition	HOSPITAL: 1 Napatient 2 28a. DATE OF	death but not	resulting lo	OTHER 4 Nursi	26. PL : ing Homo 28c, INJI WO	ACE OF DEATH (C)	eck only or	PERFOR	MEO?	AN CC OI	MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
ED BY PHYSICIAN: MEDICAL CERTIFI	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART H. Other algnificant conditions to the condition of the condit	HOSPITAL: 1 R Inpatient 2 28a. DATE OF (Month, D) 28b. PLACE Ob	death but not	3 DOA 28b. Time	OTHER 4 Nursi	26. PL: : ng Hom: 28c, INJI WO:	ACE OF DEATH (C) 6 5 Residence URY AT RKY ZES 2 NO	8 Other	PERFOR 1 YES 2	NJURY OCCL	AN CCI OI 1	MILABLE PRIOR TO OMPLETION OF CAUSI F DEATH?
D BY PHYSICIAN: MEDICAL CERTIFI	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART H. Other algnificant conditions are successful to the condition of the conditio	HOSPITAL: 1 R Inpatient 2 28a. DATE OF (Month, D) 28b. PLACE Ob	ER/Outpatient NJURY At hetc. (Specify) my knowledge, o	3 DOA 28b. TiME INJU	OTHER 4 Nursi	26. PL: ing Hom- 28c. INJ WO 1 V ry, office	ACE OF DEATH (CF) • 5 Residence URY AT RK7 (ES 2 NO	8 Other	PERFOR 1 YES 2 1 (Specify) CRIBE HOW II ATION (Street or Town, Stele)	NJURY OCCL	JRED W Rural Rou	OMPLETION OF CAUSE F DEATH? YES 2 NO NO No Number,

32. REGISTRAR'S SIGNATURE wiewdown-Randells

Suzanne Rindfleisch

St. DATE FILED (Month, Day, Year) FEB 2 8 1994

BABY

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

225. Green St But mo

BRIAN OWENS

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Owens,

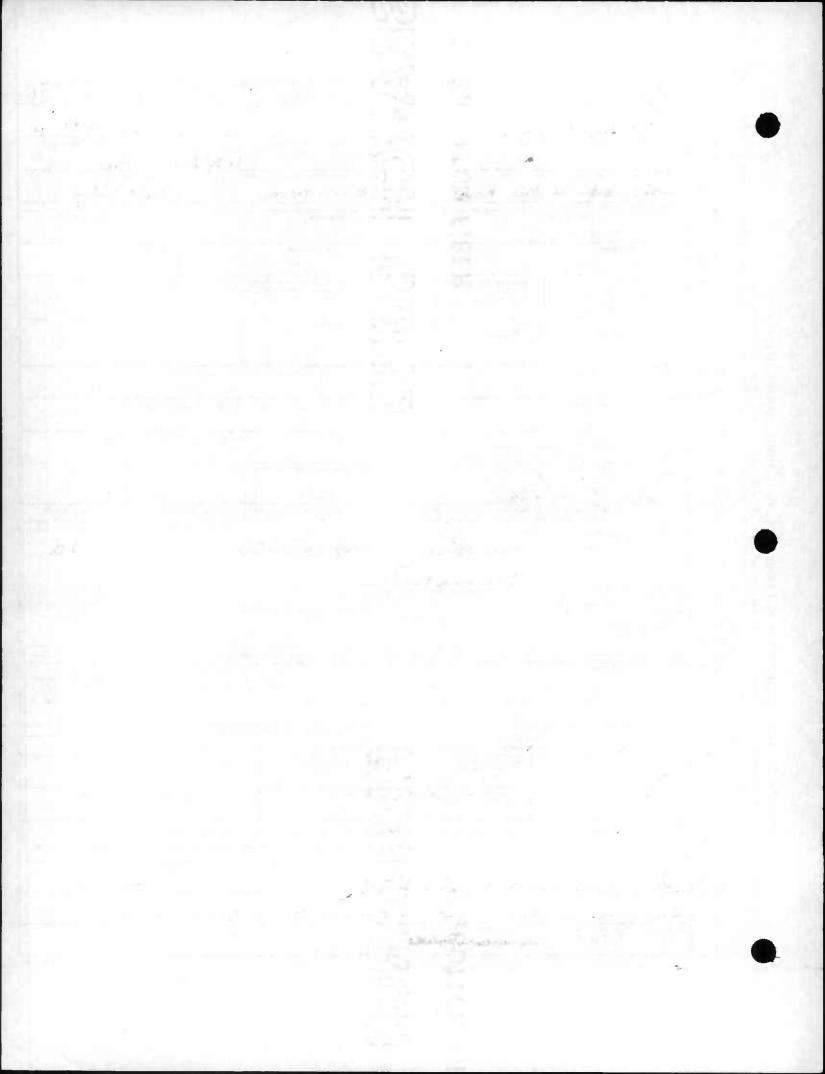
Approximata Interval Between Onset and Death 10

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

21201

REG. NO.

2. DATE OF DEATH MONTH

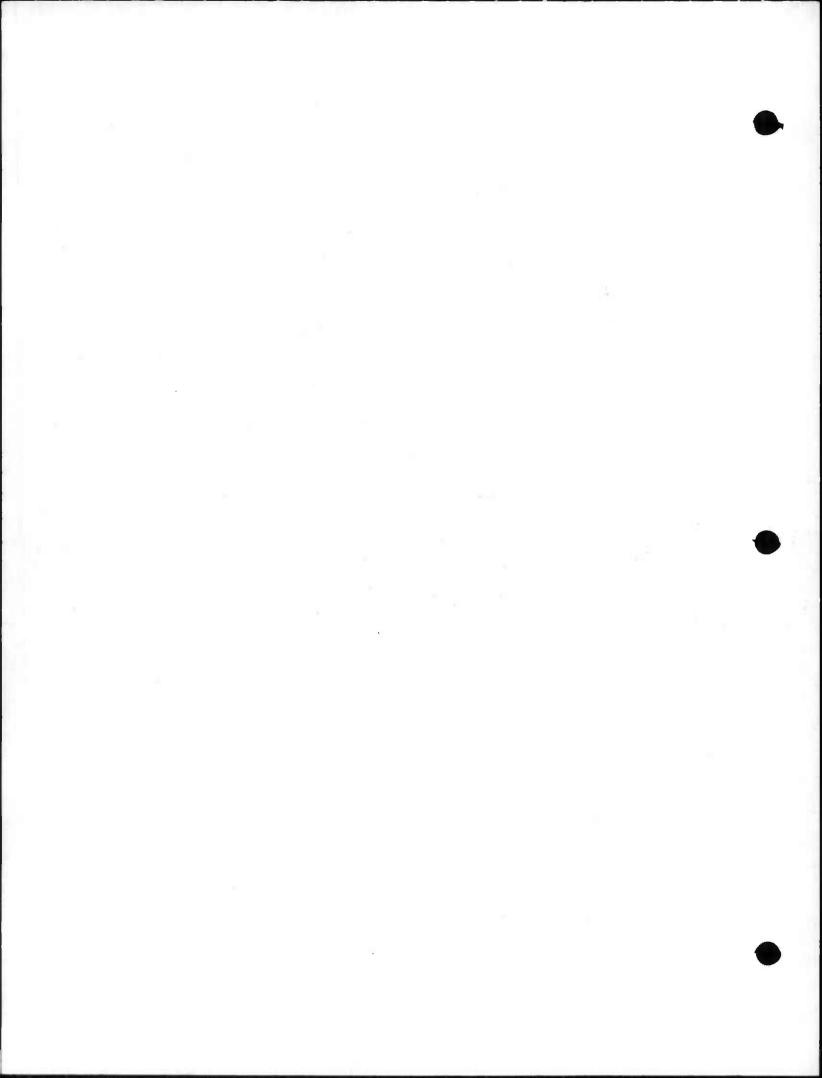


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAN				ENTIF	ICALE	OF L	DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, ALFREDA		ΟY		01	WEN			2. DATE OF DEATH	94	3. TIME OF DEATH 1:00 PM		
	4. SOCIAL SECURITY NUMB		5. SEX 1 M 2 F	6. AGE (In yrs. le	est birthday) YRS.	IF UNDER 1 1		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-11-11		BIRTHPLACE (State or Foreign Country) EST VIRGINIA		
	9a. FACILITY NAME (If not in	_	reet and number)	00		9b. CITY, T	OWN OR	LOCATION OF DE		9c. COUNTY			
DIRECTOR	NORTH ARUNI	EL HOS	SPITAL A	SSOCIAT	ON	GLI	EN B	BURNIE			A. COUNTY		
<u>ا</u> ي	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATIO	ON			10d. INSIDE CITY LIMITS?		
	MARYLAND	AN	NE ARUNI	$\overline{DEL}_{}$		GLEN					1 TES 2 A NO		
FUNERAL	10e. STREET AND NUMBER	OT INTIMAT	77 77 4 77	A T. A T. M. 14T. 12	m 00	4		ZIP CODE		2015	OF WHAT COUNTRY?		
	209 WATER F	OUNTAL	IV WAI, A					21060	IIC ORIGIN? (Specify Yea	U.S.	A . BACE — American Indian.		
5	1 Never Married 2 X 3 Widowed 4 Divo		FORCES?	MAR OR DATES	NO	I1 y	es, speci		n, Puarto Rican, etc.)	J.	Black, White, atc. Specify: WHITE		
2		EDENT'S EDUC highest grade			Sive kind of	USUAL OCC	UPATION ing most	of working	16b. KIND OF BUS	INESS/INDUST	TRY		
, ה	Elementary/Secondary (0	-12)	College (t-4 or 5	+)	e. Do NOT u	se retired.) SS & C			DECE ALL	DANTI T	NDUCTION .		
I I	10 17. FATHER'S NAME (Flist, M.	ddle (ast)	NONE	WA	LINE	00 00			ME (First, Middle, Maiden		NDUSTRY		
) BE	LESLIE DU		ALES				_ [LENA		TLL			
	19a, INFORMANT'S NAME (7)			1	9b. MAILING	ADDRESS (S	Street and	d Number or Rural F	Route Number, City or Tow	n, State, Zip Coo	de)		
2	STANLEY R		'EN		209 V	VATER	FOUI	NTAIN WA	AY, APT. 20	04, GLE	N BURNIE, MD.		
	20a. METHOD OF DISPOSITI 1 X Burial 2 Crematio 4 Donation 5 Other		oval from State	20b. PLACE COGNETICAL CO	AND DATE	OF DISPOSITI	ANS	CEMETER	R\$1994 CR	OWNSVI	or Town, Stata 21060 LLE, MD.		
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE	ï		22. NA	ME AND	ADDRESS OF FAC	JUE SINGLE	CON FUL	NERAL HOME,		
	HATTER	Nels	on Ser	more	n				MARYLAND :				
	23. PARP I. Enter the di shock, or he	seasea, or coert feilure.	complications the	at caused the dusy on each iln	eeth. Do i	not enter th	e mode	e of dying, such	n aa cerdiec or respi	ratory arrest	Approximata Intervel Between		
	iMMEDIATE CAUSE (Findisease or condition	ei	Aci	to Do		RI	au	lust	0		Onget and Death		
ł	resulting in death) All CONSEQUENCE OF:												
z			. Bil	allu	L	114	elu	nonia			Lugki		
2	Sequentially list conditi if any, leading to immed	diate	DHE 20	HOR AS A CONSE	QUENCE O	P)					111.0		
3	cause. Enter UNDERLYi CAUSE (Disease or inju- that initiated evente		AUE TO	IOWAS A COME	IQUENCE O		00	7/			10 years		
CERTIFICATION	resulting in death) LAS	٠ ل.	Pea	hels		ne	ll	eter)			3 years		
- 1	PART II. Other significe	nt condition	e contributing to	deeth but not	resuiting	in the unde	riying o	ceuee given in	Part i. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
EDICAL									PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MED										45.10	OF DEATH?		
								-					
CIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	26. PLAC	CE OF DEATH (Che	sck only one)				
PHYSICIAN:	1 YES NO		1 Inpetient 2		3 DOA	4 🗆 Nursin	g Home		8 Other (Specify)				
- 1	t Natural 5	Pending	(Month, L		IN.	JURY M	WORK		28d. DESCRIBE HOW II	AJORY OCCOR	EU		
9	2 Calabia	restigation Could not be	28e. PLACE (OF INJURY — At h	ome, farm,	street, factory			281, LOCATION (Street a	nd Number or I	Rural Route Number,		
150		determined	building	, etc. (Specify)					City or Town, State)				
COMPLET	29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best o	f my knowledge, d	eath occurr	ed at the time	e, data ar	nd place, and dua	to the cause(a) and mer	ner sa stated.			
OM	one) 2 MEDI	CAL EXAMINE	R: On the beats of a	examination and/or	investigation	In my opli	nion, dem	nth occured at the	time, data and place, an	d dua to the ca	suse(a) and mannar as stated.		
w I	296. SIGNATURE AND FITLE	OF CHITTEE	o net		17.		2	29c. LICENSE NUN	IBER O.C.	294. DATE SE	GNED grown, Day mary		
TO B	4	re	Cod		BAR)	4		00	10094	0	2/24/94		
	30. NAME AND ADDRESS OF	PERSON WHO	M D /7	845 OAK	M 27) Pape JOON	ROAD	#20	3/GLEN	BURNIE, MA	RYLAND	21061		
	31. DATE FILED (Month, Day,			AR'S SIGNATURE	עטטא	NOAD,	11 20	,0,000					
	EER 2 0 1		2	ridgen Ran	dette								
	1 ED 4 6	334	0								DHMH-18 Rev 1/89		



		1. DECEDENT'S NAME (First, Middle, L	Po W	e11							2. DATE OF DEATH MONTH D.	3 9	YEAR	3. TIME OF DEATN	
_		4. SOCIAL SECURITY NUMBER 215-30-0081	5. SEX	6. AGE	(In yrs. les	t birthday) YRS.	IF UNDE	DAYS	-	MIN.	7. DATE OF BIRTN (Month, Day, Year) 12/02/3	4	8. BIRTNI Country	PLACE (State or Foreign	
pluods	_	9e. FACILITY NAME (If not institution, g		1			9b. CIT		OR LOCATI			_	NTY OF DE		
2, 3	ECTOR	Church Hospit						Ва	altim	nore				-	
ges 1.	REC	10e. STATE 10b. CO				10c. CIT	Y, TOWN	OR LOC	CATION					10d. INSIDE CITY LIMITS?	
permit. Pages	L DIR	MD					Ва		imore		ty			1 YES 2 NO	
	ERAI	1208 Lindenle	af Court					1	10f. ZIP COD	_	202		USA	HAT COUNTRY?	
020 physician. burial-transit	FUNE	11. MARITAL STATUS	12. WAS DECEDE	NT EVER I	N U.S. AR	MEO	13.	WAS DE	ECENDENT (OF NISPAN	IIC ORIGIN? (Specify Ye		14. RACE	- American Indian,	
MARYLAND 21215-0020 • retained by the hospital or attending physician • 5 should be detached for use as the burlai-tran notified at once.	В	1 Never Merried 2 Merried 3 Wildowed W Divorced	FORCES?		DATES		1_	1 YE	ES 2 NO		n, Puerto Ricen, etc.)		Specif	White, etc.	
or atte	ETED	15. DECEDENT'S (Specify only highest of	rade completed)		/Gi	CEDENT'S ive kind of a Do NOT us	work done	during r	TION most of worki	ng	16b. KIND OF BU	SINESS/INC	DUSTRY		
Spital or		Elementary/Secondary (0-12)	College (1-4 or 5	+)			-		/ice		Baltim	ore	City	Schools	
AND the hospital detached to once.	COMP	17. FATHER'S NAME (First, Middle, Last					-		18. MOT	HER'S NA	ME (First, Middle, Meiden				
RYL ed by ed at	BE	William L. Al	len		_					EA .	Moses				
MAR retained 5 should notified	욘	Deborah McGow	an						eaf C		Route Number, City or Tow t Balto			202	
ORE, 6 may be ctor, page must be		20a. METNOD OF DISPOSITION		201	b. PLACE	AND DATE	OF DISPO	SITION /	Name of		OATE 20c. LO	CATION —	City or Toy	rn. State	
MOR age 6 ma director, p		4 Donetion 5 Other (Specify)		_ Cer	est (ern	Sta	r C	Cemet	ery	2/26/94	Cat	onsv	ville, MD	
BALTIMORE, after death. Page 6 may be y the funeral director, page moval. cal examiner must be		21. SIGNATURE OF FUNERAL SERVIC							AND AODRE						
BA fitter de / the ft loval.			owell.	V				108	3 W.	Nor	RAL HOME th Ave B	alto	, MI	21201	
filled in the tion, or rer		iMMEDIATE CAUSE (Finel disease or condition													
68760, ecuted within nd completely burial, crema atic event,	ŀ	resulting in death)	OHE TO	MAN AC	A CONCE	MIENCE O	m.	/						O MIN.	
68 execute and c buria	NO	Sequentially list conditions, our to (on as a consequence of): Sequentially list conditions, our to (on as a consequence of): Sequentially list conditions, our to (on as a consequence of):												30 year	
BOX ate be cate by sician prior to	CATION	couse. Enter UNDERLYING (hyphic Hoart Failure 5 4e												5 year	
O. ing pl othe	RTIFIC	CAUSE (Disease of Injury													
by P. Death attend	CER	resulting in death) LAST Chronic Renal Insufficiency 3 year												3 year	
ORDS, that the dea ned by the att the and Menta any injury.	DICAL	PART II. Other significant condi	tions contributing to	death t	but not r	esuiting	in the u	ndariyi	ing cause	givan In	Part I. 24s. WAS AN PERFOI		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
LICOR uires that signed by Health an	EDIC			-							1 YES 2	NO I		COMPLETION OF CAUSE OF DEATN?	
D 5 5 6	Σ										_			1 YES 2 NO	
2 e s a L	YSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:						PLACE OF D	EATH (Ch	eck only one)				
> 3 5 8 8	IYSI	1 TES 2 NO	1 Inpatient 2		patient 3			raing Ho		esidence	6 Other (Specify)				
ON OF DING PHYSIC After this ce death with the	ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigati	on	Day, Year)			M	1 [NJURY AT WORK? YES 2] NO	28d. DESCRIBE HOW I				
TISI TTEN TTEN after	ETED	3 Suicide 6 Could not 4 Homicide determine		of INJURY etc. (Spe	Y — At ho	me, lerm,	street, lec	tory, off	fice		291. LOCATION (Street City or Town, Stete)	end Number	or Rural A	oute Number,	
를 되었는 등	MPL										to the cause(e) end me				
HOSPITAL FUNERAL within 72 I	8	29b. SIGN WE AND TITLE OF CERT		ramminariic	on end/or i	investigatio	on, in my	opinion,		ENSE NUR	time, data end place, er			(Month, Day Yeer)	
TO THE HOSPIT TO THE FUNERA De filed within 7	D BE	Jorge &	9 Sreg	0	MI	0.			D		263	≥ 0. DAT	2/2	24/94	
	T0	Jorge F.	WHO COMPLETED CAU	1. D		0/ L	Print)	ork	line	St	Room	150.	Rol-	timore 2128	
		31. DATE FILED (Month, Day, 1907) FEB 2 8 1994	Jule Burd	AR'S SIGN	ATURE	2									

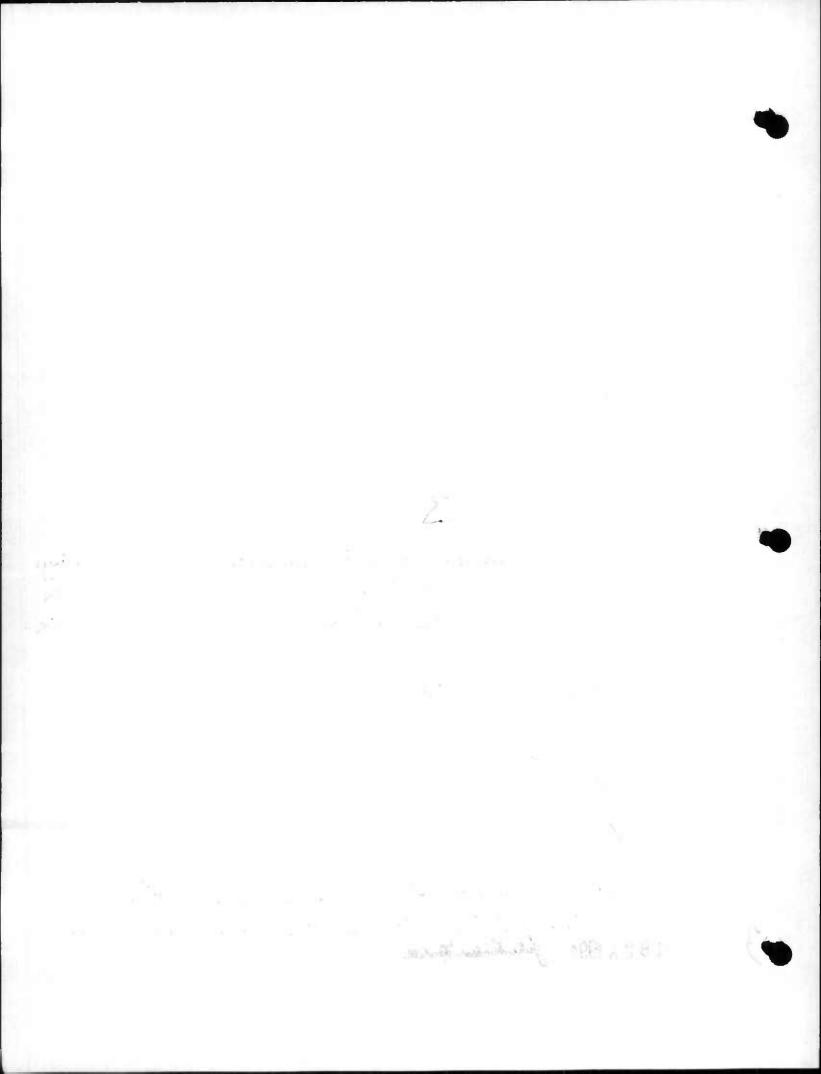
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		OLITIII	ICATE OF	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
	VICTOR T.	PARKER					21,199	94 03:30 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Foreign
	217-40-9046	1 M 2 F	50 YAS.	MONTHS DAYS	HOURS MIN.	03-09-43		MARYLAND
-	9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN O	OR LOCATION OF C		9c. COUNT	Y OF DEATH
DIRECTOR	UNION MEMO	RIAL HOSPI	ral	BAL!	TIMORE C	ITY	L r	n/a
뿚	MATONT AND		10c. CIT	Y, TOWN OR LOCAT				10d, INSIDE CITY
1 1		n/a		BAL'	TIMORE			1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2708 MATTHEWS S	TREET		101	21218			EN OF WHAT COUNTRY? CED STATES
5	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Ye		4. RACE — American Indian,
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 Y	ES 2 LINO R DATES X	If yes, sp	eelfy Cuben, Mexic	an, Puerlo Ricen, atc.)		Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	18a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDU	STRY
9	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT u.	se retired.)	ist of working			
MP MP	8 TH		LABORE	ER- wash	alley	UP TO	DATE	LAUNDRY
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maider	Surname)	
H	PAUL PARKER				RUTH	PARKER		
유	19a. INFORMANT'S NAME (Type/Print)					Floute Number, City or Tox		
	BERTHA PARKER 20a. METHOD OF DISPOSITION		2708			EET, BALTI	MORE,	MARYLAND 2121
	1 Buriel 2 Cremetion 3 Ram	noval from State	cometery, cremetory or of VOSHELL	ther place!		1		ty or Town, Stata
	4 ☐ Donation 5 ☐ Other (Specify)		VOSHELL		GARDEN		UNDALK	, MARYLAND
	· E	K/Z						
	TO DUTT I S A III III	10 20				FH1101 E		
	23. PART I. Enter the diseases, or ehock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition	Liet only one cease or	eech line,		,		iratory arres	it, Approximate Interval Between Onset and Death
	resulting in death)	e. DUE TO (OR A	S A CONSEQUENCE OF	EN	cepha	litis		4 days
Z			astord	1 4	•			1 4 11/2
왾	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE OF	F):		-		1 6012
2	CAUSE (Disease or Injury	cO		redia				3 WL
Ë	that initiated events resulting in death) LAST	DUE TO (OR A	A CONSEQUENCE OF	F):				
CERTIFICATION		d						
4	PART II. Other algnificent condition	na contributing to deeth	but not resulting	n the underlying	ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
DICAL	Bacte	rule Endoce	ard its			PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME								1 YES 2 DINO
						_		To the state of
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSELTAL			ACE OF DEATH (Ch	neck only one)		
YSI	1 VES 2 NO	HOSPITAL:	utpetient 3 🗆 DOA	OTHER: 4 Nursing Home	5 - Residence	e Other (Specify)		
PHY	27. MANNER OF DEATH	28s. DATE OF INJUR (Month, Day, Year		E OF 28c, INJU		28d. DESCRIBE HOW	INJURY OCCUP	RED
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y				
03	3 Suicide 8 Could not be	28s, PLACE OF INJU building, atc. (S)	RY — Al home, farm, a pecify)	treet, factory, offica		28f. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
E.	4 Homicide determined							
	29a. CERTIFIER (Check only one)	CIAN: To the best of my kno	owledge, dasth occurre	ed at the time, data	and place, and due	to the cause(s) and ma	nner as atated.	
€ II	2 MEDICAL EXAMINE	R: On the basis of examinat	tion and/or investigatio	n, in my opinion, de	eath occured at the	lime, data and piece, ar	nd due to the c	cause(s) and manner as stated.
OMP					29c. LICENSE NUI	MBER	204 DATE 9	
w II	296. SIGNATURE AND TILE OF PERTIFIER	R	1	^	TO THE PROPERTY OF		TOO. DAIL S	IGNED (Month, Day, Year)
O BE COMPL	296. SIGNATURE AND TILE OF PROTIFIES	moder !	Redident a	20	AU417647	SAD 2618	> EL	
ш	29b. SIGNATURE AND TITLE OF PERTIFIES 30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF I	^		40417643	15AD 2628	> Feb	axiry 21 1994
BE	29b. SIGNATURE AND TITLE OF PERTIFIES 30. NAME AND ADDRESS OF PERSON WH	moder !	Dando		40417643	154D 2628	▶ Feb	



FEB 2 8 1994

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



FOR

STATE OF MADVI AND / DEDADTMENT OF UPAITH AND MENTAL

	1 - STATE REGISTRAR				DEATH		G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH	VEAR	3. TIME OF DEATH
	AZELINE PROCTO					FEBRUA	RY 24	,1994"	6;29 a m
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 M F	AGE (In yrs. last birthde	MONTHE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day 05 - 10 -	25	Countr	PLACE (State or Foreign Y) 'LAND
OR		SPITAL		ALTI	MORE CI	ТҮ	90	n/a	EATH
DIRECTOR	100. STATE 100. COUNTY MARYLAND n/a	10c.	CITY, TOWN	OR LOCATE					10d. INSIDE CITY V LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 201 NORTH BROADWAY AP	r 4			ZIP CODE 21231			g. CITIZEN OF V	VHAT COUNTRY? STATES
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 FYES, GIVE WAR	YES 2 VINO	13.		ENDENT OF HISPAN city Cuban, Maxicai 2 NO Specify	n, Puarto Rican,		14. RACE Black Speci	- American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elemantary/Secondary (0-12) Th College (1-4 or 5+)	life. Do NO	of work done of wee retired.) MESTI	during mos	N it of working		of Busines	SS/INDUSTRY	
	17. FATHER'S NAME (First, Mickele, Lost) CLIFTON CARRINGTON				18. MOTHER'S NAI		RRING		
TO BE	19a. INFORMANT'S NAME (Type/Print) LONNIE COVINGTON	19b. MAIL 201	N .	s (Street ar BROA	DWAY apt	Route Number, Ci	ty or Town, Ste	RE, MAR	RYLAND 21231
	20e, METHOD OF DISPOSITION 1XXX Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DA			GARDEN	S DATE	DUND	ON - CHY OF TO ALK, MA	wn, State ARYLAND
	21. SIGNATURE OF FUNCHAL SERVICE LICENSEE	Enros	700		. MARCH		101	E. NORT	H AVE.
N		ON SECULENCE	HE LUI		se of dying, such	h as cardioc (or respirato	ry arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	R AS A CONSEQUENCE	E OF):						
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to de NON-INSULIN DEPENDENT CONGESTIVE HEART FAILU	DIABETES 1 RE	MELLI	rus	cause given in		WAS AN AUTO PERFORMED YES 2 (X))?	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ä	CHRONIC OBSTRUCTIVE PU	LMONARY D	ISEASI	E					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHE	R:	ACE OF DEATH (Che				
	27. MANNER OF DEATH 28a. DATE OF IN (Month, Day,		TIME OF INJURY	28c. INJU	JRY AT RK?	8 Other (Spe 28d. DESCRIB		TY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28e. PLACE OF I building, atc	NJURY — At home, fan :. (Specify)	m, street, fac	tory, office		28f. LOCATION City or Tow		lumber or Rural F	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the basis of exam								e) and manner as stated.
TO BE C		ME			29c LICENSE NUN		290	DATE SIGNED	(Month, Day, Wer)
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE								
	ANWAR ISLAM KHOKHAR, M.D. 31. DATE FILED (Month, Day, Year)		LAND	GENE	RAL HOSP	ITAL			
	31. DATE FILED (Month, Day, Year) FEB28	A PARTY	9						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within anous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transportmit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
\Box	1
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	The same of the same of the same of the same of

1. DECEDENT'S NAME (First, Middle, Last)			OF DEATH	REG. NO).	0583
Marian	Partee			2. DATE OF DEATH	3 4	3. TIME OF DEAT
4. SOCIAL SECURITY NUMBER 217-22-6578 Be. FACILITY NAME (If not institute), give	5. SEX 6. AGE (In yrs	YRS. MONTHS	MAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	26 Superior of Sec. COUNTY OF	PRINTED OF FO
RESIDENCE OF DECIDO HT 100. STATE 10b. COUNT	HVB-1	10c. CITY, TOWN OR	LOCATION	RIS		10d. INSIDE CITY
10e. STREET AND NUMBER	- 0	UAL	101. ZIP CODE	1 200	10g. CITIZEN (1 YES 2 -
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced		NO Hy	es, specify Cuban, Mexic	can, Puerto Rican, etc.)	or No — 14. F	RACE — American India Black, White, etc.
(Specify only highest grad			PECIALS	T Edu	CATION	7
unk.		10h MAH ING ADDRESS /		unk,		
JAN/5/15 /A	R/65	35067	DUNATIO	n Alip	, Bati	MV. 21
1 N Burlel 2 □ Cremation 3 □ Red □ Donation 5 □ Other/Specify	noval from State committee	CE ANO OATE OF OISPOSIT	ON (Name of	100 LO	vsbaa	WE M
21. SIGNATURE OF PUNCHAL SERVICE L	CENSES	- 32.99	ME AND ADDRESS ON	ARCH FUNE	EPA/A	mo W
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 /100					10 40000
23. PART I. Epter the dischase, or shock or heart failure immEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused the List only one cause on each Cound to - pur DUE TO (OR AS A CON	line. James y as	e mode of dying, su	ch as cardiac of resp	siratory arrest,	Interval I
shock or heart fellure IMMEDIATE CAUSE (Final disease or condition	a. Cardio-pu	line. James y as resequence of: Lawboars	1	ch as cardiac of reap	uglyson	Interval I
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART ii. Other eignificant conditions.	DUE TO (OR AS A COR DUE TO (OR AS A COR DUE TO (OR AS A COR DUE TO (OR AS A COR L. C. C. C. C. C. C. C. C. C. C. C. C. C.	line. James Car NECOURNER OF: STRUCTURE PER NECOURNER OF: Layborner OF:	rest	n Part I. 24a, WAS AF	N AUTOPSY RMED?	24b, WERE AUTOPSY AWAR ABLE PRIO COMPLETION OF OF DEATH?
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART ii. Other eignificant conditions.	DUE TO (OR AS A COR DUE TO (O	Inne. Jewany Cor INSEQUENCE OF: HELLING PU INSEQUENCE OF: HELLING IN the und doc/arcd of	rest	n Part I. 24a, WAS AT PERFO	N AUTOPSY RMED?	24b. WERE AUTOPSY AMARABLE PRIOR COMPLETION OF DEATH?
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other eignificant conditions of the conditions of	DUE TO (OR AS A COR DUE TO (OR AS A COR DUE TO (OR AS A COR DUE TO (OR AS A COR L. C. C. C. C. C. C. C. C. C. C. C. C. C.	IN 3 DOA 4 NUMBER:	rest lumy d erlying cause given i SCGN6 by	n Part i. 24a. WAS APPERFO 1 YES :	N AUTOPSY RMED? 2 NO	1 YES 2
	10e. STATE 10b. COUNT 10e. STATE 10b. COUNT 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary/(9-12) 17. FATHER'S NAME (First, Middle, Last) 19e. INFORMANT'S NAME (Type/Print) 20e. METHOD OF DISPOSITION	9e. FACILITY NAME (if not institute), give street end number) FRESIDENCE OF DETIDING 10e. STATE 10b. COUNTY 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary(0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (Type/Print) 19a. INFORMANT'S NAME (Type/Print) 20b. PLA 20b. METHOD OF DISPOSITION 20b. PLA	9e. FACILITY NAME (if not institution, give street end number) 9b. CITY, TOWN OR 10e. STATE 10b. COUNTY 11c. CITY, TOWN OR 11c. STATE 10c. CITY, TOWN OR 11c. MARITAL STATUS 11c. NAMED 11c. CITY, TOWN OR 11c. MARITAL STATUS 11c. WAS DECEDENT EVER IN U.S. ARMED 11c. PORCES? 11c. WAS DECEDENT EVER IN U.S. ARMED 11c. DECEDENT'S LISUAL OCC (Give kind of work done dur 11c. DECEDENT'S USUAL OCC (Give kind of work done dur 11c. DECEDENT'S LISUAL OCC (Give kind of work done dur (Give kind of work done dur (Give kind of work done dur (Give kind of work done dur (Give kind of work done dur (Give kind	99. FACILITY NAME (if not institute), give street and number) 99. CITY, TOWN OR LOCATION OF 1 100. STATE 100. COUNTY 100. STREET AND NUMBER 101. ZIP CODE 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowad 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) 190. MATHER'S NAME (Type/Print) 190. MATHOD OF DISPOSITION 190. METHOD OF DISPOSITION 190. PLACE AND DATE OF DISPOSITION (Name of Dates) 190. PLACE AND DATE OF DISPOSITION (Name of Dates)	9e. FACILITY NAME (if not institute), give street and number) 9e. FACILITY NAME (if not institute), give street and number) 9e. CITY, TOWN OR LOCATION OF DEATH 10e. STATE 10e. COUNTY 10e. STATE 10e. COUNTY 10e. CITY, TOWN OR LOCATION 10f. ZIP CODE 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye if yes, specify Cuben, Mexican, Puerto Rican, etc.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) 19e. INFORMANT'S NAME (First, Middle, Last) 19b. MAILING ADDRESS, (Street and Number or Rural Route Number, Fly or Route Number	Be. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 10c. STREET AND NUMBER 10d. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. ZIP CODE 10d. CITY TOWN OR LOCATION 10d. ZIP CODE 10d. CITY TOWN OR LOCATION 10d. ZIP CODE 10d. CITY TOWN OR LOCATION 10d. ZIP CODE 10d. CITY TOWN OR LOCATION 10d. ZIP CODE 10d. CITY TOWN OR LOCATION 10d. ZIP CODE 10d. CITY TOWN OR LOCATION 10d. ZIP CODE 10d. CITY TOWN OR LOCATION 10d. ZIP CODE 10d. CITY TOWN OR LOCATION 10d. ZIP CODE 10d. CITY TOWN OR LOCATION 10d. ZIP CODE 10d. CITY TOWN OR LOCATION 10d. ZIP CODE 10d. CITY TOWN OR LOCATION 10d. ZIP CODE 10d. CITY TOWN OR LOCATION 10d. ZIP CODE 10d. CITY TOWN OR LOCATION 10d. ZIP CODE 10d. CITY TOWN OR LOCATION 10d. ZIP CODE 10d. CITY TOWN OR LOCATION 10d. ZIP CODE 10d. CITY TOWN OR LOCATION 10d. ZIP CODE 10d. CITY TOWN OR LOCATION 10d. ZIP CODE 10d. CITY TOWN OR LOCATION 10d. ZIP CODE 10d. CITY TOWN OR LOCATION 10d. ZIP CODE 11d. ZIP

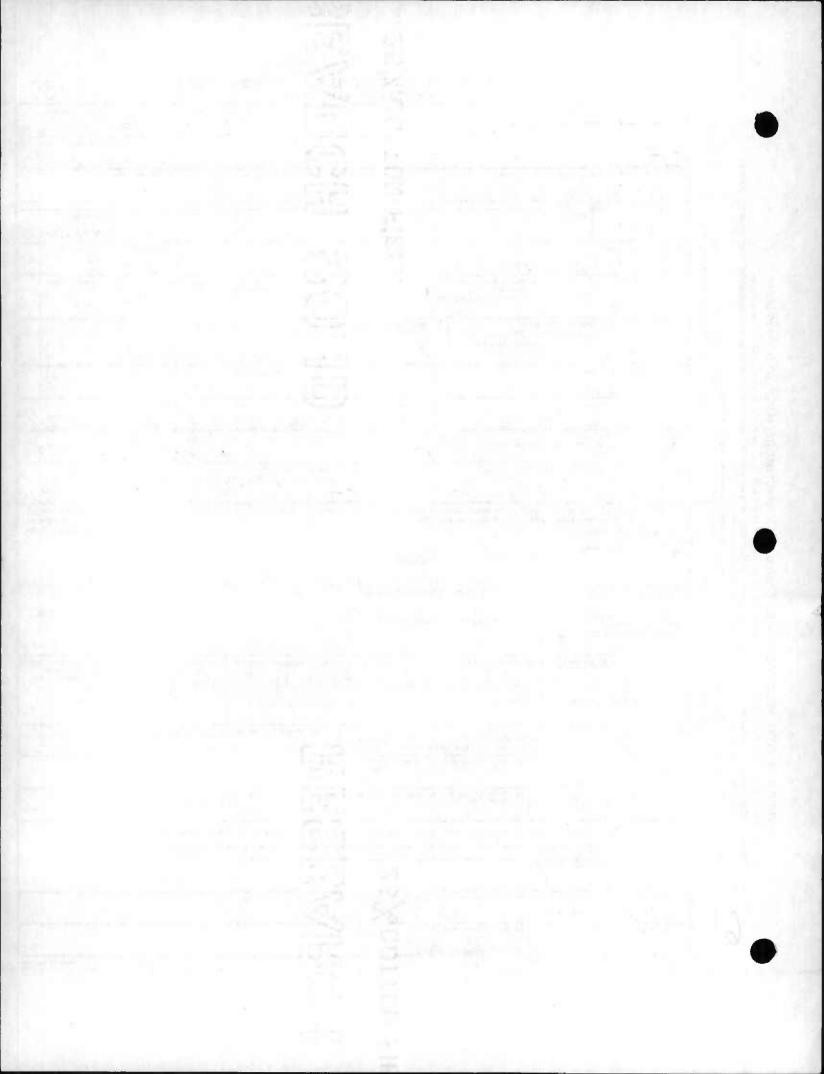
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DG 16 August 20 S G 66

31. DATE FILED (Month, Day, Year),

FEB 2, 8 1994

32. REGISTRAR'S SIGNATURE



)		
	(Pages 1, 2, 3 should	~
ORE, MARYLAND 21215-0020	6 may be retained by the hospital or attending physicin	n signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-mann permit Penes 1. 2, 3 should Health and Mental Hygiene prior to burial, cremation, or removal.	lust be notified at once.
BALTIMO	Yours after death. Page (/ filled in by the funeral direction. or removal.	the medical examiner m
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician	IL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f 2 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	i item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISIO	TAL OR ATTENDINE	VAL DIRECTOR: After 72 hours after dea	If item 28 is m

Item1,g-708,2-28-94,perF.H.,dr 94 05856 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 9 YEAR Oneida N. Page 02 0840 23 Insic 4. SOCIAL SECURITY HUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH 6. BIRTHPLACE (State or Foreign (Month, Day, Year) t [] M 2 [F DAYS. HOURS VA . 219-30-8078 YRS. 82 9e. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNIVERSITY BALTO DIRECTOR HOSPITAL RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. IHSIDE CITY 1 X YES 2 HO BALTO MD too STREET AND HUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEH OF WHAT COUNTRY? 21215 3617 COTTAGE AVE U.S.A. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 22 MO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Ho-14. RACE — American Indian, Black, White, etc. 1 Hever Married 2 Merried If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES PHO Specify: BY Specify: BLACK 3 🕅 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATIOH (Give kind of work done during most of working life. Do NOT use retired.) t6b. KIHD OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 6ТН DOMESTIC 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) JAMES WATSON LOUISE WHARTON BE 19e. IHFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SHELLINGTON BALTO, MD 21244 SYLVIA 3656 HILMAR RD 20a. METHOD OF DISPOSITION

X X Burtel 2 □ Cremetton 3 □ Removal from State 20b. PLACE AHD DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE WESTERN STAR CEM 4 Donation 8 Other (Specify) 3294 CATONSVILLE, MD 21. BIGNATURE OF FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARCH F/H-WEST 4300 WABASH AVE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Homorrhage od DOE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? tallura 1 | YES 2 100 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER:
4 ☐ Hursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 VES 2 NO patient 2 - ER/Outpatient 3 - DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 02-13-94 pertance. м t YES BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 28W LOCATION (Street and City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER
1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. TO THE HOSPIT TO THE FUNERA be filed within 7 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Attending Physician Kay Rince M D31066 02.23.94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

K. DALPHINEE DESCRIPTION OF THE STATE SIGNATURE

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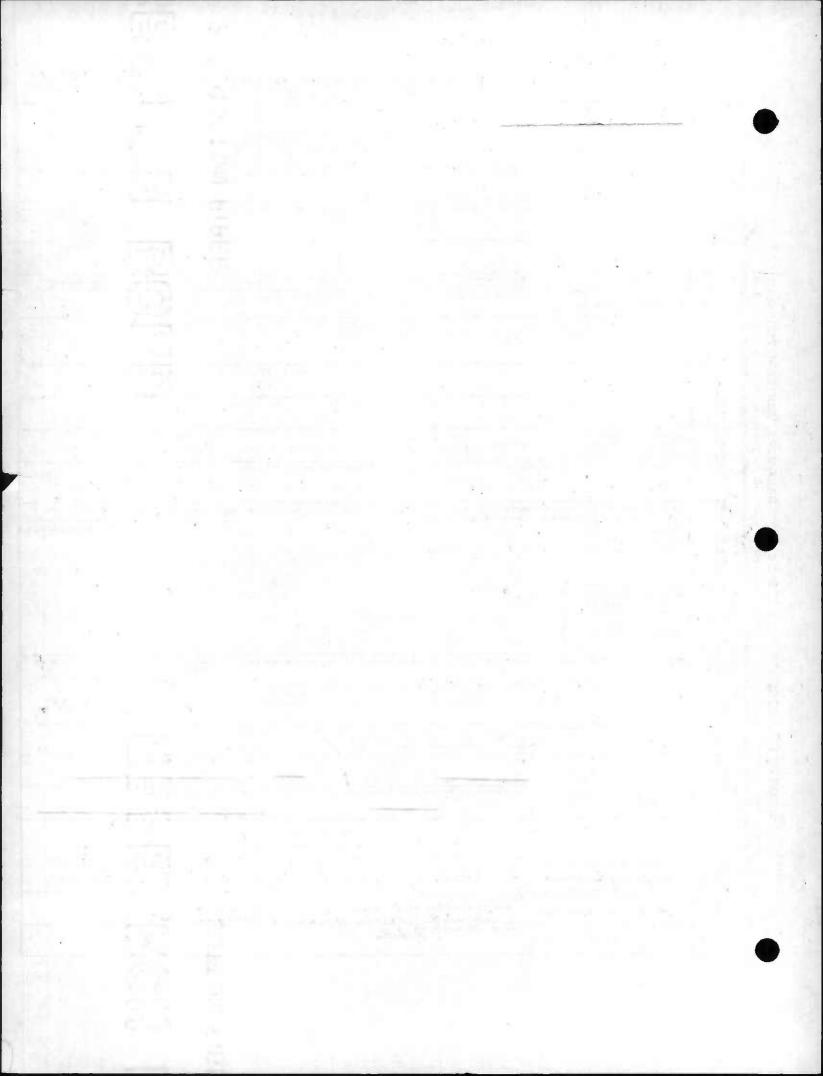
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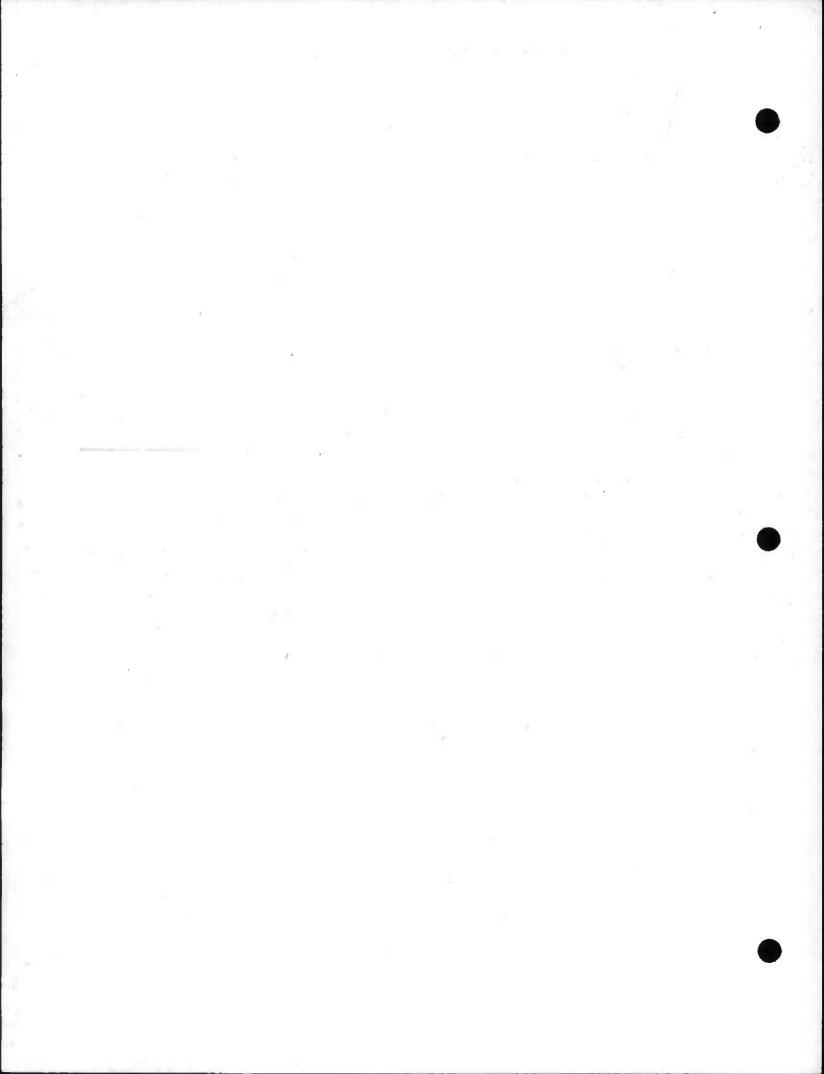
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		1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPART	MENT OF H	EALTH AND	MENTA	L HYGIEN	E	7	0000	<i>J I</i>
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		3. EAR	TIME OF DEATH	н
		Marvin	J		rvey		Fe		1994		1950	М
			13.71		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Monti	OF BIRTH 7, Day, Year) -20-19	6.	BIRTHPL/ Country)	NCE (State or For	reign
pino		9e. FACILITY NAME (If not institution, give stre	707		AL CITY TOWN O	OR LOCATION OF DI	_	20-19	9c. COUNTY	OF DEAT	Md	
2, 3 should	RECTOR	1108 Wilmot Court			Baltimo		EATH		SC. COUNTY	OF DEAL		
	Į ji	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION				10-	d. INSIDE CITY	
(EV	P	Md		Bal	timore					1 1	YES 2 1	NO
C	ERAL	100. STREET AND NUMBER 1108 Wilmont Cour	't		10f	21202			10g. CITIZEN		T COUNTRY?	
21215-0020 or attending physician ir use as the burial-tra	FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EYER IN U.S FORCES? 1XXYES 2	S. ARMED	If yes, sp	ENDENT OF HISPAI	n, Puerto i				Americen India	ın,
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial notified at once.	Э ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	s	1 🗆 YES	2 X NO Specif	y:			Specify:	Black	
121 or affe	ETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	a. DECEDENT'S US (Give kind of wor life. Do NOT use	rk done during mo	ON ast of working	16b	KIND OF BUS	SINESS/INDUS	ΓRY		
D 21	12	Elementary/Secondary (0-12)	College (1-4 or 5+)	ma. 20 1101 gas 1	dinou.)							
YLAND S by the hospital be detached for at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, I	Middle, Malden	Surname)	10		
A Pe	ш		ey, Jr	A		Doroth						
MAR retained b 5 should notified	10	190. INFORMANT'S NAME (Type/Print) Dorothy M. Purvey	,			on Avenu) 3	
ay be	1 1	20a, METHOD OF DISPOSITION W A Burlet 2 Cremetion 3 Remov	20b. PL/	ACE AND DATE OF	DISPOSITION (Na	ame of	DAT		ATION — CITY FOURSY			-
ALTIMORI Jeath. Page 6 may funeral director, p		4 Donation 5 Other (Specify)	Ur	*6W11'SV'1'1		Cemetery		4 C1	wonst	l'ie;	Md	
ALTIN death. Pag e funeral di i. examiner		21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	/		D ADDRESS OF FA						
BA ins after dean in by the fur removal.		Mala	11 (arch		4300	F/H Wes Wabash	Aven	ue				
ours after d in by th or remove		23. PART i. Entar tha diseasas, or co ahock, or heart failura. Li	emplications that caused the lst only one cause on each	a death. Do no ilna.	t antar the mo	da of dying, suc	h as card	flac or respi	ratory arrest	,	Approxima Interval Ba	
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e H H		resulting in death) LAST									ļ 	
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RECOR w requires that been signed b ft. of Health ar shows any	≥									1)	YES 2 N	10
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SICIAN: The certificate has state in the Sta	SICIAN:	EXAMINER?	HOSPITAL:	m 3 □ DOA 4	THER:	ACE OF DEATH (Ch						
YSICIA S certif s certif th the	РНУ	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 26c. INJ	URY AT		CRIBE HOW II	NJURY OCCUR	ED		
NG PHYS frer this eath with	ВУР	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Hear)	INJUR		YES 2 NO						
TISIC TTENDI CTOR: A after de	8	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — / building, atc. (Specify)	At home, farm, stre	eat, factory, office		26f. LOC City	ATION (Street of or Town, State)	and Number or	Rural Route	Number,	
E PE PE	COMPLET		AN: To the beat of my knowledge	e, death occurred	at the time, data	and pieca, end dua	to the ceu	use(e) end man	ner es stated.			
THE HOSPITAL THE FUNERAL filed within 72 P	ON I	one) 2 MEDICAL EXAMINER:	On the beele of exemination en	d/or investigation,	In my opinion, d	eath occured at the	time, date	end place, en	d due to the c	evse(a) an	d menner ee str	ated.
TO THE HOSPIT TO THE FUNERA be filed within 7	BE (296. SIGNATURE AND TITLE OF CERTIFIER	0 01 1			29c. LICENSE NU	MBER		29d. DATE S	GNED (Mo	onth, Day, Year)	
5 5 8 W	10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF CAUSE OF CAUSE	OTEM OT A	rinel	O.C.M.	Ε.		Feb	25	1994	
		Dennis Chute M.				ot Dalt	imor	o Ma	Town Tree	2120	1	
		31. DATE FILED (Month, Day, Villar)	32. HEGISTRAN'S SIGNATU	TII PE	ші эше	et, Balt	TOUT.	e, Mal	Arquq	2120	1	
		FEB 2 8 1994	d was transfered	_	•							







TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the sold of the flower of the retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

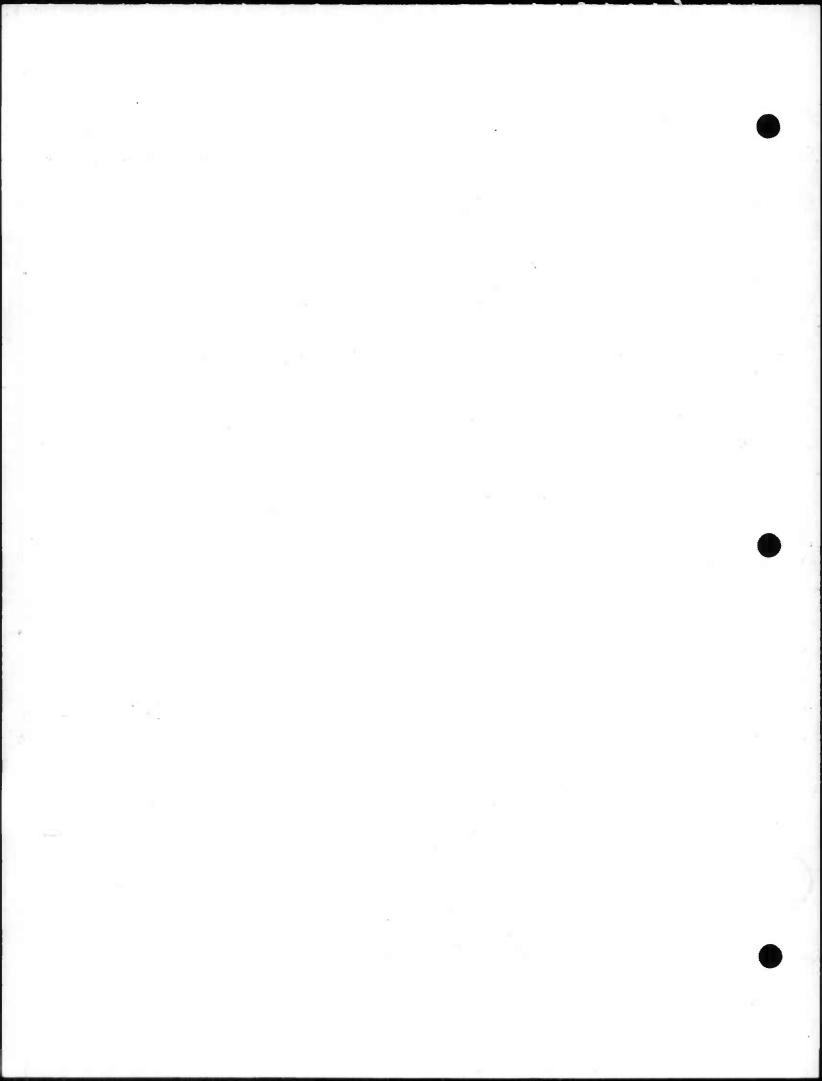
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CER	TIFICAT	E OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	Alcide 7	Joseph	h	Pa	rent	MONTH	F OEATH	Q-18-	VEATE I	3. TIME OF OEATH
ALCIDE	J. +	MREN	17			00	3 - /	8-19	994	12:25 P
4. SOCIAL SECURITY NUMBER 2 1 9 4 2 6 0 1 0	5. SEX 8. /	AGE (In yrs. lest birt	thday) IF UNI	B DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE 0 (Month,	PERTN Day, Year) 0 - 19		Countr	
9a. FACILITY NAME (If not institution, give a	treet and number)		9b. C	TY. TOWN	OR LOCATION OF O			9c. COUN		Hampshir
Charlotte Hall		Hsp			otte Ha					ary Count
10a. STATE 10b. COUNTY		10	De. CITY, TOW		TION			10d. INSIDE CITY LIMITS?		
4	imore Co		Tows					_		1 YES 2 NO
100. STREET AND NUMBER 8424 Charles	Valley Ct	: C	9.00	10	1. ZIP CODE 2 1 2 0 4	Į.		7.5	USA	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 2 NO	1	If yes, sp	CENDENT OF HISPA pecify Cuban, Mexic 3 2 NO Specif	an, Puarto R		n or No—	14. RACI Black Speci	- American Indian, d, Whita, atc. fy: White
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(Specify only highest grade		(Give k	and of work do	ne during me	ost of working					
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19a. INFORMANT'S NAME (Type/Print)	¢,	10h M	All INC ADDR	E66 /0tmad	and Number or Rural			- 4	Codel	
Alternative and the second										MD 2 4 2 2 4
Estelle Parent	C					-				MD21204
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		FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC				HYGIENI REG. NO.	9	la	05859
		1. DECEDENT'S NAME (First, Middle, Last DONALD L.	PARKS, S	r.			2. DATE OF MONTH	DEATH DAY	94	S.	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER		RE (In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH by, Ybar)	~> 1	Country)	CE (State or Foreign
3 should		9a. FACILITY NAME (If not institution, give	170	10		OR LOCATION OF DE		17:	9c. COUNTY		YLAND D
1, 2,	DIRECTOR	ST AGNES 1	HOSPITAL			-TIMOR	E				
ń. Pages	DIRE	MARYLAND BA	LTIMORE		rown or Local nsdowne						I. INSIDE CITY LIMITS? YES 2 ANO
isit perm	FUNERAL	2417 BRUN	SWICK RU	DAD	10	01. ZIP CODE	7		10g. CITIZEN	OF WHAT	COUNTRY?
1215-0020 or attending physician. rr use as the burial-transit permit.		11. MARITAL STATUS 1 ☐ Never Married 2 ☑ Married	12. WAS DECEDENT EVER FORCES? 1 1 2 YE IF YES, GIVE WAR OF	R IN U.S. ARMED	If yes, s	CENDENT OF HISPAN pecify Cuban, Maxican	IC ORIGIN? (S		or No — 14.	Black, WI	American Indian, hita, atc.
15-00 tending	ED BY	3 Widowed 4 Divorced 15. DECEDENT'S ED	4/18/69 -	4/17/72		S 2 NO Specify		ND OF BUS	INESS/INDUS		UHITE
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial notified at once.	ш	(Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	k done during m	nost of working			achine		torv
MARYLAND 21 retained by the hospital or 5 should be detached for notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Lest) Julian Nelson Pa	orka Cr	CCO!	0,	18. MOTHER'S NAI Barbara	WE (First, Midd	fle, Maiden :	Surname)		
MARYL retained by 5 should be notified at	TO BE	19a. INFORMANT'S NAME (Type/Print)	alks, Sl.		_	and Number or Rural F	loute Number,		, State, Zip Co	de)	
RE, No nay be re page 5	I	LINDA PARK 2012/METHOD OF DISPOSITION		206. PLACE AND DATE OF	DISPOSITION (A		DATE		CATION - City	or Town,	
ALTIMORE, I death. Page 5 may be funeral director, page 1.		1 Burial 2 Cremation 3 Re 4 Donation 6 Other (Specify)		Maryrand V		S Cemeter					aryland ansdowne
BALTIMORE, the death. Page 6 may be the funeral director, page 7/al.		900	F C	2-2.							MD 21227
B hours after to by the or removal medical	4		complications that cause. List only one cause or	sed the desth. Do no n each line.	enter ths m	ode of dying, such	ss cerdise	or respir	ratory srrest	i,	Approximate Interval Between Onset and Death
ely fille nation,		iMMEDIATE CAUSE (Finel disease or condition resulting in death)		S A CONSEQUENCE OF	Curc'			21	28/97		1245am
Sect. 658	NO	Sequentially ilst conditions,	· Seps								
BOX 687 cate be executed hystician and cor e prior to burial, or traumatic e	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c. Seve		elu -	Panhin					yens,
P.O. In certification of other officers.	ERTIF	that initiated events reaulting in death) LAST	d	S A CONSEQUENCE OF):	0	7					Í
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= 2 k k	COMPLETED	0.000	SICIAN: To the best of my kn NER: On the beals of axamins							ause(a) an	d manner as stated.
O THE HIGSPITAL TO THE EUNERAL De filed within 72 IMPORTANT: II	BE CC	296. SIGNATURE AND TITLE OF CERTIFI	ER			29c. LICENSE NUM	BER		29d. DATE SI	GNED (Mo	onth, Day, Year)
P P B E	5	30. NAME AND ADDRESS OF PERSON W		DEATH (ITEM 27) (Type, P	rint)	A52438	254-3)0	▶ 7/:	26/9	iy
		31. DATE FILED (Month, Day, Year)	32. EGISTRAR'S SI	GNATURE							
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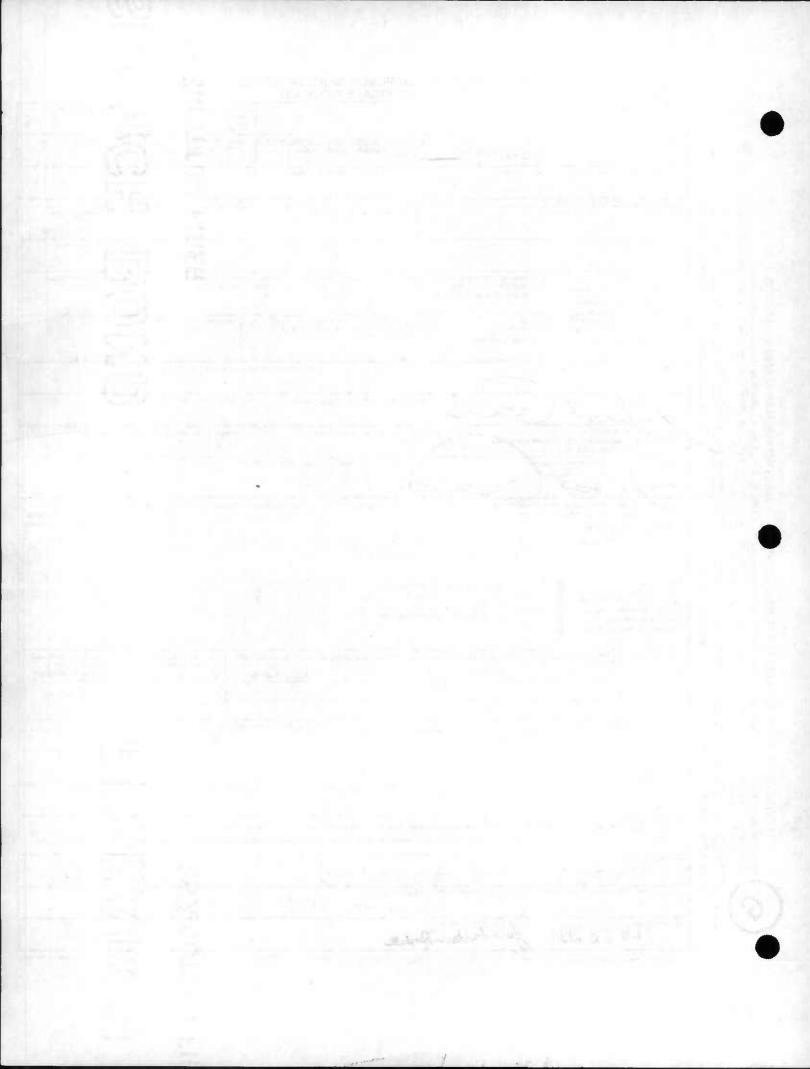


DIVISION OF VITAL RECORDS, P.O. BOX 68760

PITAL OB STEPLINE PROSECULAR. The law receives that the fourth certificials his secondary within

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1	215-18-6017	TENER DESCRIPTION	80 - 79		THE DAYS		MIN. 7	(Month, Day, Mar)		Country)	CE (State or Fo	
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DIR	MD Balt	timore		Arbi	utus					10	YES 2	
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	23 SIGNATURE OF FUNERAL SERVICE	FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY AMDROSE FUNE										
	22. NAME AND ADDRESS OF MACHITY Ambrose Funeral Home, In 1328 Sulphur Spring Road, Arbutus, MD 21											
	23. BAST I. Enter the diseases, or shock, or heart failure	s. List only one cau	se on each line	eath. Do not e	enter the n	node of dyli	ng, such s	is cardiac or resp	irstory arres		Approxim Interval B	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with now required that the forest of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR					/ 0	EG NO D	20.2	05861
	1. DECEDENT'S NAME (First, Middle, Last)		OLITTI	IOAI	_ 01	DEATI	·· 1	2. DATE OF	DEATH PAY	Aunu	3. TIME OF DEATH
	Anna G. Ryan							MONTY	20	(POL	11:450 m
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (in	yrs. last birthday)	IF UNDE	R 1 YEAR	IF UNDER 24	4 HRS.	7. DATE OF I	BIRTH	6. BIR	THPLACE (State or Foreign
	215 40 4809	1 M 2 F O	8 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De			ryland
	9a. FACILITY NAME (If not institution, give st		0	9b. CIT	Y, TOWN C	OR LOCATION	N OF DEA			COUNTY OF	
변 등	Union Memorial	Hospital		F	alti	more	City	17			NA
5	RESIDENCE OF DECEDENT						CIC	У			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CI1		OR LOCAT						10d, INSIDE CITY LIMITS?
	1100 / 0000	na				imor	re				1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER				101	. ZIP CODE			10g.		F WHAT COUNTRY?
빌	Meridian Nursir							1212		USA	
교	1 Never Merried 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13.	It yes, sp	ecify Cuban,	Mexican	, Puarto Ricar	pecify Yea or No n, etc.)		ACE — American Indian, ack, Whita, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	no	- 1	1 TYES	2 NO	Specify			Sp	White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY											
Li.	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life, Do NOT u	work done ise retired.)	during mo	st of working					
릴	12+	2	ı	eac	her				Educat	tion	
COMPLET	17. FATHER'S NAME (First, Middle, Last)			**		18. MOTHE	ER'S NAM	AE (First, Middl	le, Meiden Surnar	ne)	
BE	Ernest Green					W	ilh	emena	a		
0	19a. INFORMANT'S NAME (Type/Print)								City or Town, Stati		
-	Atty Armand Le	evin	159	Jum	pers	Lan	ne,E	Balti	more, N	1D 2	1208
	20a. METHOO OF DISPOSITION 1 Burlet 2 Cremation 3 Remo		PLACE AND DATE			ame of		OATE	20c. LOCATIO	N — City or	Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENDER -							7		nu Doomd
	11/1/	Ronald W	lade, Di						t,Balt		my Board
	January 11/	[fall-									72 1201
	23. PART i. Enter the diseases, or cahock, or heart failure. I	complications that caused List only one cause on sa	the death. Do	not ente	r the mo	de of dyln	g, such	as cerdiac	or respirator	y errest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel										Onset and Death
	disease or condition resulting in death)	Sepsis									SHAYS
		ONE DO TO YE Y	ONSEQUENCE O	DF):							3 (aus
RTIFICATION	Sequentielly list conditions,	b. DUE TO (OR AS A	CONSEQUENCE C	IE.	_						29447
TA!	if any, leeding to immediate cause. Enter UNDERLYING	Atria	1 Eibi	Ma	tick)					3 days
H	CAUSE (Disesse or injury that initiated eventa	DUE TO (OR AS A	CONSEQUENCE	OF):	100						3
E	resulting in deeth) LAST	d.									
빙	DATE II Oak on all millions and millions										
EDICAL	PART ii. Other eignificent condition	s contributing to desth bu	t not resulting	in the u	nderlyin	g ceuse giv	ven in i	Part I. 24	PERFORMED?		4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ă								_ 10	YES 2 N		OF DEATH?
Σ								_			1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL										
i i	EXAMINER?	HOSPITAL:		OTHE	n:	ACE OF OE					
¥	27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outpa 28e. DATE OF INJURY	28b. TIS		28c. INJ		idence (8 Other (Sp	BE HOW INJURY	/ OCCUPED	
	1 Pending	(Month, Day, Yeer)	IN	JURY	WO	YES 2	NO	200. DESCRI	BE NOW INJURY	OCCURED	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF INJURY -	- At home, ferm,	street, fac			-	28t. LOCATIO	ON (Street and Nu	mber or Run	al Route Number
TED	4 Homicide 8 Could not be determined	building, atc. (Specif	(y)					City or To	own, State)		
MPLET	290. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of my knowle	dae deeth occur	ned at the	time dete	and place	and due t	to the course's	and manner a	a stated	
NA P		R: On the beals of examination									e(a) and menner as stated.
8	296 STGRATURE AND TITLE OF CERTIFIER					29c. LICEN					ED (Month, Day, Year)
BE	KMMX M.O					V		3946 C		Z Z	20 94
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEA	TH //TEM 27\ /3m	n Defeat		1	د ۲۹	4 176	-11 1721	many	

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WATS THE UNION MEMORIA HESPITA

32. REGISTRAR'S STANTAGE

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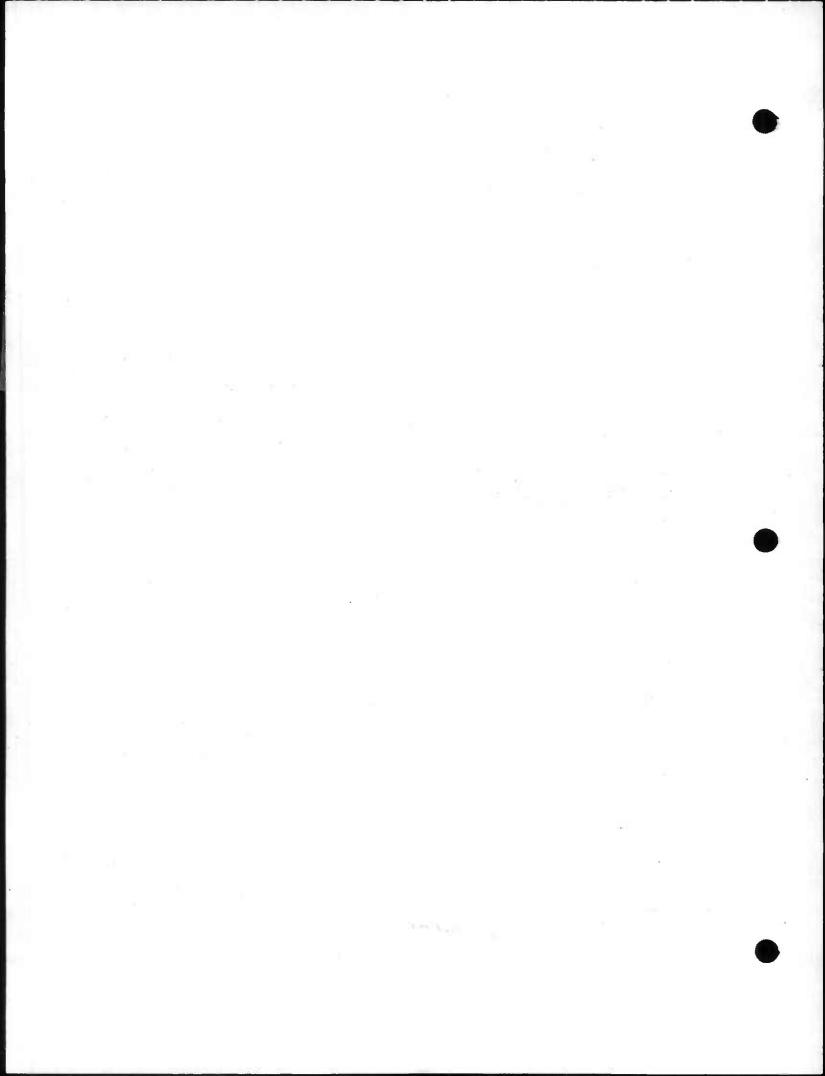
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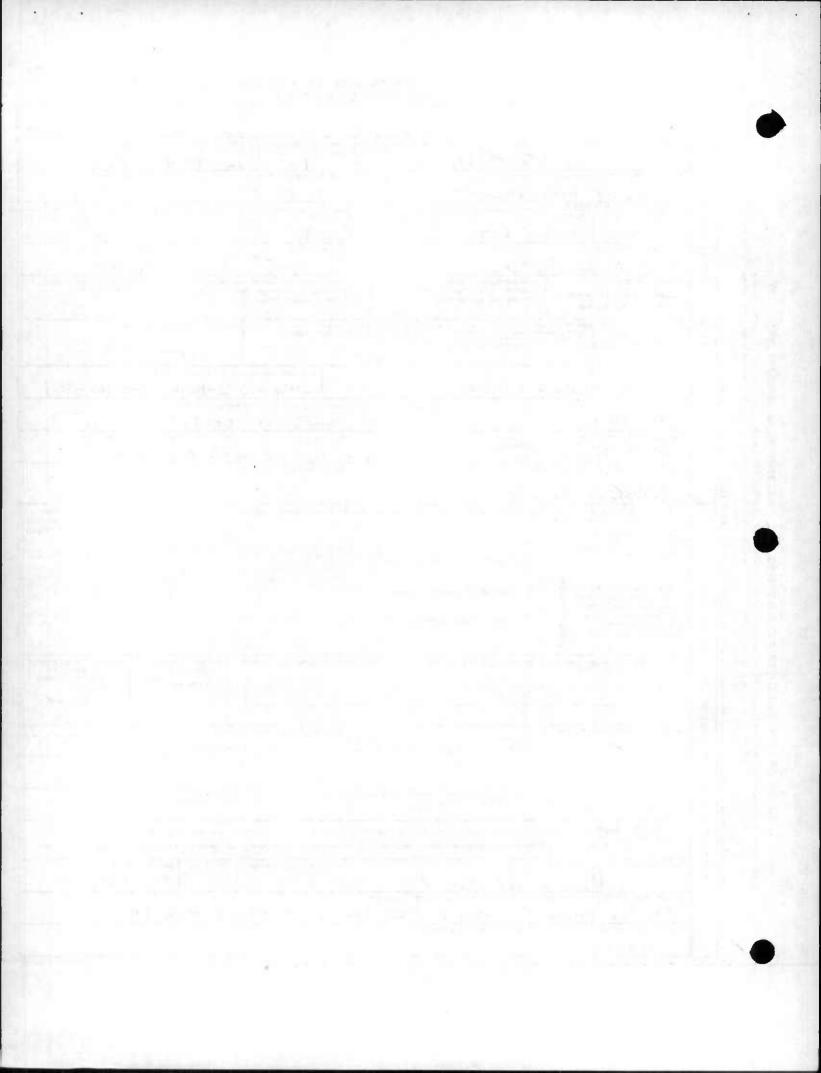
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E-UNIV PARKWAY

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	1. DECEDENT'S NAME (First, Middle, Las	0								OF DEATH	2-19-		3. TIME OF DEATH
	KHADIJA SA	BURAH	RAHM	-N3	BEY				MONTH			YEAR	11: 26 Am
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)		1 YEAR DAYS	IF UNDE	R 24 HRS.		OF BIRTH		B. BIRTHE	PLACE (State or Foreign
		1 M 2 F	1 he. 8	MIN YRS.	MONTHS	UATS	I MOUNTS	S.		-19-9	14	M	
	9a. FACILITY NAME (If not institution, give				-		OR LOCAT				9c. COUNT		
Ď.	MERCY HO	SPITAL			D	AL	T.	MS			ISA	LT.	CITY
DIRECTOR	10e. STATE 10b. COUR			10c, C/1	ry, town o	R LOCA	TION						10d. INSIDE CITY LIMITS?
ā	mD B	ALT. CI-	M			BA	LT.						1 YES 2 NO
ERAL	10e. STREET AND NUMBER					10	f. ZIP COD	E			10g. CITIZ	EN OF W	HAT COUNTRY?
NE.	1038 N. Wol-	_					212	205			u	SA	
BY FUN	11. MARITAL STATUS 1 New Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AF 1 YES 2 12 WAR OR DATES	NG NO	1	f yes, sp	CENDENT Cocify Cubic 2 4-No	an, Mexica	n, Puerto F	? (Specify Yea lican, atc.)	pacify Yea or No— 14. RACE — American Indian, Black, White, atc. Specify:		
ED	15. DECEDENT'S EI		16a. DE	CEDENT'S	USUAL O	CUPATI	ON		16b.	166. KIND OF BUSINESS/INDUSTRY			
COMPLET	(Specify only highest gra	College (1-4 or 5	Min.	. Do NOT u	work done (see retired.)	during me	ost of world	ing		NA	}		
S	17. FATHER'S NAME (First, Middle, Last)									Alddle, Maiden			
BE	0.011.0	N CROW					_		_				N-BEY
10	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1038 N. WOLFE ST. BALT, NO ZIZOS 206. METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name of Date Continue of Date Co												
	20a. METHOD OF DISPOSITION 1 Burlet 2 Crametton 3 Removal from that 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, cremetory or other place) DATE 20c. LOCATION - City or Town, State											rn, State	
	THE STATE OF FUNE PAL SERVICE LICENSER On all Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board											v Board	
	23/PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate												
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):										1hr8min		
ERI	resulting in death) LAST												
MEDICAL C	PART II. Other eignificant conditi	o death but not	PERFORMED? 1 YES 2 TNO						WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 MO				
Ä													
IC!	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF I	DEATH (Ch	neck only on	0)			
PHYSICIAN:	1 YES 2 NO	1 28e. DATE O	ER/Outpatient 3	28b. TIR			JURY AT	esidence	8 Other	(Specify)	u il imu oooi	IDEA	
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month,	Day, Year)	IN	JURY M	1 🗆	YES 2	_ NO	1111				
ETED	3 Suicide 6 Could not be determined	building	OF INJURY — At he i, etc. (Specify)	me, tam,	street, fact	ory, offic	:•			ATION (Street or Town, State)	and Number o	or Rumil Ro	oute Number,
COMPLE	onel	VSICIAN: To the best of NER: On the basic of											and manner es stated,
BE	296. SIGNATURE AND TITLE OF CERTIF	He Star	Ke 1	10			29c. LIC	ENSE NUI	MBER		29d. DATE	SIGNED 2	(Month, Day, Year)
TO	30. NAME AND ADDRESS OF PERSON OF STANKE	WHO COMPLETED CAL				20	1	- m	1886	y Ho	SPIT	AL	
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE			_				, ,,,			
	Cells May												

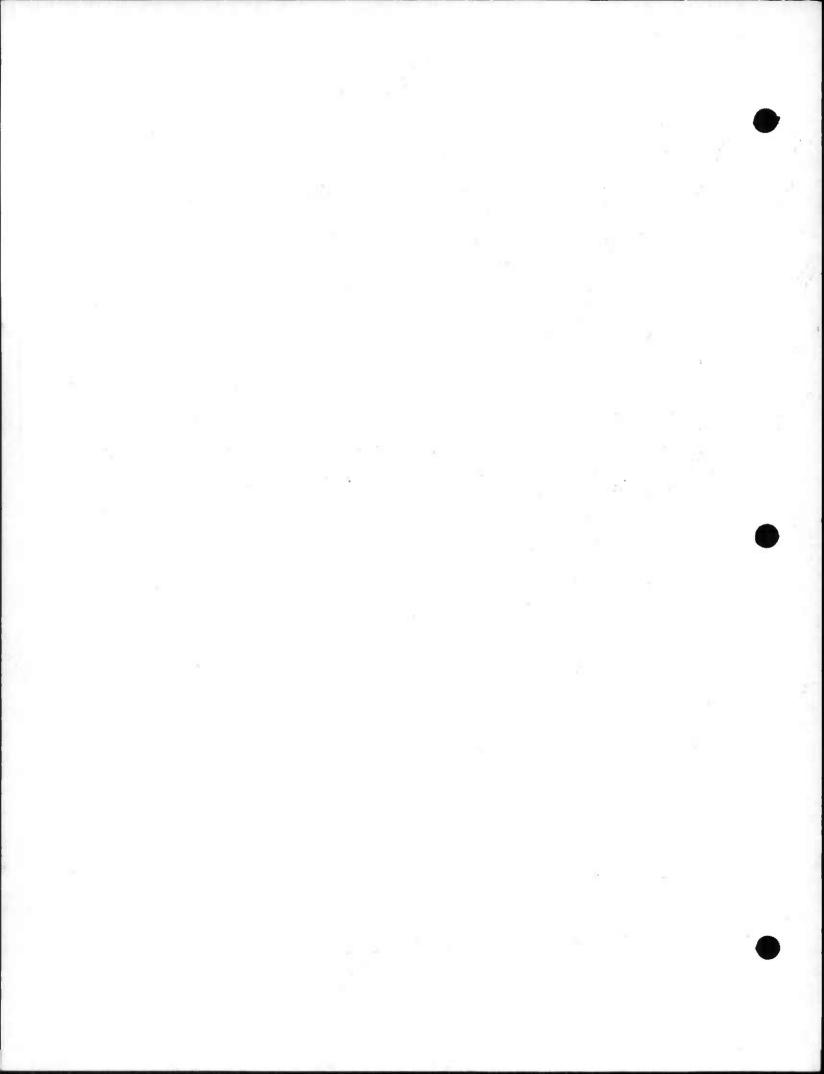


DIVISION OF VITAL

BALLIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	te medical examiner must be notified at once.
DIVISION OF VILAL RECORDS, P.O. BOX 68/60,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

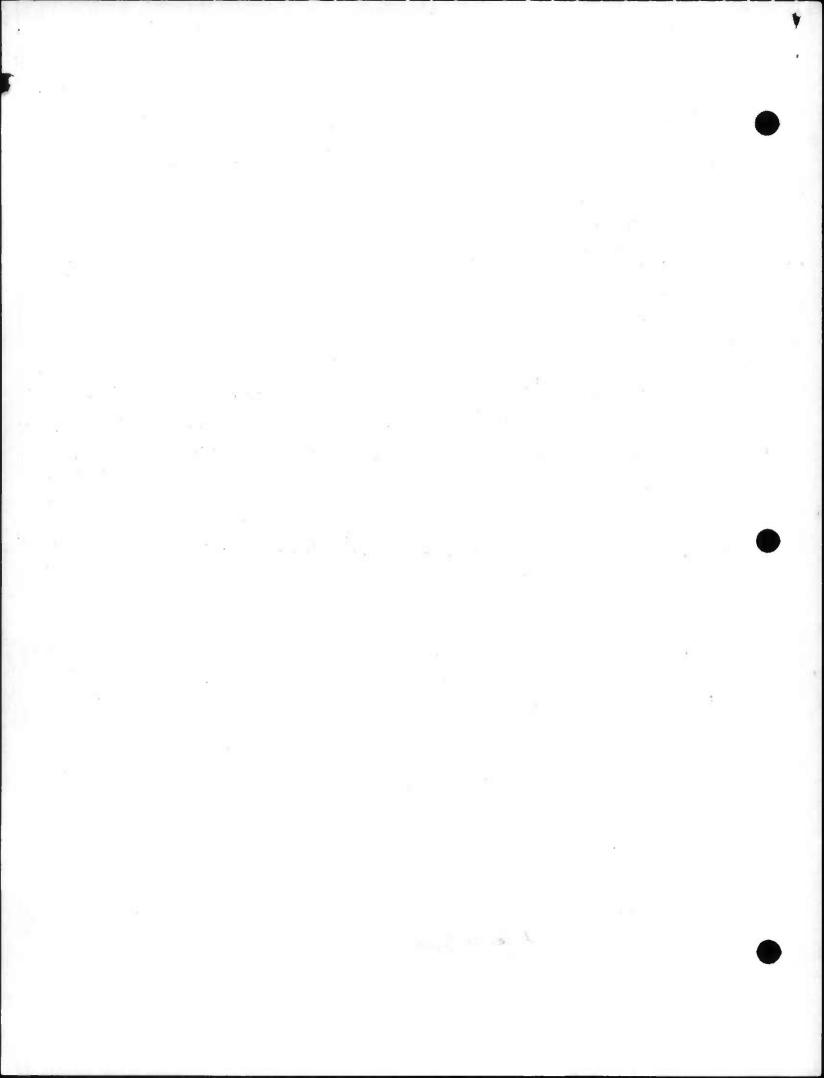
	1. DECEDENT'S NAME (First	, Middle, Last)		-							OF DEATH			3. TIME OF DEATH
	VALERIE		L.			RECT	OR			MONT		1994	YEAR	12:40 P M
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In)	yrs. last birthde		DER 1 YEAR	-	R 24 HRS.	7. DATE	OF BIRTH	794		IPLACE (State or Foreign
	212-92-4680		1 □ M 2 🂢 F	3:	2 YRS	MONTH:	B DAYS	HOURS	MIN.		-04-62		MAR	TYL AND
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CI	TY, TOWN	OR LOCAT	ION OF DE				INTY OF D	DEATH
DIRECTOR	535 NORTH		SON PARK	AVEN	UE	В	ALTI	MORE				r	ı/a	
딥	RESIDENCE OF DEC	10b. COUNTY			10c.	CITY, TOWN	OR LOC	ATION						10d. INSIDE CITY
PIR I	MARYLAND		n/a				ALTI							LIMITS?
	10e. STREET AND NUMBER		,				_	Of. ZIP COD	Œ			10g. CIT	TIZEN OF V	WHAT COUNTRY?
FUNERAL	535 NORTH	PATTER:	SON PARK	AVEN	JE			2120)5			UNI	TED	STATES
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.	.S. ARMED	1					1? (Specify Yea	or No —	14. RACI	E — American Indian,
BY F	1 Never Married 2 3 Wildowed 4 Divo		IF YES, GIVE Y					specify Cub S 2 NO			Rican, etc.)			k, White, atc.
		EDENT'S EDUC	CATION										<u> </u>	DLACK
COMPLETED	(Specify onl	y highest grade	completed)		6a, DECEDEN (Give kind life, Do NO	of work don use retired	ne durina n	TION nost of work	ing	16b	. KIND OF BUS	SINESS/IN	DUSTRY	
PLE	Elementary/Secondary (t 12 TH	1-12)	College (1-4 or 5	+)	n/		.,				n/a			
OM	17. FATHER'S NAME (First, M	liddle, Last)			- 117			18. MOT	HER'S NA	ME (First 1	Middle, Maiden	Sumama		
BE C	JOHN RECT	OR								WILS		Jan. 1		
	19a. INFORMANT'S NAME (ype/Print)			19b. MAIL	NG ADDRE	SS (Street	and Numbe	r or Rural I	Route Numl	ber, City or Town	n, State, Zi	p Code)	
2	MARY RECT	OR			535	N. P/	ATTE	RSON	PARK	AVE	., BALT	IMOR	E, MD	21205
	20a. METHOD OF DISPOSIT 1 X Burlal 2 ☐ Crematic		oval from State		LACE AND DA					DAT	E 20c. LO	CATION —	City or To	own, State
	4 Donation 5 Other	(Specify)		KI	L NG M			200		3-02	RA	NDAL	LST0	WN, MD
	21. SIGNATURE OF FUNETIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	WM. C.MARCH FH1101 E. NORTH AVENUE													
	23. PART I. Enter the diseases, or complications they caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart feliure. List only one ceuse on each line.					reat,	Approximate							
	IMMEDIATE CAUSE (Fir		List only one con	ase on each	ii iiiie.									Onset and Death
	disease or condition resulting in death)	→	ACOUTRE	D TMM	UNE DE	FICT	FNCY	SYNT)ROME	₹				
			- ACQUIRE	(OR AS A CO	ONSEQUENCE	OF):	LITOI	DIIVE	PI TOLIL					
NO I	Sequentisily list condit	lons,	DUE TO	(00 AC A C	ONSEOUENCE	OF.						_		
EA	if any, leeding to imme cause. Enter UNDERLY		DOE TO	(OH AS A CC	ONSECUENCE	OF):								1
임	CAUSE (Disease or inju- that initiated events	iry S	DUE TO	(OR AS A CO	ONSEQUENCE	OF):								
CERTIFICATION	requiting in death) LAS	т .	4											
2	PART ii. Other significa	ent condition	e contribution to	doub but		- 1- 40	-21-31					-		
MEDICAL	TATE II. Other algrithes	- condition	s contributing to	deeth but	not reautin	g in the i	ungenyi	ng ceuse	given in	Part I.	24s. WAS AN . PERFOR		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
ED											1 TYES 2	X NO		OF DEATH?
- 11										-	TNIOTIT	DV		1 TES 2 NO
¥	25. WAS CASE REFERRED TO	O MEDICAL					26 1	PLACE OF E	DEATH (CA	eck only on	INQUI	.KY		
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatie	ent 3 🗆 DOA	ОТН	ER:	me XXR						
¥	27. MANNER OF OEATH		28a. DATE OF	INJURY	28b. 1	IME OF	28c. IN	JURY AT	asidence		CRIBE HOW II	NJURY OC	CURED	
ВУ Р	Δ	Pending Investigation	(Month, E	Pay, Year)		NJURY M		ORK? YES 2 [NO					ľ
		Could not be	26a. PLACE C	F INJURY — etc. (Specify)	At home, terr	n, street, fa	ictory, off	lea		261, LOC	ATION (Street a	nd Numbe	r or Rural F	Route Number,
COMPLETED		determined	bonany,	atc. (Specify)						City	or Town, State)			
2	29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledg	ge, death occ	arred at the	time, dat	ta and place	, and due	to the cau	se(a) and man	ner aa sta	rted.	
M														a) and manner as stated.
	29b. SIGNATURE AND TITLE	DF CERTIFYER	\						ENSE NUN					(Month, Day, Year)
BE	Nonald &	J. Wh	upt MI)								•		
유	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEATH	H (ITEM 27) (ቫ	pe, Print)		Ι Ο.	C.M.	E.		-	FEB	25, 1994
	DONALD WRT	CHT M	D.	111	1 Penr	Str	pet	Ralt	imor	n M	arylar	nd 21	201	
	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	AR'S SIGNATU	JRE					C I	y LCII	6	LCUI	
	FEB 2 8 19	194	John their	lan-Ac	ndell									
														OHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed withing an account of the forms. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health Hygines prior burial cremation, or removal.

	1 - STATE REGISTRAR	SIAIE UF I	MARYLAND /	RTIF	ICATE OF		D MENIA	REG. NO		14	058	64
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH			3. TIME OF DEA	TH
	JOSEPH	EDWI	N		RICHAR	DSON	FE		2	94	9:38	P.M
1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	t birtnday)	IF UNDER t YEAR	IF UNDER 24 HR	s. ?. DATE	OF BIRTH			LACE (State or F	oreign
	219-02-7035	1 M 2 G F	25	YRS.	MONTHS DAYS	HOURS MH	//-	th, Day, Year)	68	(1) A	RULA	red
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN	OR LOCATION O	F DEATH		· V	TY OF DEA	ATH	
8	5425 JONOUIL A	VE			BALTI	MORE (TTY		1			
DIRECTOR	RESIDENCE OF DECEDENT											
뿔	10a. STATE 10b. COUNTY	•		10c. CIT	Y, TOWN OR LOCAL	1777					IOd, INSIDE CIT	
	7710				BA /ti						VES 2	NO
PAI	500. STREET AND NUMBER	Puil,	NIL		10	2121	1		10g. CITI	ZEN OF WH	IAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS									00.	J. 77,	
5	1 Nover Married 2 Married	FORCES? 1			If yes, sp	ENDENT OF HIS ecity Cultur, Ma	xicen, Puerto	IN? (Specify Yes Rican, etc.)	n or No-	Black,	 American Ind White, alc. 	
B	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES		1 TYES	2 NO SE	pecify:			Specify.	Black	t
0	15. DECEDENT'S EDU				USUAL OCCUPATION		16	b. KIND OF BU	SINESS/INO		011, -1	
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	. Me.	Do NOT u	work done during mo se retired.)							
, 글	12 TH		TI	RAC	1E 50	100	4					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		0 ,			18. MOTHER'S	NAME (First,	Middle, Meiden	Sumame)			
BEC	DOUGIAS IV	ORY,	RichA	rds	ON	J,	ANIC	IE ,	KNI	GH:	7	
TO B	19a. INFORMANT'S NAME (Type/Print)	0 1	196	. MAILING	ADDRESS (Street a	and Number or Re	ural Route Nur	nber, City or Tow	m, State, Zip	Code)		
TO BE COM	DUUGIAS I. K	-ichard	50N 3	542	5 JON	1QuiL	AVE	BA	110.1	MD.	2121	15
	20a. METHOD OF DISPOSITION Burlal 2 Cremation 3 Ram	oval from Stata	20b. PLACE A cametery, crei		OF DISPOSITION (No	ame of	OA	TE 20c. LO	CATION -	City or Town	n, Stata	
	4 Donation 5 Other (Specify)		Kin	16 1	nemori:		3-	1 W	DOUL	AWN	1, ML), j
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME A	NO ADDRESS OF	F FACILITY Z	DERRIC	ck (7. Ja	2NES +	F. H.
	(Johns)	& C Z	ans.	_	14611	PARK	HEIR	shts 1	41/=	B4/1	to. MD. ;	21:215
	23. PART i. Enter the diseases, or o	complications the	caused the de	ath. Do	not enter the mo					est,	Approxin	
	ahock, or heart failure. iMMEDIATE CAUSE (Final	List only one da	on each line		~1			٨			Oneat an	
	disease or condition	10	Aran	-	Slet	Called	TAN	n-1			J. Contract and	o Danii
	reaulting in death)	DUE TO	(OR AS A CONSEC	DUENCE O	F):	900	000	110			-	
z		h									1	
은	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE O	F):		<u> </u>					
8	cause. Enter UNDERLYING CAUSE (Disease or injury	C										
E	that initiated events	DUE TO	(OR AS A CONSEC	UENCE O	F):							
CERTIFICATION	resulting in death) LAST	d									+	
LC	PART il. Other aignificant condition	s contributing to	death but not re	esulting	in the underlyin	g cause giver	in Part I.	24s. WAS AN	AUTOPSY	24b. V	WERE AUTOPSY	FINDINGS
CAL				- 0.5		0.000		PERFO			AVAILABLE PRIOR	
ו ם ו								YES :	2 [] NO	(OF DEATH?	
: ME											YES 2 🗆	MO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH	(Check only	one)				-
SC	EXAMINER? 1 ☑ YES 2 ☐ NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER: 4 Nursing Hon							
ΗŽ	27, MANNER OF DEATH	26s. DATE OF	INJURY	28b. Til	IF OF 28c IN.	JURY AT		ESCRIBE HOW	INJURY OCC	CURED		
	1 Natural 5 Pending	FEB 2	2ay, Year) 2 199⊿ i	FOU	TIPM I W	ORK? YES 2√F NO	SEL	F INF	LICT	ED S	HOT G	UN
ЭВУ	2 Accident Investigation Suicide 6 Could not be	28e. PLACE C	OF INJURY — Al ho	me, farm,	street, factory, offic	Λ	26f. LO	CATION (Street	and Number	or Rural Ro	ute Number	UND
	Homicide detarmined	building,	etc. (Specify)	г нс	ME		54	y or lown, state,	NOUI			
<u>"</u>	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of				and alone and					E	
COMPLETED	(Check only one) 3 MEOICAL EXAMINE										and manner ee	atated
	29b. SINNATURE AND TITLE OF CERTIFIE									211 - 1		III
	1111	orke	M			29c. LICENSE	M.E.		l .		Month, Day, Year 3 , 199	
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CALL	SE OF DEATH (ITE	W 27) /7v~	Print)	0.0.			1		3,133	ī
	J. CARDAILE	CKF !	. 0		Penn S	treet.	Bal	timor	e. M	arvl	and 2	1201
	31. DATE FILEO (Month, Day, Year)	A2. REDISTRA	AR'S SIGNATURE						-,	1-		
	FEB 2 8 1994	grandered	con-Aprolas	e.								
			-	-		_						



THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ORTANT: If Item 28 Is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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VOF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law
DIVISION	ATTENDING
5	9
	HOSPITAL
	불

	FOR 1 . STATE	STATE OF MA	RYLAND /	DEPARTI	MENT OF	HEALTH	AND I	MENTAL H	IYGIENE		94	0586
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, La IRM A	J. Russe		RTIFIC	ATE OF	DEA	ГН	2. DATE OF MONTH	DEATH DAY		YEAR 3	S. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 216-12-8145	5. SEX 6.	AGE (In yrs. last	"	F UNDER 1 YEAR ONTHS DAYS	IF UNDER	R 24 HRS.	7. DATE OF I	HTRIE		. /	LACE (State or Foreign
TOR	Summit NUL RESIDENCE OF DECEDENT	sing Hom	و		8 Smit						INOTE	
DIRECTOR		timore			onsvill							Od. INSIDE CITY LIMITS? YES 2 XNO
FUNERAL	106. STREET AND NUMBER 2826 Frederick 11. MARITAL STATUS				2	1228				U.S	.A.	AT COUNTRY?
B	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	D .	If yes, a		ın, Mexicar	IIC ORIGIN? (S n, Puerto Ricad		or No —		- American Indian, White, etc. White
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION side completed) College (1-4 or 5+)	(Giv	e kind of worl Do NOT use n	ual occupat done during n etired.)	ON ost of world	ng		nufac			
BE COM	17. FATHER'S NAME (First, Middle, Last) John Vetters		CIA	ne op	STATOL		HER'S NAI	ME (First, Midd	_		ng	
TO B	19a. INFORMANT'S NAME (Type/Print) Helen M. Green		2	056 G	oness (Street rinald	a Ave						30
9,000	20a. METHOD OF DISPOSITION 1		cerpetery, crem	ND DATE OF I	place) Cemet	ery	SS OF EAC	2/28	Broo!	klyn	Park	, Maryland
	DAS		Si.									Lansdowne MD 21227
	23. PART I. Enter the diseases, o shock, or heert failur iMMEDIATE CAUSE (Final disease or condition resulting in death)	s. DUE TO (QF	on each line.	UENCE OF:	enter the m	ode of dy	ing, such	as cerdisc	or respire	atory srre	est,	Approximeta interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	AS A CONSEQUENCE AS A CONSEQUENCE		elei	as	<u> </u>					
PHYSICIAN: MEDICAL C	PART II. Other significent condit	gas egentrayling to de	athibut podre	sulting in	the underlying	a canao	given in I		YES 2	IED?	A C O	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH? YES 2
HYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 Ef 28a. DATE OF IN. (Month, Day,	IURY	28b, TIME O	THER: Nursing No.	ne 5 🗆 Ra				JURY OCC	URED	
ED BY P	1 Neturel 5 Pending 2/ Accident Investigatio 3 Suicide 8 Could not 1 4 Homicide determined	280 PLACE OF IN	IJURY — At hom	INJUR	M 1 🗆	YES 2	NO	Value S Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

DHMH-16 Rev 1/89

City HAZNES

ELLICOTT

JOHNS LANE

O BE COMPLET

29s, CERTIFIER (Check only one)

FEB 2 8 1994

CERTIFYING PHYSICIAN:

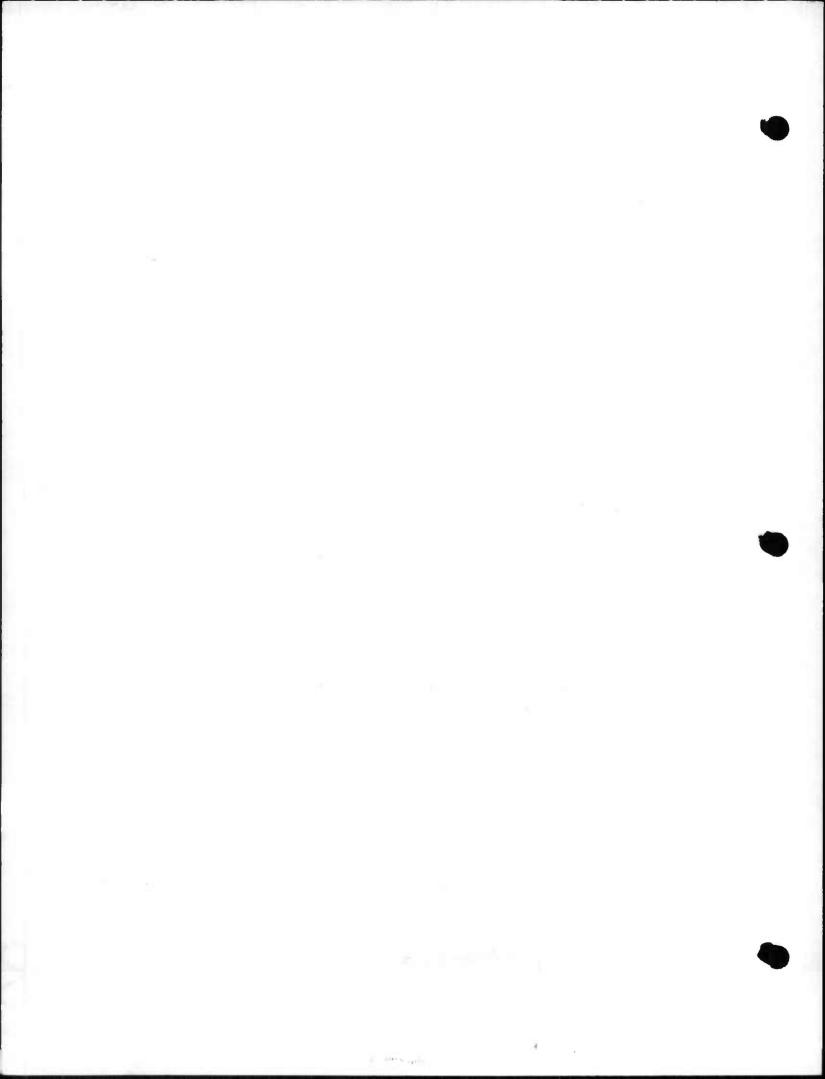
BARAHONA, MD

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ON A. M.D. 3459 ST.

32 REGISTRAR'S SIGNATURE
Sula Sevilson Fundas

459

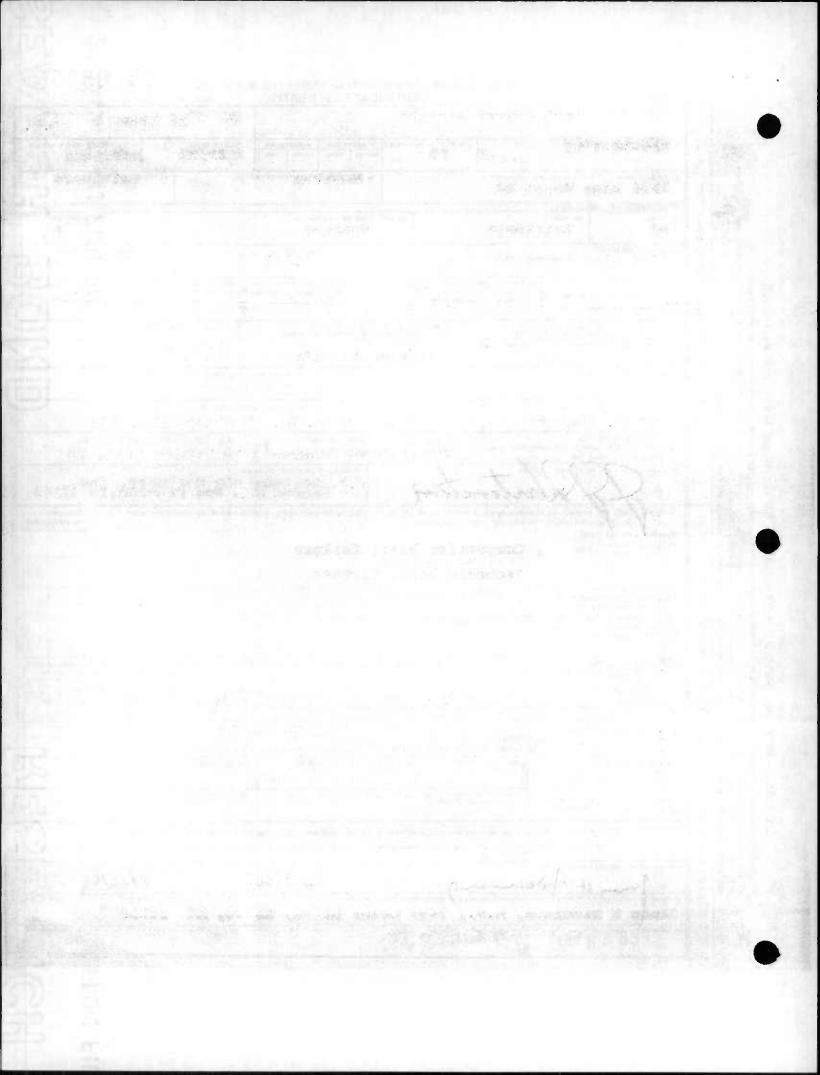


	mit. Pages 1, 2, 3 should	
I or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	page 5 should be detached	t be notified at once.
hours after death. Page 6 rr	illed in by the funeral director, n, or removal.	id, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
tificate be executed within 2	physician and completely fi ene prior to burial, crematio	ther traumatic event, th
w requires that the death cer	been signed by the attending it, of Health and Mental Hygi	shows any injury, or o
TENDING PHYSICIAN: The law	OR: After this certificate has fer death with the State Dep	8 is marked, or item 23
TO THE HOSPITAL OR AT	TO THE FUNERAL DIRECT be filed within 72 hours at	IMPORTANT: If Item 28 is marked

	h Warren S	Stutzka	a	Harfelan	2. DATE OF MORTH	DEATH 2º1 1	994	3. TIME OF DEATH 9 A.M	
4. SOCIAL SECURITY NUMBER 6 1	5. SEX 6. A	GE (In yrs. leet bir	YRS. IF UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF	BIRTH 3	Country	PLACE (Store or Foreign yland	
9a. FACILITY NAME (If not institution, gh 1924 Blue Mo			9b. CU	TONK CONTION OF I	9c. CC	E COUNT BAILTIMOTE			
Md Ba	n ltimore	11	oc. CITY, TOWN	on Location onkton				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
1924 Blue Mo	unt Rd			101. ZIP CODE 21111		10g. C	USA	IN OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Married 2 Wildowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) If YES, GIVE WAR OR DATES If yes, specify: If yes, specify: If yes, specify:					14. RACE — American Indian, Black, White, stc. Specify: White			
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		(Give I	NOT use retired.)	during most of working	11/15/34	igh Sch		li i j	
17. FATHER'S NAME (First, Middle, Last) Earl Warren				18. MOTHER'S N		lle, Malden Surname,)		
19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDRES	S (Street and Number or Rura			Zip Code)		
John D. Stut:				me Mt. Rd.,					
20a, METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE AND corruptory, gramate Wesley	ory or other plece	1. Cemetery F	eb. 24	White			
21. SIGNATURE OF FUNERAL SERVICE		teni	22	J. Harten	ACILITY				
V /	er complications that cause of the cause of	used the death	. Do not ante	r the mode of dying, au	ch sa cardiac	or reapiratory a	errest.	1	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Congest	ive he	eart f	ailure					
disease or condition resulting in death)	Congest	AS A CONSEQUE	NCE OF):					Interval Betwe	
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Ischemi b. Due to (on a	AS A CONSEQUE LC head AS A CONSEQUE	nce of: rt dis					Interval Betwe	
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Ischemi b. Due to (on a	as a conseque	nce of: rt dis					Interval Betwe	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events.	DUE TO (OR A DUE TO (OR A DUE TO (OR A	AS A CONSEQUE AS A CONSEQUE	ince of): rt dis ince of): ince of):	ease		a. WAS AN AUTOPS PERFORMED?		WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condit DLADELES 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR A I SCHEMI DUE TO (OR A C. DUE TO (OR A d. LONG CONTRIBUTING to deal	AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE th but not reac	INCE OF): INCE OF): INCE OF): Ulting in the u	nderlying cause given in	_ '	a. WAS AN AUTOPS PERFORMED?		WERE AUTOPSY FINDING ANALASE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condit DLaDeLes	DUE TO (OR A I SCHEMI B. DUE TO (OR A C. DUE TO (OR A d. DUE TO (OR A	AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE th but not reat Outpetient 3 □	INCE OF): INCE OF): INCE OF): INCE OF): INCE OF OTHE	nderlying cause given in	Check only one)	a. WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24b.	WERE AUTOPSY FINDING ANALASE PRIOR TO COMPLETION OF CAUSE OF DEATH?	

James H Biddison, WNO COMPLETED CAUSE OF

peatn (ITEM 27) (Type, Print)
7401 Osler Drive, Balto, Md M.D. 21204



JOX 68760; BALTIMORE, MARYLAND 21215-0020	requires that the death certificate be executed within Finours after death. Page 6 may be retained by the hospital or attending physician.	confliction as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should begin of Health and Mental Hygiene prior to burial, cremation, or removal.	traumatic event, the medical examiner must be notified at once.
DIVISION OF WITH RECORDS, P.O. BOX 68760.	O THE HOSPITAL OR ATTENDING INTERPRETATION REQUIRES that the death certificate be	TO THE FUNERAL DIRECTOR: After the certificate heen signed by the attending physician and completely filled in by the be filed within 72 hours after death with the complete of Heatth and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	Fdward F. S	HAL	1		2. DATE OF DEATH		EAR 3. TIME OF DEATH		
	LA 45 VS	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	15 44	F 15:35 A H		
	097 18 8179 ¹⊠м²□F 69		MONTHS DAYS	HOURS MIN.	(Month, Day, Year 08/30/1)	BIRTNPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY. TOWN O	PR LOCATION OF DEA		9c. COUNTY	New York		
R	Sinai Hospital		Baltimore City ======						
5	RESIDENCE OF DECEDENT								
R	10a. STATE 10b. COUNTY	1000	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?		
0	Maryland Anne Arundel	Se	verna Pa				1 TYES 2 NO		
RA	(10 H) 10 H 10		101	ZIP CODE			N OF WHAT COUNTRY?		
FUNERAL DIRECTOR	558 Highbank Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN 1	10 101100		21146			S.A.		
	1 Never Married 2 Married FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF NISPANIC ecity Cuban, Mexican,			. RACE — American Indian, Black, Whita, atc.		
ВУ	3 Wildowed 4 Divorced	E9	1 U YES	2 NO Specify:			Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	IGA. DECEDENT'S (JSUAL OCCUPATION OF COMPANY	ON st of washing	16b. KIND OF	BUSINESS/INDUS			
E	Elementary/Secondary (0-12) College (1-4 or 5 +)	Iffe. Do NOT use	retired.)	st or working		-			
MP	3 years	Pilot	Captain		East	line			
	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S NAME		den Sumame)			
BE	John Shaw			Mary					
2	Shirley Shaw		ghbank	nd Number or Rural Ro			· ·		
		LACEANDDATEO			verna Pa	LOCATION - City			
	1 □ Buriel 2 ☑ Cremetion 3 □ Removal from State	any promotony or oth	or plane)				e, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	CLO CLCI	22. NAME AN	D ADDRESS OF FACI	LITY				
	Jesone Bramuowski			J. Gonc					
	23. NAT i. Enter the discuss, or complications that caused to	the death. Do no	4001	Ritchie H	wy. Bal	timore,	Md. 21225		
	ahock, or heart fallure. List only one cause on eac	th line.	or enter the mo	de or dying, auch	aa cardiac or re	apiratory arrest	Interval Batween		
	IMMEDIATE CAUSE (Final disease or condition CEOCLE	10	la a				Onset and Daath		
	resulting in death) a. SEPSIS DUE TO (OR AS A C	ONSEQUENCE OF	70 PI	Minimol	110	_	Sweeks		
z	c. Intra	coroh	ollar	Blose	d		Busens		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	ONSEQUENCE OF):	0					
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	achn	101d H	emore	hage		3 Weeks		
빌	that initiated eventa DUE TO (OR AS A C resulting in death) LAST	ONSEQUENCE OF):		0				
띩	d			-					
	PART ii. Other algnificant conditions contributing to death but	not reaulting in	the underlying	cause given in P	art I. 24a. WAS	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS		
MEDICAL	IDDH					2 NO	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
Ä						1	1 YES 2 NO		
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Check	k only one)				
YSI	1 YES 2 NO 1 Inpatient 2 ER/Outpet		OTHER: 4 - Nursing Nom	e 5 □ Residence 6	Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Dey, Year)	28b. TIME	JRY WO	RK7	28d. OESCRIBE NO	W INJURY OCCUP	RED		
BY	2 Accident Investigation	At harms 4500 and		ES 2 NO					
B	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY – building, atc. (Specify	· At nome, farm, st	reet, ractory, offic		281. LOCATION (Stre City or Town, Str	et and Number or ete)	Rural Route Number,		
	29a. CERTIFIER								
COMPLETED	Check only (Check only one) CERTIFYING PHYSICIAN: To the best of my knowled one) CERTIFYING PHYSICIAN: To the best of my knowled one)								
8.	29b. SIGNATURE AND TITLE OF CERTIFIER	ina or investigation	i, in my opinion, o						
H	ELO LIGA C - LIGA LIGA			29c. LICENSE NUMB	ER	29d, DATE S	IGNED (Month, Day, Year)		
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	N (ITEM 27) /Time	Drintt			1	0.25,1994		
	Elcuno Smith MD Sin			U of E	20141	000	The second second		
	31. DATE FILED (Month, Day, Year) 32, BEGISTRAR'S SIGNAT	URE	APITO	H UT I	3001111	101-6			
	FEB 2 8 1994 July Bavidson Band	all.					Section 1		
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DIVISION OF VITAL RECORDS,	the state of the state of the state of
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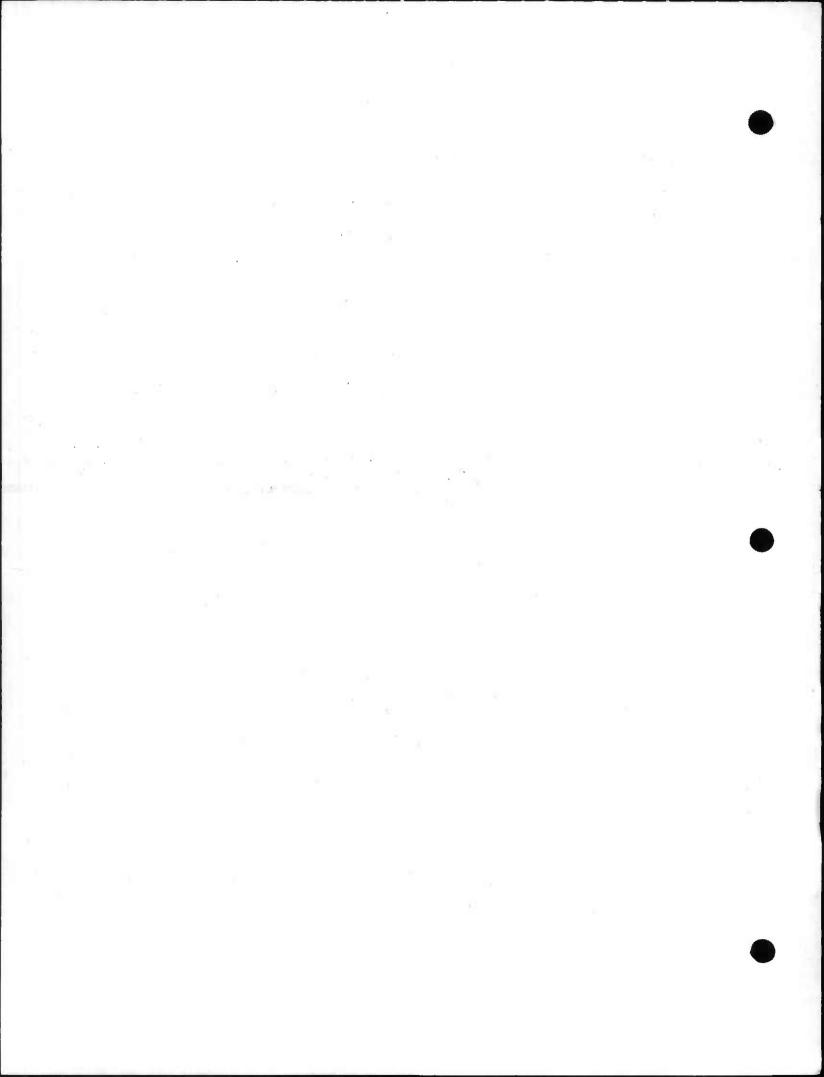
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a pure state death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO.	
1. OECEOENT'S NAME (First, Middle, Last)	an an arrange		2. DATE OF OEATH MONTH DAY	3. TIME OF DEATH
RAY	SEMBOWER		2 15 1994	11:45 A M
4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH 8 (Month, Day, Year)	County OMERSEY Co,
208-03-8910 ¹⊠™²		and House	DRT605817, 1915	PEUNA.
9a. FACILITY NAME (If not Institution, give street and nun	iber)	96. CITY, TOWN OR LOCATION OF O	EATH 9c. COUNT	Y OF OEATH
MEMORIAL HOSPITAL RESIDENCE OF DECEDENT 10a. STOR 10b. COUNTY SOMER		CUMBERLAND	ALLE	GANY
RESIDENCE OF DECEDENT	10c. 00T	, TOWN OR LOCATION		10d. INSIDE CITY
ENNA SOMER		DOMERSET		LIMITS?
100. STREET AND NUMBER			10a CITITE	1 YZ YES 2 NO
100. STREET AND NUMBER 324WEST 11. MARITAL STATUS 12. WAS D FORCE	SOMERSES ANNER ST.	15	501	USA
11. MARITAL STATUS 12. WAS D	ECECENT EYER IN U.S. ARMEO	13. WAS DECENDENT OF HISPAI		I. RACE American Indian,
	S? 1 X YES 2 NO , GIVE WAR OR OATES	1 Yes, specify Cuban, Maxica		Black, White, atc.
3 Wildowed 4 Divorced WOA	LOWAR IT			WHITE
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	16a. OECEOENT'S (Give kind of w	USUAL OCCUPATION vork done during most of working e retired.)	16b, KINO OF BUSINESS/INDUS	STRY
Elamentary/Secondary (0-12) College (1	1-4 or 5+) Ille. Do NOT us		1 10 10	//
12	Oupt, C	OF BUILDING;	COUNTYCO	urt House
17. FATHER'S NAME (First, Middle, Last)	d	18. MOTHER'S NA	ME (First, Middle, Malden Surname)	
WILLIAMTR	ANCISS EMB	OWER GR	ACE BOYER	
AA A A A A	19b. MAILINO	ADDRESS (Street and Number or Rural	Route Number, City, or Town, State, Zip C	ode)
THO NAY 1, OCHES	WER 324	+ WESTSANNER	St. SOMERSE	T.TA. 15501
20a. METHOD OF OISPOSITION 1 Burial 2 Cremation 3 Removal from S	20b. PLACE AND DATE O	of DISPOSITION (Name of :	DATE 20c. LOCATION CH	YOU TOWN SUNT WAS
Donation 5 Other (Specify)		O, MEMORIAL TARK	1994 SOMERSE	r. R.D.4 TA. 15501
21. BIGNATURE OF FUNERAL BERVICE LICENSEE	90	22. NAME AND ADDRESS OF FA	476 WEST MAI	NST
1 Daleit A	Halverson	ROBERT H. I	IALVERSON FUNERAL HO	
23. PART I. Enter the disesses, or complication	ons that caused the death. Do n	ot antar the mode of dving, auc	h as cardiac or respiratory arres	it, Approximate
shock, or haart failure. List only o	na cause on asch lina.	7,113,	as said of toophatory and	Intarval Between
IMMEDIATE CAUSE (Final disease or condition	(60.	1T/CME	2	Onset and Death
resulting in daath) s	OUE TO (OR AS A CONSEQUENCE OF	12001121	7	
	DOE TO (ON AS A CONSEQUENCE OF	" / / ha		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQUENCE OF	Y WE MEN	ATTLE	
If any, leading to immediate cause. Enter UNDERLYING	7	,		İ
CAUSE (Disease or Injury that Initiated events	OUE TO (OR AS A CONSEQUENCE OF	ŋ:		
resulting in death) LAST				
PART II. Other significant conditions contribu	ting to death but not reaulting is	n the undarlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PAHI II. Other significant conditions contribu	and Apprec	mot factor	1 TES 2 NO	COMPLETION OF CAUSE OF GEATH?
	al Vascul	de		1 TYES 2 NO
£	Them =	0 11/2-0/3		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpett 27. MANNER OF DEATH 288. 6	101	26. PLACE OF OEATH (Ch	eck only one)	
1 YES 2 NO 1 Inpett	AL:	OTHER: 4 Nursing Home 5 Residence	6 Other (Specify)	
27. MANNER OF DEATH 28a. I	DATE OF INJURY Month, Day, Year) 28b. TIME	E OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCU	REO
1 Netural 5 Pending 2 Accident Investigation	norm, Day, reary	M 1 YES 2 NO		
	PLACE OF INJURY — At home, farm, a	treet, factory, offica	28f. LOCATION (Street and Number or	Rural Route Number,
4 Homicide determined	pullding, etc. (Specify)		City or Town, State)	
3 Suicide 8 Could not be detarmined 4 Homicide detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the big one)	best of my knowledge, death occurre	of at the time date and place, and due	to the cause(s) and manner as stated	
(Check only one) 2 MEDICAL EXAMINER: On the bi			time, data and place, and due to the	
	7			
290. SIGNATURE AND TITLE OF CERTIFIER	of the	D 19318	MER 294 DATE S	DIGHED WILMIN, Day, Many
30. NAME AND ADDRESS OF PERSON WHO COMPLET	ED CALLER OF DEATH #======			7/0/94
N. RANJITHAN M.D., 51			21502	1
31. OATE FILED (Month, Day, Year)	GISTHAR'S SIGNATURE			
FEB 2 2 1994	Marylan March 00.			



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G PHYSICIAN: The law requires that the death certificate be executed within a nours after death. Page 6 may be retained by the hospital or atter	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	
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F	this.	the right of Bridge of Handle and Shaden the mines of headed and an annual state of
(5)	100	4

1 - FOR STATE REGISTRAR

1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR NARTIN ANDERS o 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country)
 ST
 MISSISSIPPI DAYS HOURS 1 M 2 D F YRS. 4968-98-0360 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 4800SEDN DONE 21212 DIRECTOR VILLA ST MICHAEL RACEMORE 1, 2, RESIDENCE OF DECEDENT Pages 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE CIT SATEMORE CH 1 YES 2 NO permit. I FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S. 210 WORTH BROADWAY 21231 burial-transit nding physician. s the burial-trans 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE - American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) 8HHGROTE FRM LABORER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) MITRA ADOMS MILLIAM notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number Shirley AST ton etroit. 10/4 48205 must be 20b. PLACE AND DATE OF DISPOSITION (Name of 20e. METHOD OF DISPOSITION
1 Ø Burlel 2 □ Cremation 3 □ Removal from State 20c. LOCATION - City 4 Donation 5 Other (Specify) . William C. Brown Community Tunegate 1206W North Avenue examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Koulin medical 23. PART I. Priter the disesses, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest. Approximata shock, or heart failure. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Final the ROSTATIC disesse or condition IETASTATIC traumatic event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING other CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 Inlury. PART M. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL STONES апу COMPLETION OF CAUSE 1 YES 2 NO Shows 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER:

4 Nursing Nome 5 Residence 6 Other (Specify) 1 YES 2 AO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 10 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, Natural 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death BY 2 Accident 28e. PLACE OF INJURY — A1 home, 1erm, street, factory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 80 COMPLETED 6 Could not be 4 Homicide determined 28 item CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner ee stated. TO THE HOSPITAL
TO THE FUNERAL I
Be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner ee stated. 290. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 21/94 hamny) 28595 2 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PARK TASNEE 7220 MI) 21206 AKIHANI EIC VE) 10 31. DATE FILED (Month; Day, Year) 02. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

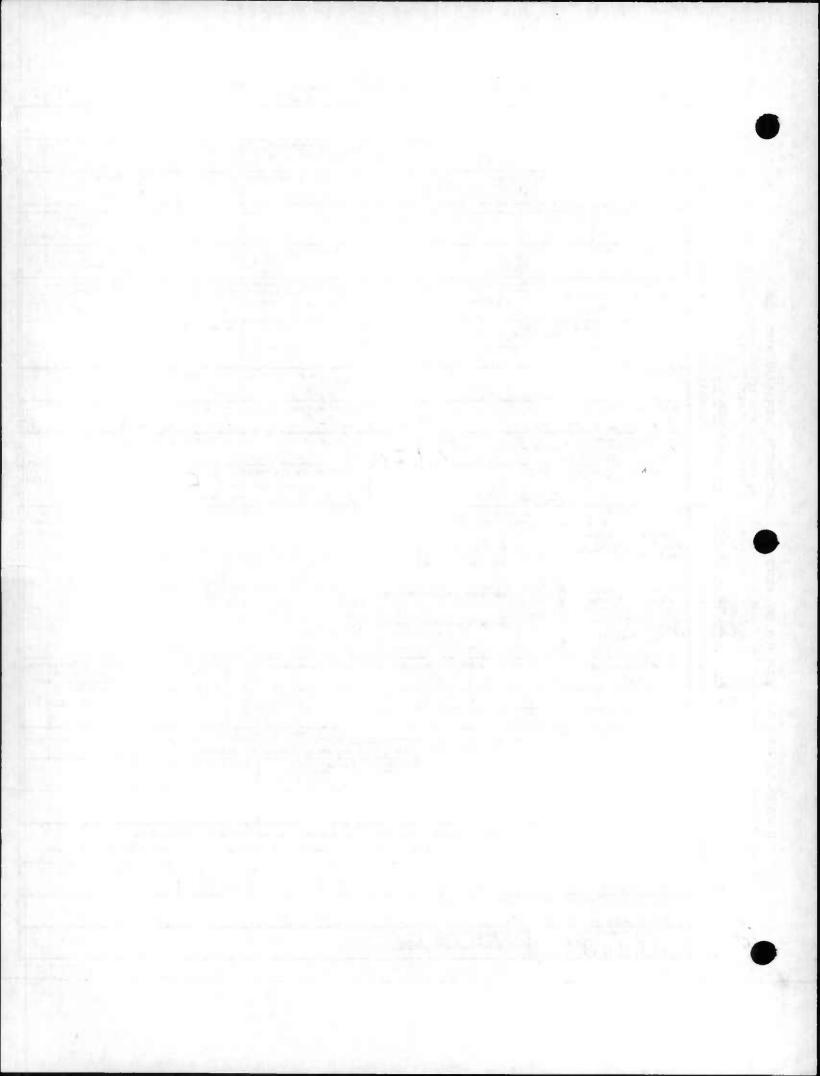
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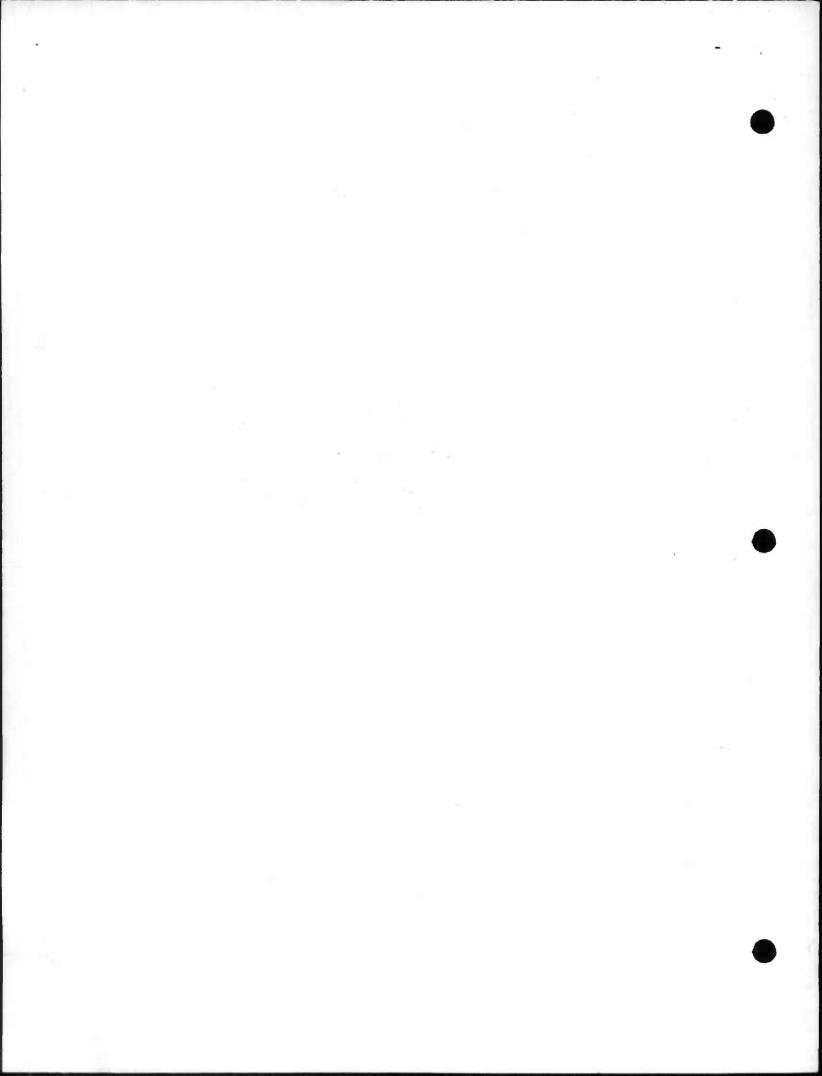
HOSPITAL



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nowns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Membral Myghee prior to burial, or emphasize a complete and the practical permits and the practical permits and the practical permits and the practical permits and the practical permits and the practical permits and the practical permits and the practical permits and the practical permits and the practical permits and the practical permits and the practical permits and the practical permits and the practical permits and the practical permits and the practical permits and the practical permits and the practical permits and the practical permits and the permits and the practical permits and the per

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH A			1 0001U
	1. DECEDENT'S NAME (First, Middle, Last)	Sellme	en		2. DATE OF DEATH		3. TIME OF DEATH OLOGIA M
	4. SOCIAL SECURITY NUMBER 220–18–6305	5. SEX 6. AGE (V	FUNDER 1 YEAR IF UNDER 24 ONTHS DAYS HOURS R	May 22,		BIRTHPLACE (State or Foreign Country) Maryland
R	90. FACILITY NAME (If not Institution, give so Northwest Hospit		9	Randallsto	OF DEATH	9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		10c. CITY.	TOWN OR LOCATION	WII	ba.	ltimore
	Maryland Ba.	ltimore		odlawn		To among	1 TYES 2 NO
ERA	2012 Hillside Dr	ive		2120	7		ted States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF F	IISPANIC ORIGIN? (Specify laxican, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use	k done during most of working	16b, KIND OF	BUSINESS/INDUST	
OMP	12th grade 17. FATHER'S NAME (First, Middle, Last)		Homemak		'S NAME (First, Middle, Maid	ien Sumeme)	
1 ա 1	John Bonsall			7.000111	y Kruger	on surremey	
10 B	19e. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number or	Rural Route Number, City or	Town, State, Zip Coo	ie)
	Mr. John R. Selli 20a. METHOD OF DISPOSITION	20h		ochester Pla		re. MD	21224
	1 Donation 5 Other (Specify)	ioval from State cem	netery crematory or other		1	Woodlawr	
TO BE	21. SIGNATURE OF FUHERAL SERVICE LI	B Co	veg	Loring Bye	rs Funeral	Director	
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. List only one cause on e	d the Grant. Do not ach line.	enter the mode of dying	, such as cardlec or re	spiratory arrest	, Approximate interval Between Onset and Death
ERTIFICATION	Sequentielly list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	с	CONSEQUENCE OF):				
MEDICAL	PART II. Other significant condition	a contributing to deeth b		the underlying cause give	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 100
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEAT	H (Check only one)		
IYSICI	1 TYES, 2 JUNO	1 Dispetient 2 ER/Outp		☐ Nursing Home 5 ☐ Resid		W IN HIRW COOLIN	
ву РН	1 Natural 5 Pending	(Month, Day, Year)	INJUF	WORK? M 1 YES 2 N	28d. DESCRIBE HO	W INJURY OCCURI	EO
TED	2 Accident Investigation 3 Suicide a Could not be 4 Homicide date mined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, streetly)	et, factory, office	28f. LOCATION (Streetly or Town, St		Turel Route Number,
BE COMPLETED	anal	ICIAN: To the best of my know ER; On the basis of exemination					suse(s) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	the Mg	rurkl	MO 29c, LICENS	86872	29d. DATE SI	GNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WE EU Palet //	O COMPRETED CAUSE OF OE	ATH (ITEM 27) (Type, P	Northwe	of Hosp	Cent	er.
	FEB 2 8 1994	THE HELLEN	Mandall.		-		



TO BE COMPLETED BY FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The second second second second second
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Michael Chung,
31. DATE FILEO (Month, Day, New)
FLB 2 8 199

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flour dark death. Page 6 may be retained by the transition or stending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

OCIAL SECURITY NUMBER	Clyde	SHEETS				AY	YEAR	TIME OF OEATH
					February		994	11:10 a *
414-20-7335	5. SEX 6. AGE (1)		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 24, 1	923	Country)	thCaroli
FACILITY NAME (If not institution, give st	reet and number)	96	CITY, TOWN O	R LOCATION OF OR		9c. COUN	TY OF DEAT	
Franklin Squa	are Hospita	1	Re	ossvill	.e	Balt	imore	County
Md. 106. COUNTY	altimore	10e. CITY, TO	Mi e	ddle Ri	ver			d. INSIDE CITY LIMITS? YES 2 NO
STREET AND NUMBER			101	ZIP CODE		10g. CITIZ	EN OF WHA	T COUNTRY?
549 Compass	s Road			21220			US	A
MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced	12, WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		city Cuban, Mexica	HC ORIGIN? (Specify Yer n, Puerto Rican, etc.) Y:	or No-	Black, W Specify:	American indian, mila, etc. White
15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S USU	AL OCCUPATION	N	16b. KIND OF BU	SINESS/INOL		WIII CE
Elementary/Secondary (0-12) 8th	College (1-4 or 5+)	(Give kind of work life. Do NOT use rel	done during mo: tired.)	st or working	Balti	more	Cou	nty
FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden	Sumame)		
Leonard S	Sheets			E1	izabeth	Gi1	1 y	
INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street a	nd Number or Rural I	Route Number, City or Tow	n, State, Zip i	Code)	
Pearl Sheets	5	549 C	ompas	s Road	Baltimor	e MD	. 21	220
Burlet 2 Cremation 3 Ramo Donation 8 Other (Specify) UNIT URE OF FUNERAL SERVICE LICE	ensee He	etery, cramatory or other policy Hill	Cemeto 22. NAME AN Coni 30	nelly F Mace	/94 Suneral H	lome	imor of E	e MD. ssex
PART I. Enter the dispesse, or control of the second of th	Gastric		enter the mo	de of dying, suc	h aa cardiac or resp	Iratory arre	eat,	Approximata Interval Between Onset and Dest
quentially list conditions, iny, leading to immediate use. Enter UNDERLYING USE (Disease or Injury tinitiated events	2	CONSEQUENCE OF):						
uiting in death) LAST		ut not resulting in ti	he undertylng	cause given in	Part I. 24a. WAS AN		AM	ERE AUTOPSY FINDINGS
	s contributing to death be				1 YES :	ON I	OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
uiting in death) LAST				ACE OF DEATH (Ch		e¥ NO	OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
MAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL: 1 ☑Jinpetient 2 □ ER/Outp	etlent 3 DOA 4	THER: Nursing Hom			e ∛ NO	OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
RT II. Other significant conditions MAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER: Nursing Hom Page 28c. (NJ WO	e 5 🗆 Rasidence	eck only one)		1 1	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?

Square Baltimore, Maryland 32, REGISTRAR'S SIGNATURE

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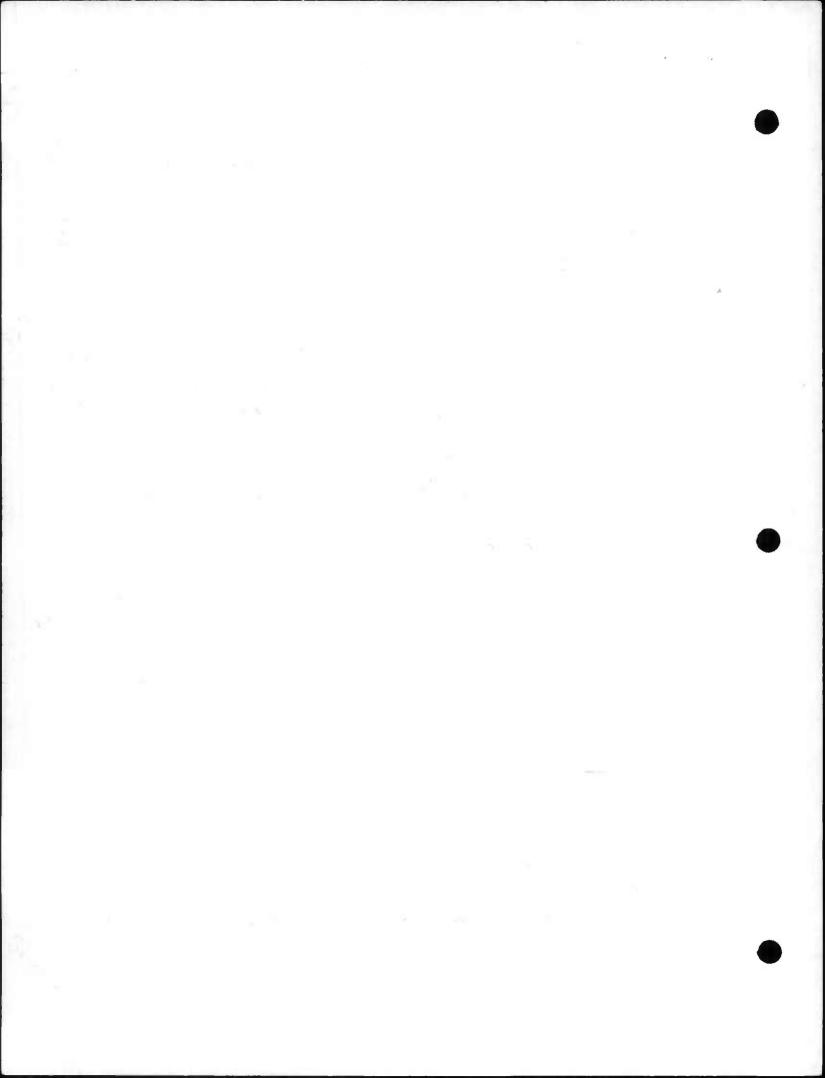
FOR 1 - STATE

ITEMS: 23 PART I 27 PER MEO FILM G-710 4/1/94 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFIC	ATE OF	DEATH	REG. I	10.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY	3.	TIME OF DEATH	
	Robert Jol	nn Sch	nulze				Feb 2		YEAR	1727	М
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birt	hday) IF t	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN		. BIRTNPL	MCE (State or Foreign	,
	138-68-2602 Se. FACILITY NAME (If not institution, give s		20 Y	rRS. MON		HOURS MIN.	Jan 29,	1974		ersey	
œ					OR LOCATION OF DE	EATN		Y OF DEAT			
1 2	Washington Advent	ist Hospita	3.1		Takom	na Park		Mont	.game:	ry	
DIRECTOR	10a. STATE 10b. COUNTY		10		WN OR LOC	ATION			10	d. INSIDE CITY LIMITS?	
	-	aic County		Cli	fton				1	YES 2 NO	
FUNERAL	100. STREET AND NUMBER 54 Beverly Hill 1	Rd.			1	07000		10g. CITIZI		T COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 X NO		If yee, s	CENDENT OF HISPAN specify Cuben, Mexice S 2 (XNO Specify	n, Puerto Ricen, etc.)	Yee or No —	4. RACE — Black, W Specify:	American Indian, hite, etc. White	
COMPLETED	15. OECEDENT'S EDUI		16e. DECED	ENT'S USU	AL OCCUPAT	TION host of working	16b. KIND OF	BUSINESS/INDU	STRY		
151	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfo. Do i	NOT use reti	ired.)	lost of working					
₩	12 years		Stud	lent			Univer	sity o	f Mar	yland	*
_	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Meio	ien Sumeme)			
H	Robert Schulze 198. INFORMANT'S NAME (Type/Print)						on Maher				
TO BE	M/M Robert Schulz	0				end Number or Rural I	Clifton,		7000		
	20e. METHOD OF DISPOSITION		20b. PLACE AND					LOCATION — C		04-4-	_
	1 🕅 Buriel 2 □ Cremetion 3 □ Rem 4 □ Donation 5 □ Other (Specify)					Cemetery :	3/1/94 C	lifton	, New	Jersey	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		22. NAME	AND ADDRESS OF FA	Funeral Directors, Inc.				
	> John K 9	Hymold,	1			Liberty			-		
П	23. PART I. Enter the diseases, or cahock, or heart feliure.	complications that cause or List only one cause or	sed tha death. n aach iine.	Do not a	inter the m	ode of dying, suc	h as cardiac or re	apiratory arre	at,	Approximate interval Between	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CARDIAC ARRI	HY1'HMIA							Onaat and De	etn
			S A CONSEQUEN	ICE OF):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b DUE TO (OR A	S A CONSEQUEN	ICE OF):						ļ 	
S	cause. Enter UNDERLYING	c.									
Ē	CAUSE (Disease or injury that initiated evants	DUE TO (OR A	S A CONSEQUEN	ICE OF):							
18	resulting in death) LAST	d									
0	PART ii. Other significant condition	s contributing to death	h but not reau	iting in th	na undertvi	ng cause given in	Part i. 24a WAS	AN AUTOPSY	24h W	RE AUTOPSY FINDIN	ice
EDICAL CE					and only	ng cause given in	PERI	ORMEO?	AM	AILABLE PRIOR TO MPLETION OF CAUSE	
							1 LLV ES	2 NO		DEATH?	
Σ.							_		'	YES 2 NO	
NA I	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF OEATN (Ch	eck only one)				
Sic	EXAMINER? 1 X YES 2 NO	HOSPITAL: 1 ☐ Inputient 2 □XER/0	outpetient 3 🗆 C		HER: Numing He	me 5 - Residence	6 Other (Specify)	-			
PHYSICIAN	27. MANNER OF DEATH	28e. DATE OF INJUR (Month, Day, Yea		b. TIME OF	28c. II	JURY AT	28d. DESCRIBE NO	W INJURY OCCU	JRED		
>	1) Natural 5 Pending 2 Accident Investigation	(Month, Day, 16a	"	INJUNI		YES 2 NO					
0 8	3 Suicide 8 Could not be	28e. PLACE OF INJU building, atc. (S	JRY — At home,	ferm, atreet	l, factory, off	Ice	281. LOCATION (Stre City or Town, St.	et end Number o	r Rural Rout	n Number,	
111	4 Homicide determined						0.17 0. 10.111, 0.1	1107			
2	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my kn	owledge, death o	occurred at	the time, de	te end place, end due	to the cause(e) end	menner ee state	d.		
COMPLETE		R: On the basis of examina								d menner ee stated	ı.
U U	29h/SIGNATURE AND TITLE OF CHAPTIFIES	11. 4				29c. LICENSE NUI	MBER	29d. DATE	SIGNED (M	onth, Day, Year)	_
O BE CO	Mounte the	youll				O.C.M.	E.	For	26	1994	
٢	Margarita A Kor									-//-	
	Margarita A. Kor 31. DATE FILED (Month, Day, Year)	P 32. BEGISTRAR'S ŞI		ein	ചെല	t, Baltin	wre, mar	ATQUQ 5	LZUJ		
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

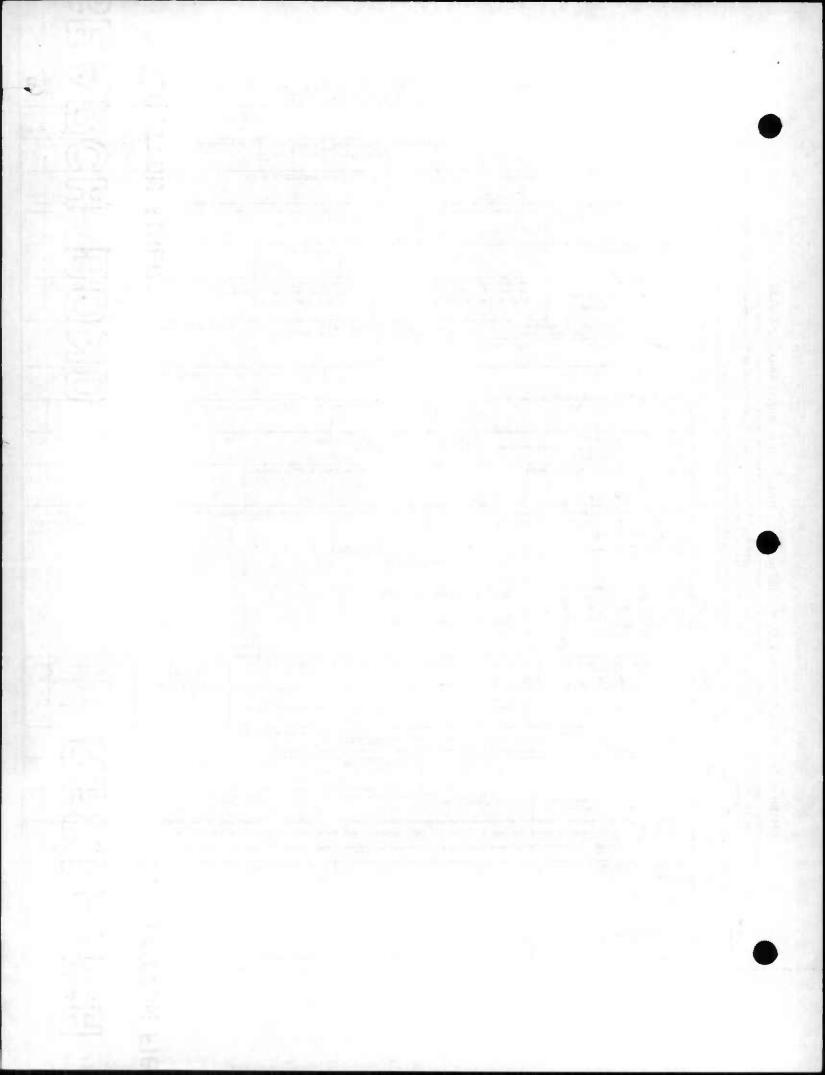


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within arours after death. Page 6 may be retained by the hospital or attent	TO THE FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filled within 72 hours after death with the State Dent. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPARTMENT MILLS NO In marked on live 90 about one fallow descendible and the modified assembled to mark the market of the second secon
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		C	ERTIFI	CATE	0	F DEAT	H		REG. NO.	

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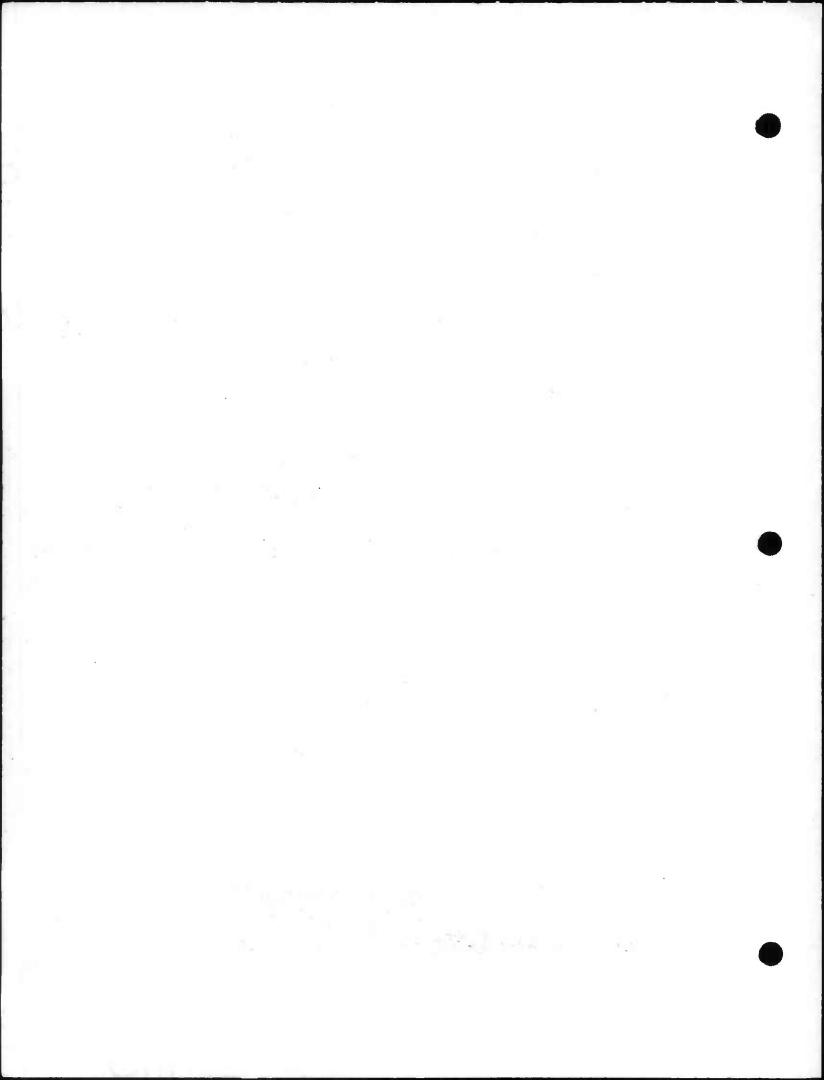
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGI		94 05873
	1. DECEDENT'S NAME (First, Middle, Last)	- T Q				2. DATE OF DEAT	H DAY	3. TIME OF DEATH
		ST EHMI				62	27 9	4 10,25A
	4. SOCIAL SECURITY NUMBER 068-09-2084A			IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	ir)	BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, give			BE CITY TOWN	OR LOCATION OF E	May 13,		Switzerland
	Northwest Hospit				allstown	ZAIII		timore
	Maryland Ba	r altimore	10e. CITY,	TOWN OR LOCA	TION Pik	esville		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	100. STREET AND NUMBER 1005 Windsor Roa	ad	K K K	10	H. ZIP CODE	208		n of what country?
	11. MARITAL STATUS 1 Never Married 2 Merried 3 🔀 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES, GIVE WAR OR D	2 1 NO	If yes, s		INIC ORIGIN? (Specifian, Puerto Rican, etc.	y Yes or No — 1	4. RACE — American Indian, Black, White, etc. Specify: White
	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	JCATION s completed) College (1-4 or 8 +)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during m	ON ost of working	16b, KIND OF	BUSINESS/INDU	STRY
9	2	2 years	Ret: Wes	tingho	use Elec	tric Co.	Engine	er
	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S N.	AME (First, Middle, Me	iden Surnama)	
	Augustus Schmidh	nauser			Bert	ha Gsell	166	1-16-1
	19e. INFORMANT'S NAME (Type/Print)					Route Number, City o		
	Mr. Ernest Schmi					ad Reist		
	20e. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Ren 4 Donation P Other (Specify)	noval from State	n.PLACE AND DATE OF metery, crematory or other ake View	Mem. P	ark	3/1 8	Sykesvil	,
	21. SIGNATURE OF TUNERAL SERVICE LE	Sovery		Lorin		Funeral I		rs, Inc.
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR AS	A CONSEQUENCE OF):		Cano	en		
1	PART II. Other algnificant condition	d. na contributing to daeth in Parlure	out not resulting in	the underlying	ig cause given in	PE	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
								1 TYES 2 HO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF OEATH (C	heck only one)		
	1 TYES 2 NO	11℃ Inpatient 2 □ ER/Out	patient 3 DOA 4	☐ Nursing Ho		8 Other (Specify)		Liphy
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIME INJUI	RY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE H	OW INJURY OCCU	RED
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, str	eet, factory, offi	60	281. LOCATION (St City or Yown, S	reet end Number or Stete)	Rural Route Number,
	one) —	HCIAN: To the best of my know ER: On the basic of examination						j. cause(e) end manner ee stated.
- 11	296, SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU			SIGNED (Month, Day, Year)
	Manuela	4	and the same of th		2404	91	102	127/94
	30. NAME AND ROBERS OF PERSON WI	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, F	Print)		1	1	
		1 AZ MEGISTHARS SIGI	ATMOS .					
	31. DATE ELLED (Month, Day,	fundament and	- Handelle					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within an inours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR 1 - STATE REGISTRAR	STATE OF MA					ALTH AND I	MENTA	L HYGIEN	_	94	05874
	1. DECEDENT'S NAME (First, Middle, Last) Kenneth L.	Steinruc	Steinrucken, Sr.					2. DATE MONT Feb			YEAR 994	3. TIME OF DEATH 9:00 PM M
	215-14-8061 1♥™2□			lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			(Month, Day, Year) Count			PLACE (State or Foreign ry) Bryland		
ron	98. FACILITY NAME (# not institution, give standard Avenual Residence of Decement		96. CITY, TOWN OR LOCATION OF DE Arbutus							y of DEATH CIMORE		
DIRECTOR		10b. COUNTY				10c. CITY, TOWN OR LOCATION Arbutus						10d. INSIDE CITY LIMITS? 1 YES XX NO
FUNERAL	100. STREET AND NUMBER 1206 Poplar Avenu	Je					21227	10g. CITIZE				NHAT COUNTRY? JSA
BY	11. MARITAL STATUS 1 Never Married 2 XXMerried 3 Widowed 4 Divorced	12. WAS DECEDENT F FORCES? 1 V IF YES, GIVE WAR	YES 2 N	RMED 13, WAS DECENDENT OF NISPAN			an, Puerto Rican, etc.)			14. RACI Blac	14. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 16a. DECEDENT'S USUAL OCCUPATION (Glaw kind of work done during most of working life. Do NOT use retired.) 17. DECEDENT'S EDUCATION (Glaw kind of work done during most of working life. Do NOT use retired.) 18. DECEDENT'S EDUCATION (Glaw kind of work done during most of working life. Do NOT use retired.) 18. DECEDENT'S USUAL OCCUPATION (Glaw kind of work done during most of working life. Do NOT use retired.)											
BE CON	17. FATNER'S NAME (First, Middle, Last) Edmund B. Steinrucken Emma Baumler											
101	19e. INFORMANT'S NAME (Type/Print) Ellen R. Steinru	ucken	:	1206	Popl	ar A	Number or Rural F	Balt	imore,	Md.	212	
	20s. METHOD OF DISPOSITION 1 (X) Burlist 2 Cremettof 3 General from State 20s. PLACE AND DATE OF DISPOSITION (Name of campiler), cremettof 1 Date 2/28 Elkridge, Maryla 20s. MAME AND ADDRESS OF FACILITY 22s. NAME AND ADDRESS OF FACILITY								wn, State Maryland			
	Gary L. Kaufman Funeral Homes 5695 Main St., Elkridge, Md. 21227											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fallers. List only one cause on esch line. IMMEDIATE CAUSE (Final disease or condition as Due to (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): d.											
MEDICAL	PERFORMED? 1 YES 2 (VNO DF DEATH?)								WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:											
PHYS	1 VES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 E	JURY	26b. TIMI	E OF	26c. INJUR WORK			SCRIBE HOW I	NJURY OC	CURED	
ВУ	2 Accident Investigation 2 DI ACE OF IN HID A							Route Number,				
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.											
TO BE CC	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 290. LICENSE NUMBER 291. DATE SIGNED (Month, Day, Mear) 291. DATE SIGNED (Month, Day, Mear) 292. LICENSE NUMBER 293. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IDENTITY See Anhard VICCOTTO), 1V1.D.											
			72		IDEN		ICE LANE					
F	EB 2 8 1994 ful	will A	SIGNATURE	TIMOI			AND 21	228				110

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ours after death. Page 6 may be retained by the hospital or attending physician.	completely filled in by the funeral director, page 5 should be detached for use as the build-transit permit. Pages 1, 2, 3 should be detached for use as the build-transit permit. Pages 1, 2, 3 should
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THE FLINEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact to the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remoral.

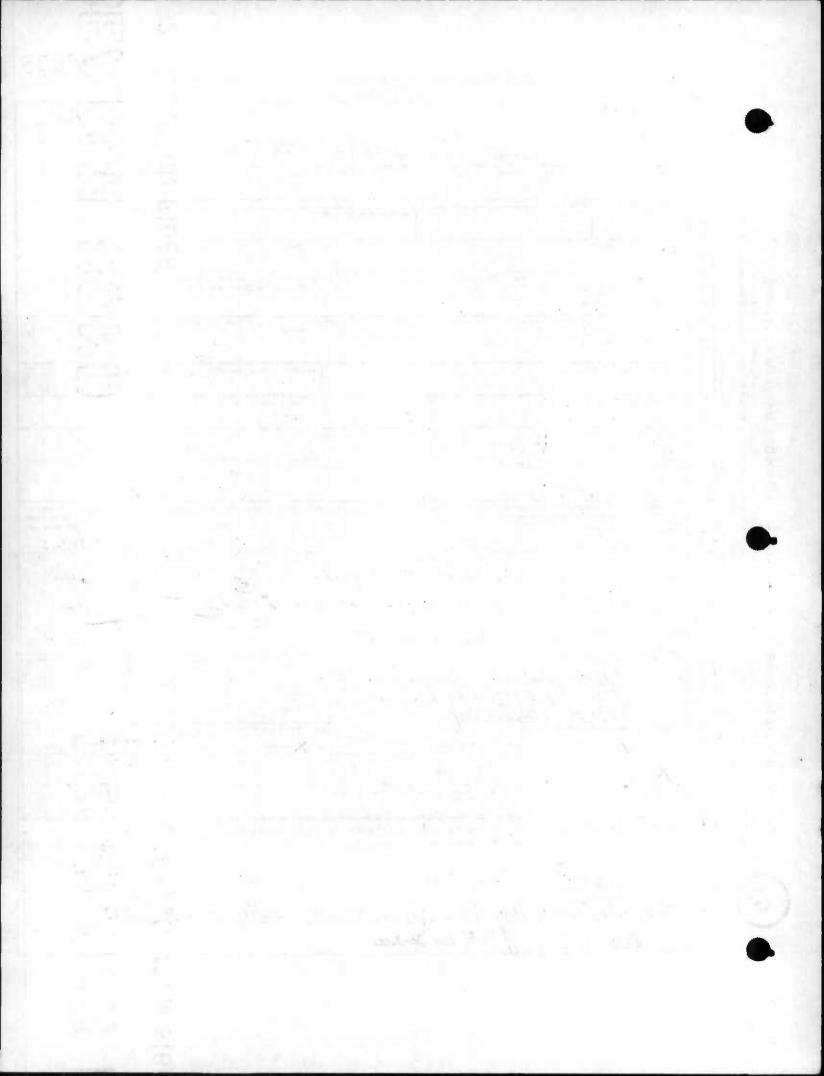
IMPORTANT: If Item 28 is marked, or item 23 shows any Inlury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, R HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEOENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY VERB 3. TIME OF DEATH													
	Michael N.				2/ 25/ 94			945 A .						
OR	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. $146-16-3063$ 1 \boxtimes M 2 \square F 68			6. AGE (In yrs. In	MONTHE		DAYS			7. DATE OF BIRTH (Month, Day, Year) 6/24/1925		BIRTHPLACE (State or Country) New Jersey		y)
	9e. FACILITY NAME (If not institution, give street and number)					9b. CITY	, TOWN	OR LOCATI	ION OF DE				NTY OF D	
	3219 Bero road				96. CITY, TOWN OR LOCATION OF DEATH Lansdowne					timo				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
DIR	Maryland Baltimore				La	nsdo	wne			Limits?			LIMITS?	
FUNERAL	100. STREET AND NUMBER							. ZIP COD		10g. CITIZEN			IZEN OF W	HAT COUNTRY?
NEF	3219 Bero	21227			U.S.			S.A.						
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 12 YES 2 IF YES, GIVE WAN OR OAT World Woar 2				NO If yes, specify Cuban, Mexican			n, Puerto Rican, etc.)				- American Indian, , whita, atc. // White		
LED	15. DEG (Specify on	CEDENT'S EDI	UCATION le completed)	n n	ECEDENT'S Give kind of	work done	CCUPATION TO THE COURT OF THE C	ON ast of worki	ing	166. KIND OF BUSINESS/INDUSTRY			DUSTRY	
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)				e. Do NOT u	ise retired.)				department store				
OMF	12 4 Mai 17. FATHER'S NAME (First, Middle, Last)					anager/ Retail				-		Sto	re	
EC	Michael N. Salamon					18. MOTHER'S NAME (FIR Anna Furma					o, aviancioni c	Surneme)		
TO B	19a. INFORMANT'S NAME (MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
F	Louise Sala								ınsdo	owne, MD 21227				
					CE AND DATE OF DISPOSITION /Name of			Dark	DATE 20c LOCATION - City of					
	4 Donation 5 (2-Other (Specific Internal Meack 21. SIGNATURE OF FUNERAL SERVICE LICENSEE					Wridge Memorial Park Dorsey, Maryla						yland		
	0 (20-4						Ambrose F.H. of Lansdowne							
	2719 Hammonds Ferry Road 21227 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
N: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and Death NOWS DUE TO (OR AS, A CONSEQUENCE OF): DIA DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): VEQUENCE OF THE PROPERTY OF THE PROP													
	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. (harmit Obstructive Pulmonay Disease. Lung Mass presumed lung cancer. Renal Insufficiency. 244. WAS AN AUTOPSY FINDINGS MAILLABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO 1 YES 2 NO													
SIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO													
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)										28d. DESCRIBE HOW INJURY OCCURED			
BY	1 Natural 5 Pending 2 Accident Investigation						M 1 YES 2 NO							
9	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, State) 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)									loute Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
TO BE	30. NAME AND ADDRESS O	riglas	- King	MD	EM 273 /3-	a Reject		D	445	29		▶ 8	2/25	5/94
	J. Douglas	10	- 11-	4600 11	111/6	us A	1/10/	11.	Bal	Homoro	N	D :	מכנונ	9
	31. DATE FILED (Month, Day,	Year)	32. REBISTRA	AR'S SIGNATURE	Rande	10 //	VOIL	,	- Pul	1111016	1	9	ilaa.	
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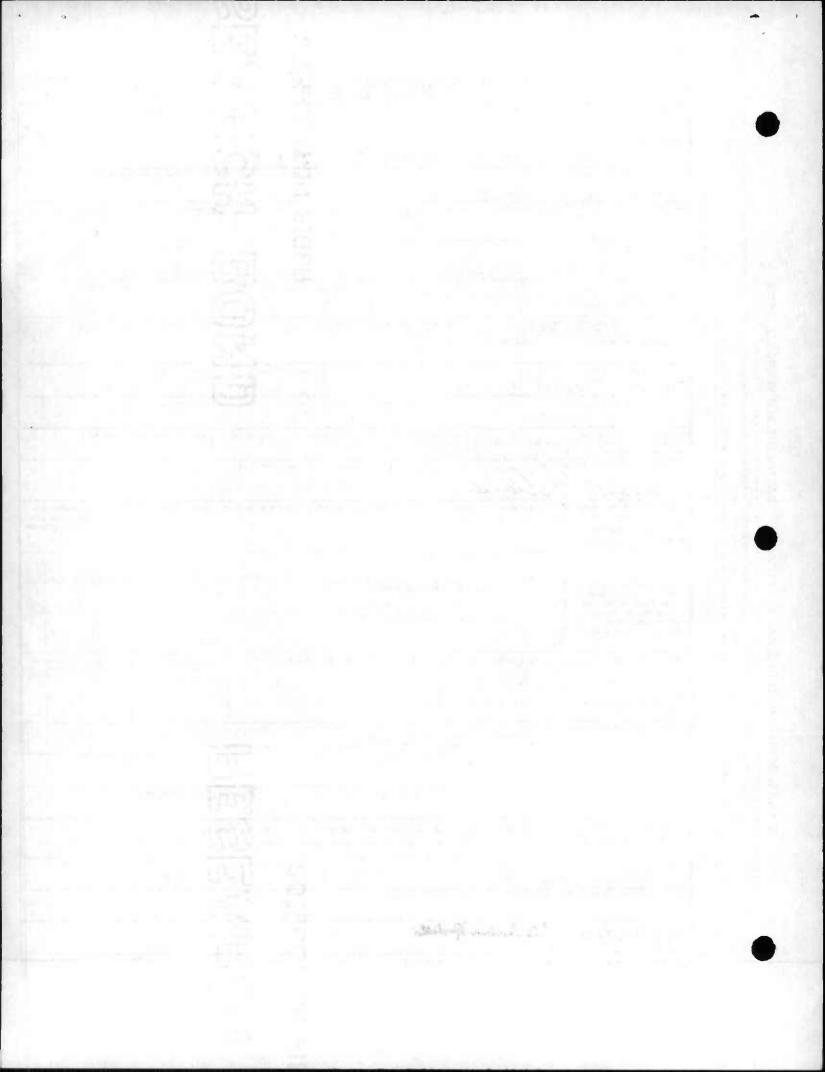


G	DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
的东西即	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	the law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE OWNER	MECTOR: After this certificate has been signed by the attending physician and complete	LINECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tion, or removal.
THATOOUR	IDANTANY. If form 20 is morehand so them 22 shows now intime, or other formering the smallest averages must be mailting at some	the english accompany entired he addited at come

1 •	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF				MENTA	REG. NO.		14	0587
1. Di	ECEDENT'S NAME (First, Middle, Las COCC I'N C						2. DATI	E OF DEATH	27 9	EAR 3	TIME OF DEATH
	OCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		th, Day, Year)	0.	BIRTHPL Country)	ACE (State or Foreign
	19-22-9844	1 🗆 M 2 💯 F	65 YRS.					/10/28		aryl	
14 773	FACILITY NAME (If not institution, gives		14-7			R LOCATION OF E	EATH		9c. COUNT	Y OF DEA	ТН
Ur REI 10a.	niversity of Ma	aryland Hospi	itai	Ва	ltim	ore					
10a.	STATE 10b. COU			Y, TOWN C						1	od. INSIDE CITY
	Carı	roll	H	Elder	sbur	g				1	☐ YES 2 🖾 NO
	10s. STREET AND NUMBER					ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
	317 Georgetown					1784			U.S.A.		
	ARITAL STATUS Never Married 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifilityee, specify Cuban, Maxican, Puerto Rican, etc. 1 ☐ YES 2 ☒ NO Specify:				Black, White, etc. Specify:		
	15. DECEDENT'S E	16a. DECEDENT'S	NT'S USUAL OCCUPATION 16b. KIND OF BI					USINESS/INDUSTRY White			
17. F	Elementary/Secondary (0-12) College (1-4 or 5 +) Iffe. Do NOT					use retired.)					
	12		Home	emaker Self							
	ATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAME (First, Middle, Meiden Surneme)							
John Wehn					unknown						
	INFORMANT'S NAME (Type/Print)	100	AILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 22 Carroll Avenue, Baltimore, MD 21227								
	Sruce Setherley			_			Balt			2122	
104	Buriel 2 Cremation 3 R		20b. PLACE AND DATE cemetery, crematory or c	other place)			1		ATION CIT		
	IGNATURE OF FUNERAL SERVICE	LICENSIDE	Corraine I	ark	Ceme	tery	ACILITY.	/ Z Syke	SVIII	e, M	laryland
1	1328 Sulphur Spring Rd., Arbutus, MD 2122										
1	PART I. Enter the diseases, o	/		13	328 5	Sulphur	Spri	ng Rd.,	Arbu	tus	MD 212
cau CAL that	quentially list conditions, ny, leading to immediate lise. Enter UNDERLYING USE (Disease or injury t initiated events ulting in death) LAST	b. A CLU DUE TO (OR A	AS A CONSEQUENCE OF	Kev	NICA						
PAF	RT II. Other algnificent condit	ions contributing to deat	h but not reaulting	in the un	derlying	ceuse given in	Part i.	24a. WAS AN A PERFORI	MED?	C	PERE AUTOPSY FINDIVALABLE PRIOR TO OMPLETION OF CAU F DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 VES 2 NO 1 A Inpatient 2 ER/Outpettent 3 DOA A Nursing Home 5 Residence 8 Other (Specify)											
	EXAMINER?	HOSPITAL: OTHER:									
-	ANNER OF DEATH	1 Inpatient 2 ER/C			alng Home	5 Residence	_	er (Specify) SCRIBE HOW IN	ILIEN OCCU	DED	
	☑ Natural 5 ☐ Pending	(Month, Day, Yea		JURY	WOF		200. DE	SCHIBE NOW IN	JORY OCCU	NEU	
	Accident investigated Suicide 6 Could not I determined	28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) City or Town. State)								ite Number,	
	29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(e) and menner se stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(e) and manner as stated.										
29e.	SIGNATURE AND TITLE OF CERTIF	FIER				29c. LICENSE NU	IMBER		29d. DATE S	IGNED (A	fonth, Day, Year)
	11/100	17/1	MI	7		670	91		1 6	1/27	7/94
	NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type		en	St B	Balt	MD.	ala	101	
31. D	ATE FILED (Month, Day, Year)	32 REGISTRAR'S S	LONIATION.					V Sagar	,		
N.	FEB 2 8 1994	June buil	son-pandell	•							



	1 - STATE REGISTRAR			NT OF HEALTH AND TE OF DEATH		REG. NO.	0307
	1. DECEDENT'S NAME (First, Middle, Last Thompson 4. SOCIAL SECURITY NUMBER	T Boby Gi	~//	OMPSON DER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MH.	2. DATE OF MONTH 7. DATE OF (Month, Date of the control of the co	ly, Year)	3. TIME OF OEAR SOCIETY BIRTHPLACE (State or Ficunity)
DIRECTOR	9a. FACILITY NAME (II not institution, give Mercy Md. CQ/ RESIDENCE OF DECEDENT 10s. STATE 10b. COUN	Confer	E	Ba Himore (y of DEATH na
ERAL	Maryland 100. STREET AND NUMBER 1916 E 34	na		altimore 101. ZIP CODE	1218		10d. INSIDE CITY MITS? 1 YES 2 N OF WHAT COUNTRY?
BY FUN	11. MARHYAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	ZNO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spec	can, Puerto Rica	specify Yss or No- 14	I. RACE — American India Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S ED (Specify only highest grau Elementary/Secondary (0-12)		e. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	one during most of working	16b. KII	NO OF BUSINESS/INDUS	STRY
BE	17. FATHER'S NAME (First, Middle, Last) Timothy Terr 19a. INFORMANT'S NAME (Type/Print)	rel Brown	T 105 MAII ING ADDO	18. MOTHER'S P	effe	Ne, Meiden Surname)	
0	Jozette Thomps		1916 I	E. 31st St		O, MD2121 20c. LOCATION — CH	8
	21. BIGHATURE OF FUNETAL SERVICE I	r complications that caused th	6	555W.Baltin	oreSt	,Balto,M	
	/	e. List only one cause on each	Ilne.	ner the mode of dying, so	icii ve cordiac		interval B
CERTIFICATION	AMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO	Premature of: A Distonsequence of: A Character of the consequence of:	vity vess Syn			interval B Onset and gince
MEDICAL CERTIFI	MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO	Premature of: y Distribute of: dramic onsequence of:	vity vess Syn	dvome		24b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION DF OF DEATH?
MEDICAL CERTIFI	MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficient conditions.	DUE TO (OR AS A CO b. Respirator DUE TO (OR AS A CO c. Oligohy DUE TO (OR AS A CO d. Ons contributing to deeth but	Premature of: A Lamic ONSEQUENCE OF): A Lamic ONSEQUENCE OF): not resulting in the	underlying cause given in terms.	n Part I. 24	a. WAS AN AUTOPSY PERFORMED? YES 2 MO	PLEVAL 24b. WERE AUTOPSY FI AMILABLE PRIOR COMPLETION DE
AL CERTIFI	MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending investigation of the conditions of the con	DUE TO (OR AS A CO b. Respivatou DUE TO (OR AS A CO c. Oligohy DUE TO (OR AS A CO d. Ons contributing to deeth but to Nons contributing to deeth but to ER/Outpatie 28a. DATE OF INJURY (Morth, Day, Year)	DISEQUENCE OF): A LA MUTIC ONSEQUENCE OF): A LA MUTIC ONSEQUENCE OF): The sequence of the	28. PLACE OF DEATH (1 LER: Nursing Home 5 Residence 26. INJURY AT WORK? 1 YES 2 NO	n Part I. 24	a. WAS AN AUTOPSY PERFORMED? YES 2 NO DOCATO	24b. WERE AUTOPSY F ARRLABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2 1
PHYSICIAN: MEDICAL CERTIFI	MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if emy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the conditions of th	DUE TO (OR AS A CO b. Respivatou DUE TO (OR AS A CO c. Oligohy DUE TO (OR AS A CO d. Ons contributing to deeth but to Nons contributing to deeth but to ER/Outpatie 28a. DATE OF INJURY (Morth, Day, Year)	Premature of: Distributed of: A a muic onsequence of: A a muic onsequence of: I a muic onsequence of: Done of a muic onsequence of: and a muic onsequence of: Done of a muic onsequ	26. PLACE OF DEATH (1 LER: Nursing Home 5 Residence WORK? 1 YES 2 NO fectory, offics	n Part I. 24 Check only one) 6 Other (S) 28d. DESCRI	a. WAS AN AUTOPSY PERFORMED? VES 2 NO DOC/IY) BE HOW INJURY OCCU ON (Street and Number or own, State)	24b. WERE AUTOPSY FI AMILABLE PRIOR COMPLETION OF CO OP DEATH? 1 YES 2 1

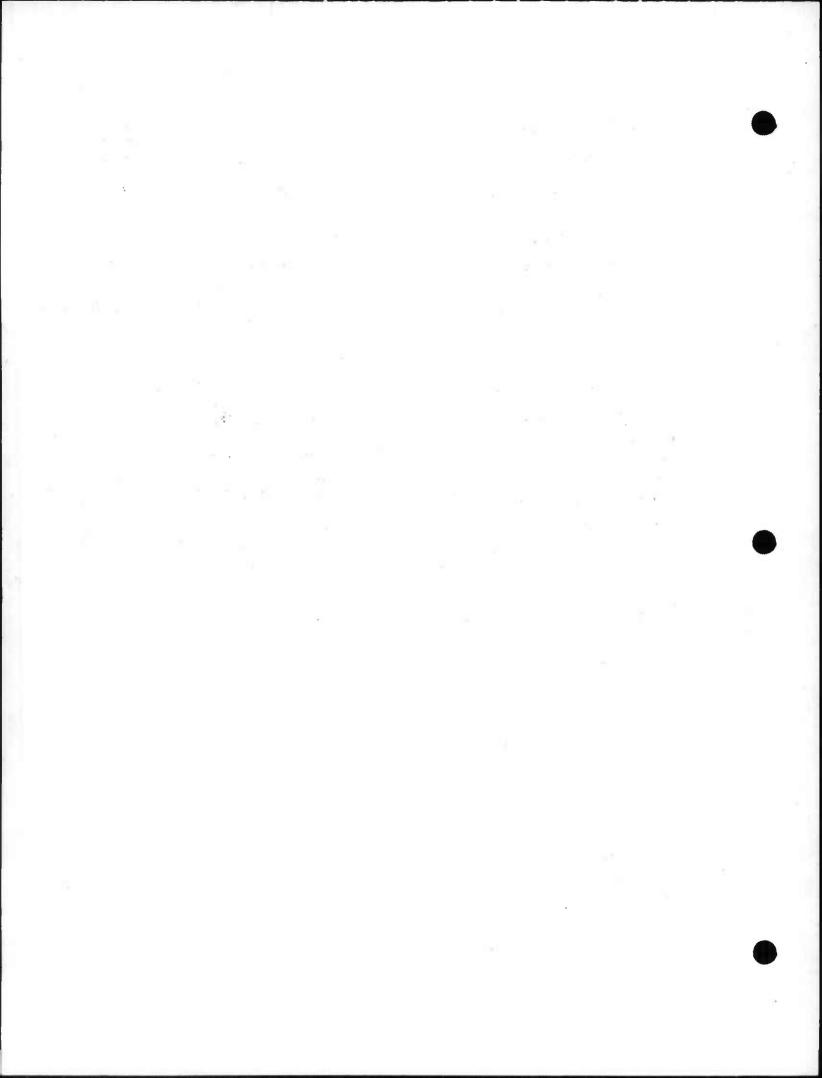


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DIVISION OF VITAL

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מ	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire	be fied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner in
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DIVISION OF VITAL RECORDS, P.O. DOA 66/60.	d with	omplete	I, crem	event
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	1 - FOR STATE REGISTRAR	OF MARYLAND / DEPARTMI CERTIFICA	ENT OF HEALTH AND MEI TE OF DEATH	NTAL HYGIENE REG. NO.	94 05878					
	1. DECEDENT'S NAME (First, Middle, Lest) BETTY ANN THU	mma		DATE OF DEATH DAY OZ Z3	YEAR 1142 PM					
1000	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2 \$	F 53 YRS. MONT		North, Day, Year)	BIRTHPLACE (State or Foreign Country) Virginia					
TOR	98. FACILITY NAME (If not institution, give street and number FAUSTON GENERAL HOS RESIDENCE OF DECEDENT	pital	CITY, TOWN OR LOCATION OF DEATH FALLSTON		TY OF DEATH ARFORIS					
DIRECTOR	10a. STATE 10b. COUNTY M 1) Harfo:	·	wn or location Edgewood	3	10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	10e. STREET AND NUMBER 603 Lake Ave.		101. ZIP CODE 21040	10g. CITIZ	10g. CITIZEN OF WHAT COUNTRY? USA					
BY FUNI	11. MARITAL STATUS 12. WAS DEC	EDENT EVER IN U.S. ARMED 1 YES 2 X NO IVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC Of II yes, specify Cuban, Maxican, Pt. 1 YES 2X NO Specify:	RIGIN? (Specify Yas or No— earto Rican, etc.)	14. RACE — American Indian, Black, Whita, atc. Specify: White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 2 th College (1-4)	life Do NOT use retir	ISUAL OCCUPATION ork done during most of working retired.) 16b. KIND OF BUSINESS/INDUSTRY							
СОМІ	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Middle, Maiden Surname)						
101	James E. Mau			Mae Kersey						
TO BE	Mitchell Thumma		ness (Street and Number or Flural Route ake Ave. Edge							
	20a. METHOD OF DISPOSITION 1									
	22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Essex 300 Mace Ave. Baltimore Md. 21221									
	23. PART I. Enter the diseptes, or complication shock, or heart failure. List only on IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e causte on aach iine.	nter the mode of dying, such se		interval Between					
NO	Sequentially list conditions, DUE TO (OR AS A CONFOURNIE OF) Sequentially list conditions,									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing	ig to death out not resulting in the	s underlying ceuee given in Pari	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
HYS			Nursing Home 5 - Rasidenca 6 -	Other (Specify) I. DESCRIBE HOW INJURY OCCU	:DED					
BY PI	1 Netural 5 Pending (Mo	nth, Day, Year) INJURY	WORK?	. DEGOTIBE NOW INCOME OCCU	, and the second					
	28a. PLACE OF INJURY — At home, farm, street, lactory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, lactory, office City or Town, State)									
COMPLET	Annual Annual I	eat of my knowledge, death occurred at it								
TO BE CO	286. SIGNATURE AND TITLE OF CERTIFIER	Hending	200 CONSUNSUNSUNSUES DIGU	44 × 2	SIGNED (Moorn, Day May)					
	30. NAME AND ASSOCIATION WHO COMPLETES	-M) 211	2 Bolow	Rold - In	Mata 472704					
	31. DATE FILED (Month, Day, Year) FEB 2 8 1994 FUNDAMENTAL STATES OF THE STATES OF T	ISTRAR'S SIGNATURE								



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BALTIMORE, MARYLAND 21215-0020	ther death. Page 6 may be retained by the hospital or attending physician.	y the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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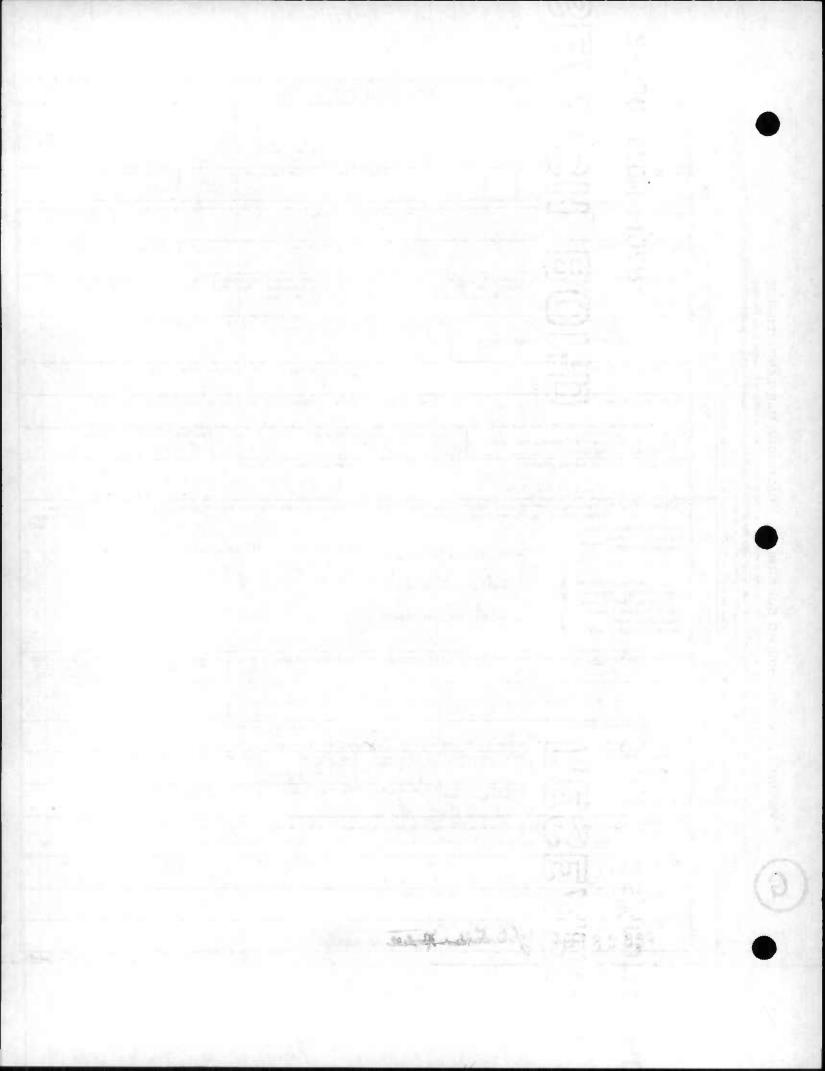
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more I OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1. DECEDENT'S NA	R AME (First, Middle, Last)			-NIII	ICATE OF	DEATH	2. DATE	REG. NO			3. TIME OF DEATH
al.	ra Thom	2222					MON	TH C	DAY T	YEAR	
4. SOCIAL SECURI	TY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE	OF BIRTH	2/	9.4 a. BIRT	HPLACE (State or Foreign
220-40	6-8269	1 🗆 M 2 💢 F	87	YRS.	MONTHS DAYS	HOURS MIN.	8-	12-19	906	M	aryland
9e. FACILITY NAME	E (If not institution, give	etreet end number)			96. CITY, TOWN	OR LOCATION OF		, ,	9c. COU		
Riverv	view Nur	sing Cer	ntre,Ir	nc.	Balti	more			Ba	ilt	imore
Md.	Ba.L	timore			altimo		T-1	4.84			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
138 L	NUMBER ariat Ra	<i>'</i> .			10	1. ZIP CODE 2/220		MILL	100	S. t	WHAT COUNTRY?
11. MARITAL STATU 1 Never Merried 3 X Widowed 4	d 2 Merried		IT EVER IN U.S. AF YES 2 XI MAR OR DATES		If yes, s	CENDENT OF HISE pecify Cuben, Mex 3 2 10 NO Spe	can, Puerto	IN? (Specify Ye Rican, etc.)	s or No—	Blac	CE - American Indian, ck, White, etc.
	15. DECEDENT'S EDI	JCATION	16a Df	CEDENT'S	USUAL OCCUPATI	ON	146	b. KIND OF BL	ICINESS/IND	HICTOV	***************************************
(S) Elementary/Sec	pecify only highest grad	completed) College (1-4 or 5	(G	ilve kind of a b. Do NOT u	work done during m	ost of working	10	Home	Joiness/Ind	JOSTRY	
	E (First, Middle, Last) el Regle	. n				18. MOTHER'S			Sumame)		
19a. INFORMANT'S		CONTRACT.		6. MAILING	Laniat	and Number or Run	ni Floute Nun	nber, City or Tox			
20e. METHOD OF E	DISPOSITION Cremetion 3 - Ren				OF DISPOSITION (N		DA	TE 20c. L	OCATION -	City or T	
			11 1	0	(ner place)) K	. / 4	M	J
		CENSEE	Holy	Reo	eemen 22 NAME A	ND ADDRESS OF	FACILITY	3 Bo			
	FUNERAL SERVICE L	CENSEE	Holy	Reo	eemen 22 NAME A	ND ADDRESS OF Ley Mi Har Lo	FACILITY				
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IO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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1.	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	ATE OF	REG. N	0.	74	IME OF DEATH			
	Katherine		Vetri			MONTE eb 2		EAR 1	0:35 am		
	4. SOCIAL SECURITY NUMBER 217-07-7001	1 □ M 2 🔀 F	83 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept 25	,1910	Mar	yland		
OR	99. FACILITY NAME (If not institution, give st Saint Joseph Hospi		98		BON, MARY		9c. COUNTY	OF DEATH	e		
DIRECTOR	nesidence of decedent 10a. STATE 10b. COUNTY Md. Bal	timore	10c. CITY, T	OWN OR LOCAT	TION				INSIDE CITY LIMITS?		
FUNERAL	100. STREET AND NUMBER 4846 Wright Av			101	21205		10g. CITIZEN		-		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe		IIC ORIGIN? (Specify) n, Puerto Ricen, etc.)	aa or No- 14	. RACE — A Black, Whi Specify:	merican Indian, te, etc. White		
PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of work life. Do NOT use re Housewif	done during mo: tired.)	ON st of working	16b. KIND OF B	USINESS/INDUS	ТЯУ			
COMPLE	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	n Sumeme)		: -		
BE (Isaac Ensor					le Bull			 -		
٥	Phyllis Irelan	ıd				Noute Number City or R .ltimore			5		
	20s METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State 20b.	PLACE AND DATE OF CONTROL OF CONT	place) (eemer	nme of		ocation - chy				
	21. SIGNATURE OF FUNERAL SERVICE LIC	Connel	Der	7110	Soller	neral Hos Pt Rd	Dund	a1k			
	IMMEDIATE CAUSE (Final	. Renal Carcino	achille.	enter the mo	de oi dying, auci	n aa cerdlec or rea	piratory arrest		Approximate Interval Between Onset and De 5 Yrs.		
2		bue to (or as a	consequence of):						5 Yra.		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF):										
ERT	monthly to death) I ACT	Isohemio Hear	t Disease						5 Yrs.		
MEDICAL	PART ii. Other aignificent condition	a contributing to deeth b	ut not reaulting in t	ha underlying	g ceuse given in		ORMED?	COM OF D	E AUTOPSY FINDIN ABLE PRIOR TO PLETION OF CAUSI EATH? YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpellant 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)										
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ	RK?	28d. DESCRIBE HOW	INJURY OCCUR	ED			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	YES 2 NO No 281. LOCATION (Street end Number or Rural Route Number, City of Rown, State)				Number,			
	4 Homicide determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and pisce, and due to the cause(a) and menner as stated.										
<u> </u>	2 MEDICAL EXAMINER: On the beele of axemination end/or investigation, in my opinion, death occurred at the time, data and place, and due to										
BE COMPLET	29b. SIGNATURE AND TITLE OF CERTIFIER		/					GNED (Month, Day, Year) -25-94			

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ALTIMORE, MARYLAND 21215-0020	leath. Page 6 may be retained by the hospital or attending physician.	funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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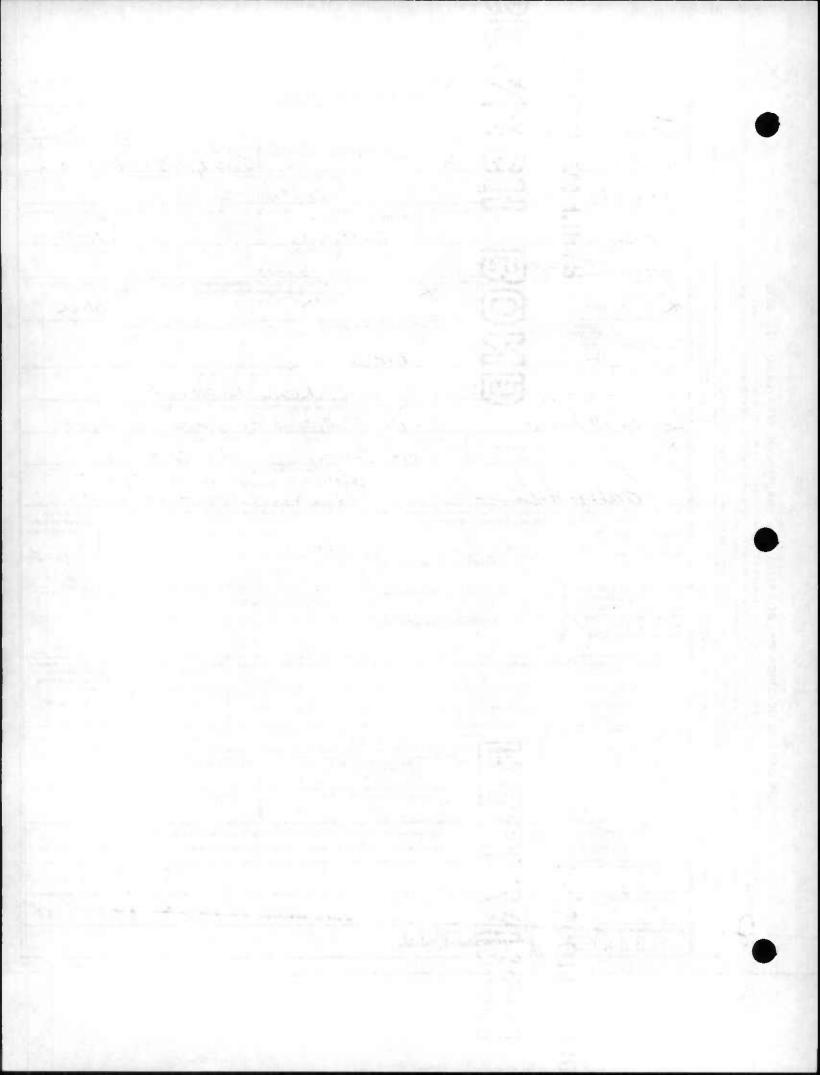
DIVISION OF VITAL RECORDS P.O. BOX 68760

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.
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	1. DECEDENT'S NAME TO SERVICE STATE OF THE PERSON OF THE P
	4. SOCIAL SECURIT
	So. FACILITY NAME

STATE OF MARYLAND / DEPARTMENT DF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TIEGIOTIVALI			OLIVIII I	OAIL OI	DEATH	MEG. NO	J			
1. DECEDENT'S NAME (First, Midd	G. WALL	KER				2. DATE OF DEATH	DAY KK	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
217-14-237	1 M 2 19		YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	4 -	Country)		
Se. FACILITY NAME (If not institution				Ab COTO TOWN	OR LOCATION OF E	JUNE 1,1	907 Sec COUNTY	MARYIANG		
	71 1	N		W. CITT, TOWN	BAITI	MAC A CO	96. COUNTY	OF DEATH		
RESIDENCE OF DECEDI	Tephens	C7.			DPITI	nore				
	COUNTY		10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY		
ma				Ralti	make.			LIMITS?		
					norc		10a CITIZEN	OF WHAT COUNTRY?		
11111 5+	Stephens	Ct.			0101	1	log. Citizen	A .		
10e. STREET AND NUMBER 24// St. 11. MARITAL STATUS					4141	Ø	145	17		
	FORCES?		NHMED			NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	es or No 14.	RACE - American Indian, Black, White, atc.		
3 Widowed 4 Divorced	IF YES, GI	VE WAR OR DATES		1 TYES	3 2 NO Spec	lfy:		Specify: Black		
-	T'S EDUCATION	140-	DESCRIPTION	USUAL OCCUPATI			- 1			
(Specify only high	eat grade completed)	108.		rork done during m		16b. KIND OF B	USINESS/INDUS	TRY		
Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle,	College (1-4	or 5+)	m	117						
13-			///	MIU						
	Lest)	1.1-			16. MOTHER'S N	AME (First, Middle, Meide	n Sumame)			
15		Vilson			KOSIC	KODIN	SON			
19a. INFORMANT'S NAME (Type/P)	3" 11		19b. MAILING	ADDRESS (Street	and Number or Rura	Route Number, City or To	wn, State, Zip Co	de)		
LCONA 111.E	PKer		2411	51. St	phens (t. BAI	10.1 Ma	21216		
20a, METHOD OF DISPOSITION 1 A Burial 2 Cremation 3	□ Removal team Pt-1			FDISPOSITION (N	ame of		OCATION — City	or Town, State		
4 Donation 6 Other (Spec		cemetery,	crematory or of	CAINT	ry Cem	3-1	Balto.	Md.		
21. SIGNATURE OF FUNERAL SER	VICE LICENSEE			22. NAME A	ND ADDRESS OF	ACILITY		C F H.		
1	11			Will	iam C.B.	LOWN COM	munit	7 7.1		
23. PART i. Enter the disees	14.De			120	6 W.1	NORTH A	que,	BALTO, Md.		
resulting in death)	disease or condition resulting in death) a. Gastra Cascarowa Due to (or as a consequence of):									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DU	DUE TO (OR AS A CONSEQUENCE OF):								
	d									
	enditiona contribution	g to death but no	ot resulting i	n the underlyin	ig cause given i		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDIN		
PART II. Other aignificant of						1 TYES		COMPLETION OF CAUS OF DEATH?		
								1 YES 2 AND		
25. WAS CASE REFERRED TO ME EXAMINER? 1 VES 2 MANNER OF DEATH	DICAL	-		26 P	LACE OF DEATH (C	(heck only one)		<u></u>		
EXAMINER?	HOSPITAL		2 🗆 🗆	OTHER:	ng Home 5 - Rasidence 8 - Other (Specify) 14050 CC					
27. MANNER OF DEATH		2 ER/Outpatient	26b. TIM		ne 5 ⊔ Rasidence JURY AT	29d. DESCRIBE HOW				
	(Mor	oth, Day, Year)		URY W	DRK?	294. DESCRIBE NOW	MUJUUT OCCUR			
2 Accident Invest	Igation	00.00 111.11111			YES 2 NO					
	not be bull-	CE OF INJURY — At ding, atc. (Specify)	nome, farm, a	treet, factory, offic	00	28f. LOCATION (Stree City or Town, State	t and Number or i	Rural Route Number,		
The state of the s										
one) —						e to the cause(s) and m		euse(s) and manner as states		
296. SIGNATURE AND TITLE OF					29c. LICENSE NU			E F ME L - CHE		
296. SIGNATURE AND TITLE OF C	111				A LIVENSE NO	/	290. DATE 81	IGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PER	SON WHO COURS ETT	CAUSE OF DEATH O	TEM AT G	O-let's	100	443/	-	1-2.11		
	e la ber	A	Z 1 (1)/	11 -1	Lank	15 Ba	E.	14.12150		
		-	100	msn	Men	10 111	- 0 0			
FFB 2 8 199	1 STATE OF	CHRAR'S SIGNATURE	de se		/					
# 1 LU 6 X 133	7 /3		A. A.							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within "Surs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlai-th be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlai, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF B	AADVI AND /	DEDAG	TMENT OF A	JEAITU	AND	MENTAL	UVCIENI		4	05882	
	1 - STATE REGISTRAR 1. DECEOENT'S NAME (First, Middle, Last)		CI	ERTIF	ICATE OF				REG. NO.	-	11	. TIME OF DEATH	
1 18	Certis	CURTIS	LEE	i	WELSH			MONTH		- 9	EAR /	2:45 A	м
- 0				st birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	-	OF BIRTH		-	ACE (State or Foreign	
	212-03-7198	1 X M 2 - F	86	YRS.	MONTHS DAYS	HOURS	MIN.		Day, Year)	7	Mary)	/land	
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b, CITY, TOWN	OR LOCATI	ON OF D		10-130	9c. COUNT			_
<u>«</u>		,							23				
DIRECTOR	Charlotte Hall				Charlo	Jule	паті			31.	Mar		_
H H	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCA	TION					10	Dd. INSIDE CITY	
5 E	Maryland Anne	Arunde1		M	lillersv	ille					1	☐ YES 2 NO	
4	10e. STREET AND NUMBER				10	1. ZIP COO	E			10g. CITIZE	N OF WH	AT COUNTRY?	
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5	11. MARITAL STATUS	12. WAS OECEDEN	T EVER IN U.S. AF	RMED	13. WAS DE	CENOENT (OF HISPA	NIC ORIGIN	? (Specify Yea	or No- 1	I, RACE -	- American Indian, White, etc.	
BY F	1 Never Married 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE W	MR OR DATES	NO		2 X NO			wen, eu.,		Specify:		
			WW II									White	
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G	ECEDENT'S live kind of a. Do NOT u	Work done during m	ON ost of worki	ng	16b.	KIND OF BUS	INESS/INDU	STRY		
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COMPLETED	8 yr's		PC)S Ld I	Clerk	I				Offi	ce		
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BE	19a, INFORMANT'S NAME (Type/Print)	111.										miner man	_
2	Mrs. Lois W. Coo	nc	19		ame as		r or Humi	Houte Numi	oer, City or lowi	1, Stelle, ZID C	000)		
	20s. METHOD OF DISPOSITION	113	001 01405		E OF DISPOSITION			OAT	- Tana 100	CATION — CI	Tower	Paris	
	1 M Buriel 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State			y or other place) y Valley		2/2	1					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Doul I							Tir				1 /
	014114	L Paul	. Hartsoo	JK, Ur.								yland 2121	. 4
Ш	tank & stant	our 18										ord Rd.	
	23. PART I. Enter the diseases, or canock, or heart fellure.	omplications the	t ceused the deuse on each line	eth. Do	not enter the m	ode of dy	ing, aud	ch as card	ilac or respi	retory arre	nt,	Approximate Interval Between	п
	IMMEDIATE CAUSE (Final	resident stations										Onset and Deat	
	disease or condition resulting in deeth)	Acu	Acute Respiratory Failur.										
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Z	Sequentially list conditions,	AS	SCVD										_
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ERTIFICATION	that initiated events resulting in deeth) LAST	002 10	(On AS A CONSE	QUENCE (AT):								
员员		d									-	+	-
اید	PART II. Other algnificant condition	e contributing to	deeth but not	reaulting	In the underlyle	ng ceuse	given ir	Part I.	24a. WAS AN			VERE AUTOPSY FINDINGS	s
MEDICAL								425	PERFOR		0	WAILABLE PRIOR TO COMPLETION OF CAUSE	
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. 1	PLACE OF	DEATH (C	heck only or	ne)				_
18	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient	3 DOA	OTHER:	me 5 🗆 B	asidence	6 □ Othe	er (Specify)				
Ŧ	27. MANNER OF OEATH	28a. DATE OF		28b. Til	ME OF 28c, IN	JURY AT		v	SCRIBE HOW I	NJURY OCCL	JREO		_
	1 Natural 5 Pending	(Month, I	Jay, rear)			YES 2	□ NO	-					
) BY	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE (OF INJURY — At h	ome, ferm,	street, factory, off	lca		261. LOC	ATION (Street	and Number o	r Rurel Ro	ute Number,	
9	4 Homicide determined	ounding.	, atc. (Specify)					City	or Town, State)				
Ë	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heet o	f my knowledge d	leath occur	rad at the time de	te and nice	a and du	n to the co	use(a) and mad	Oner as state	4.		_
OMPLET	(Check only one) 2 MEDICAL EXAMINE											and menner as stated.	
8			1		, ,								
HB HB	29b. SIGNATURE AND TITLE OF CERTIFIE	1	7/			29c. LIC	ENSE NU	MBER A		29d. DATE	SIGNED (Month, Day, Year)	
2	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED C	ISE OF DEATH #T	EM 27 /7-	on Orient)	+0	33	10)	>	ల	1.73	> 77	_
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FEB 2 8 1994

3/ AUGISTMA'S SIGNATURE JUNE THEM SEA PANGLER

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

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YEAR Feb. 25, 1994 Wiggett 3:22am • 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 🗌 M 2 😡 F DAYS HOURS Aprill9,1914 Massachusetts 214-30-4146 79 detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 617 Norris Lane Baltimore Essex 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Essex 1 YES ZE NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g CITIZEN OF WHAT COUNTRYS 617 Norris Lane 21221 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black. White, atc. 1 Never Married 2 Married IF YES, GIYE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working Elementary/Secondary (0-12) College (1-4 or 5+) 12th Clerica1 once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) funeral director, page 5 should be te Alexander Calvert Helen MArtin notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Elworth Wiggett 617 Norris Lane Baltimore MD. 21221 90 20a. METHOD OF DISPOSITION
1 Description | Burtal | 2 Cremation | 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must 1 Buriel 2 Cremation 3 4 Donation 5 Other (Specify) St. John scatholicCemetery Hydes Maryland examiner SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Essex filled in by the fi 300 Mace Ave. BAltimore Md. the medical 23. PART I. Enter the difference, or complications that coursed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hyart fellure. List only one course on each line. Approximata interval Batween Onset and Death **IMMEDIATE CAUSE (Fine)** cremation, disease or condition completely resulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) attending physician and com antal Hygiene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST certificate has been signed by the atter h the State Dept. of Health and Mental i 23 shows any injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 HO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO Hem 26. PLACE OF OEATH (Check only one) OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Ing Home 5 Residence 6 - Other (Specify) 0 27. MANNER OF DEATH DATE OF INJUSY with b 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural INJURY М 1 YES 2 NO BY death THE HOSPITAL OR ATTENDING THE FUNERAL DIRECTOR: After filed within 72 hours after death 2 Accident 28e. PLINCE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 90 3 Suicide 8 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide item 28 29a. CERTIFIER

(Chack only

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) and manner as stated. TO THE FUNERAL ID THE FUNERAL ID BE filed within 72 h 2 MEDICAL EXAMINER: On the basis of exami atigation, in my opinion, death occured at the time, date and place, end due to the cause(e) and manner ea stated. 29c. LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CERTIFIER attending. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print) 7.6.5C 31. DATE FILED (Month, Day, who Levidson FEB 2 8 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

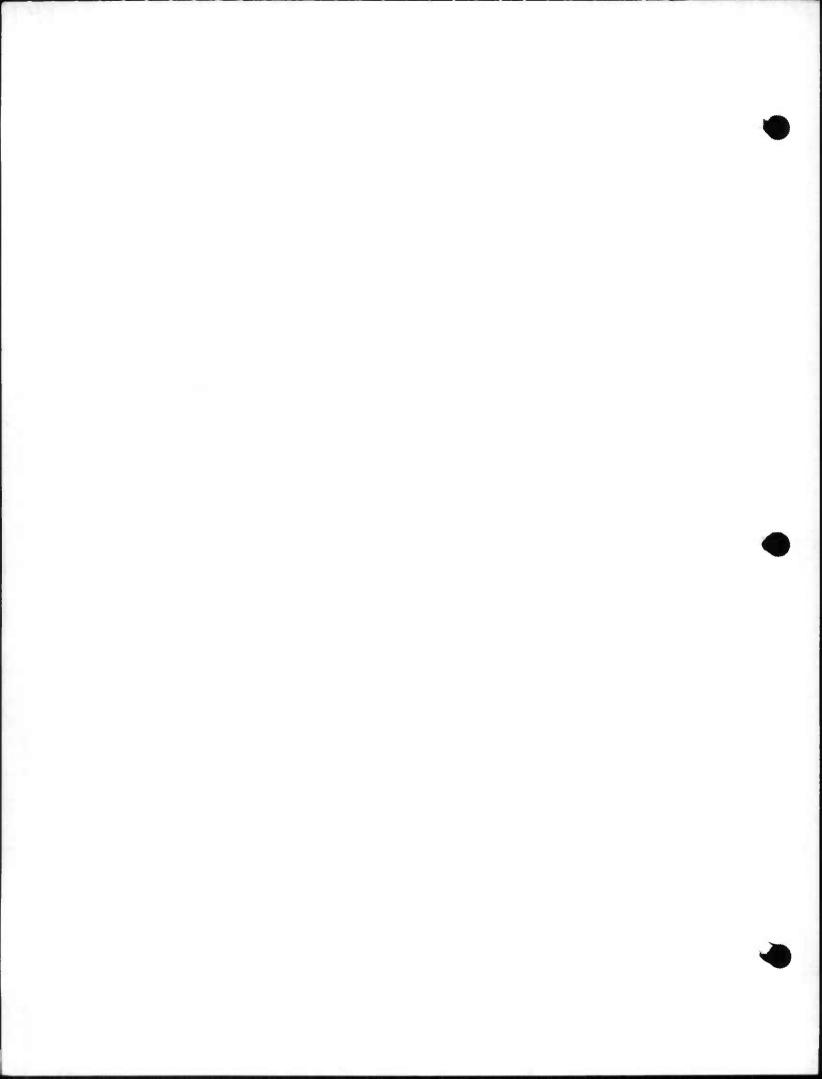
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3. TIME OF DEATH

DHMH-16 Rev 1/89

REG. NO.

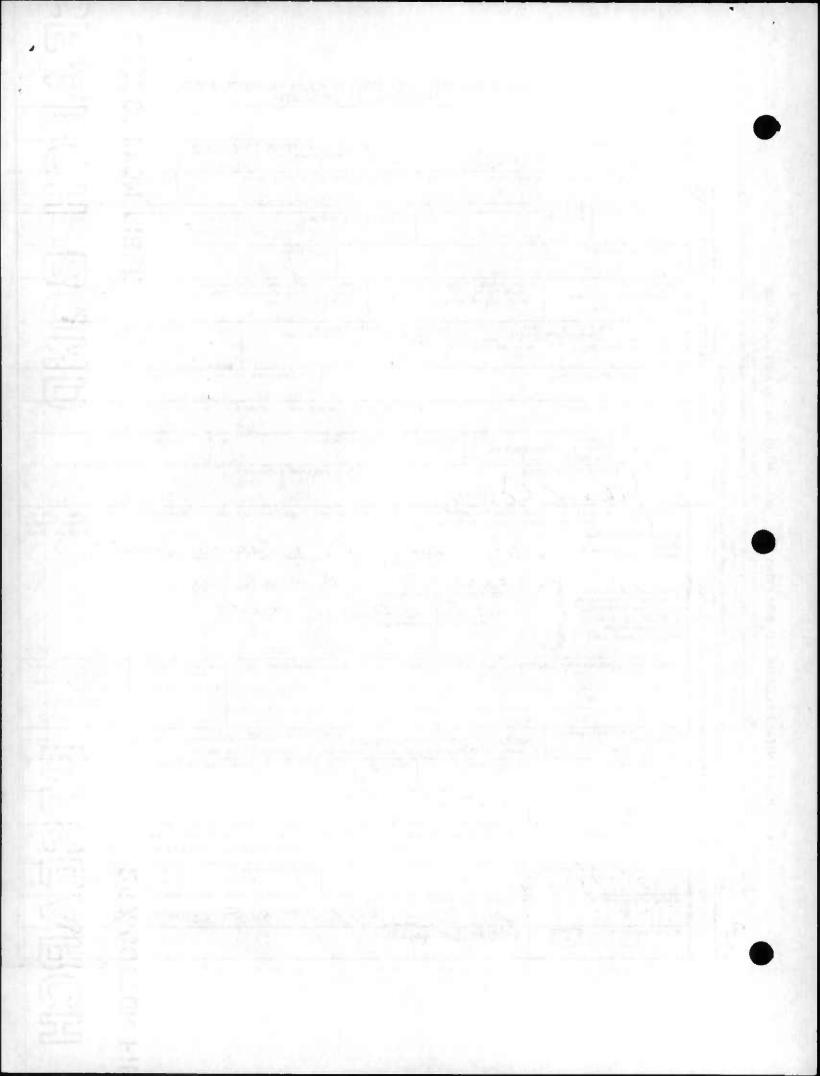
2. DATE OF DEATH



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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the cours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for find within 70 hours after death with the State Dent of Health and Mental Honlene order to hirlal committing or removal	IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.

Anna A. Watts 4. SOCAL SECURITY NUMBER 2.16—09—0560A 1	
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8th grade Housewife and Worked at Hutzlers Cosmetic De 17. FATHER'S NAME (First, Middle, Maiden Surmanne) Charles Phillips 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) Mrs. Shirlee A. Stonebraker 1303 Allison Drive Rockville, MD 20851 20s. METHOD OF DISPOSITION Scientist 2 Cremation 3 Removed from State 20s. PLACE AND DATE OF DISPOSITION (Numer of Control Route) Woodlawn Cemetery 2/28 Woodlawn, MD 23. PART II. Enter the diseases, or complications that section the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, limited diseases or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 OTHER: 1 OTHER: 1 OTHER: 1 MAILING ADDRESS (Street and Number or Rural Route Route) Route	
T7. FATHER'S NAME (First, Middle, Last) Charles Phillips 19a. MFORMANT'S NAME (First, Middle, Maidlen Summers) Antonia Anunlis 19a. MFORMANT'S NAME (First, Middle, Maidlen Summers) Antonia Anunlis 19a. MFORMANT'S NAME (First, Middle, Maidlen Summers) Antonia Anunlis 19a. METHOD OF OISPOSITION TO METHOD OISPOSITION TO MET	ent
Charles Phillips Antonia Anunlis 198. MALING ADDRESS (Street and Number of Rural Routin Number, City or Town, Statin, Zip Code) Mrs. Shirlee A. Stonebraker 1303 Allison Drive Rockville, MD 20851 208. METHOD OF DISPOSITION (Number of Rural Routin Number, City or Town, Statin, Zip Code) Mrs. Shirlee A. Stonebraker 1303 Allison Drive Rockville, MD 20851 209. PLACE AND DATE D'DISPOSITION (Number of Rural Routin Number, City or Town, Statin, Zip Code) Mrs. Shirlee A. Stonebraker 1303 Allison Drive Rockville, MD 20851 200. PLACE AND DATE D'DISPOSITION (Number of Rural Routin Number) DATE 200. LOCATION - City or Town, Statin Complete or Stating Number of Rural Routin Number o	pt.
198. MAILING ADDRESS (Street and Number of Parall Pouts Number, City or Town, Stats, Zip Code) Mrs. Shirlee A. Stonebraker 1303 Allison Drive Rockville, MD 20851 20a. METHOD OF DISPOSITION (Number of Jordan) 1 Generation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Number of Jordan) 20b. PLACE AND DATE OF DISPOSITION (Number of Jordan) 20b. PLACE AND DATE OF DISPOSITION (Number of Jordan) 20c. DOLATION - City or Town, Stats, Zip Code) Woodlawn Cemetery 27. SIGNATURE OF UNERAL SERVICE LICENSEE 28. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 23. PART II. Enter the diseases, or complications that septed the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interesting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE	
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2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number)	LE PRIOR TO TION OF CAUS TH?
4 Homicide determined building, etc. (Specify)	LE PRIOR TO THON OF CAUS TH? S 2 NO
29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	LE PRIOR TO THON OF CAUS TH? S 2 NO
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)	LE PRIOR TO ITION OF CAUSTINO OF CAUSTINO OF CAUSTINO OF CAUSTINO OF CAUSTINO OF CAUSTINO OF CAUSTINO OF CAUSTINO OF CAUSTINO OF CAUSTINO OF CAUSTINO OF CAUSTINO OF CAUSTINO OF CAUSTINO OF CAUSTINO OF CAUSTINO OF CAUSTIN
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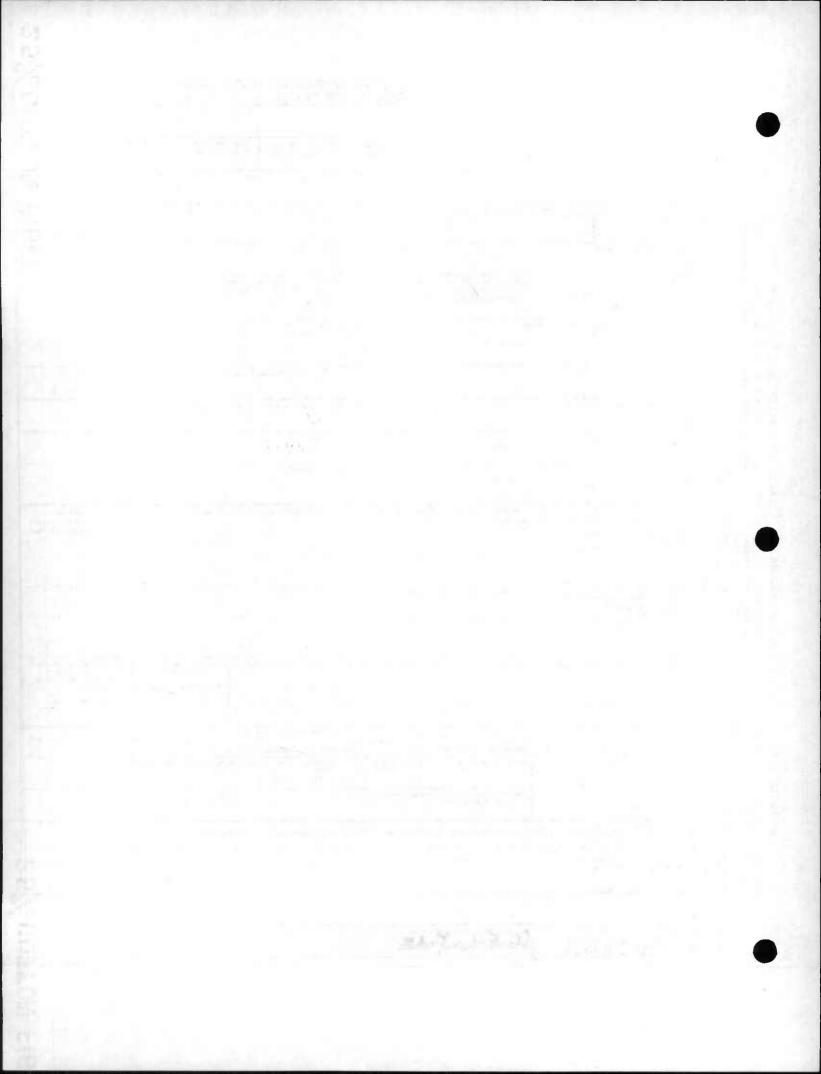


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	rificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
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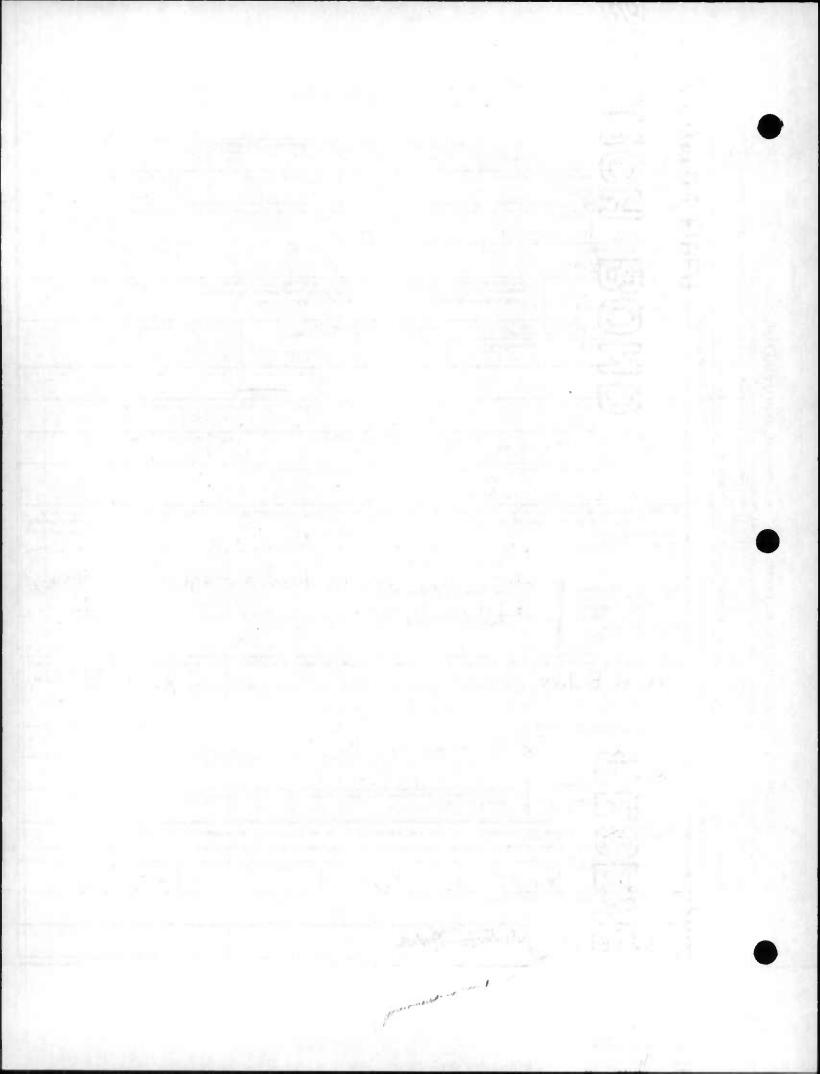
	1. DECEDENT'S NAME (First, Middle, L.	ast)				ATE OF DEATH	YEAR	3. TIME OF DEATH
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	4. SOCIAL SECURITY NUMBER 216-42-7215	1 1 M 2 □ F	O YRS. MO	NTHS DAYS HOURS	MIN. 9	ATE OF BIRTH Month, Day, Year) /10/1941	3 Ma	ryland
TOR	9a. FACILITY NAME (If not institution, g	k Rd.Apt A-1		o. CITY, TOWN OR LOCA	ATION OF DEATH		Balti	
DIRECTOR	Md.		10c. CITY, TO	OWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
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E COMPL	12th 17. FATHER'S NAME (First, Middle, Lest, Albert Lee W			100000		irst, Middle, Meiden Su tte Matz		
TO B	19e. INFORMANT'S NAME (Type/Print) Virginia Wis	е		DRESS (Street and Numb Havenoak				21237
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	iMMEDIATE CAUSE (Final disease or condition	DUE TO (OR AS A	A CONSEQUENCE OF):					Approximate interval Betw
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	TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may is	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pag	the filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial. Cremation, or removal.
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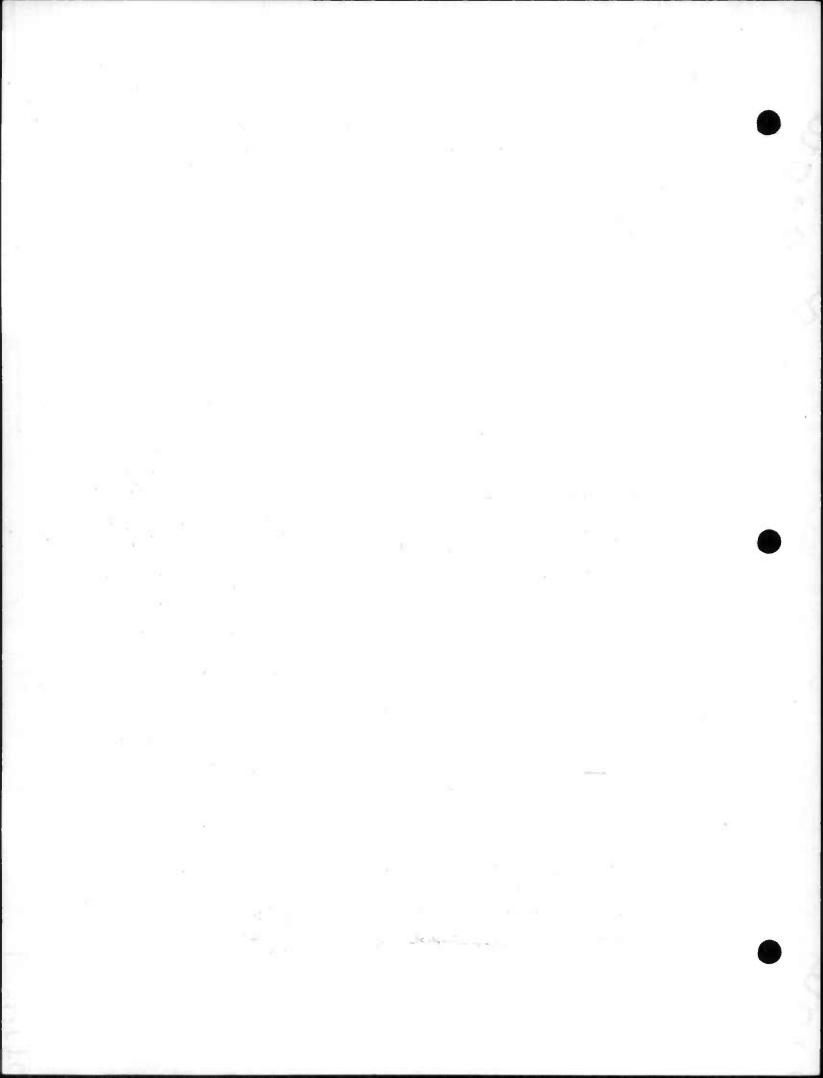
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DHMN-18 Rev 1/89



ITEMS: 23 PART I, 27, PER MEO FILM G-709 3/4/94 t.t.

		FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAI	RTMENT C	F H OF	IEALTH AND I	MENTA	L HYGIEN	E 9	4	058	87
		1. DECEDENT'S NAME (First, Middle, Last) ROBERT			WI	LK	ENS	2. DAT	E OF CEATH	" 5 §	F4 3	8:53	тн Р м
P		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (III	n yrs. lest birthday) 4 0 ♥R\$	IF UNDER 1 Y	EAR AYS	IF UNDER 24 HRS. HOURS MIN.		E OF BIRTN th, Day, Year)	6.	BIRTNPL Country)	ACE (State or Fr	oreign
. 2, 3 should	CTOR	98. FACILITY NAME (If not institution, give a 2234 FREDERICK RESIDENCE OF DECEMENT	,				ORE CIT			9c. COUNTY	OF DEA	na na	٧,
permit, Pages 1,	DIREC	10e. STATE 10b. COUNTY Maryland na		1.0	ry, TOWN OR L Balti							Dd. INSIDE CITY LIMITS?	
き	FUNERAL	2234 Frederic	k Road			101	. ZIP CODE			10g. CITIZEI	OF WH	AT COUNTRY?	
215-0020 attending physician. Ise as the burial-transit	BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	t2. WAS DECEOENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 NO	If ye	s, sp	ENDENT OF NISPAP ecity Cuben, Mexice 2 NO Specify	n, Puerto		or No- 14	RACE — Black, V Specify:	American Indi White, atc.	,
21 al or for u	LETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)		16a. OECEDENT'S (Give kind of life. Do NOT u	work done duris	PATIC ng mo:	DN st of working	16	b. KIND OF BUS	SINESS/INOUS	TRY		
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	COMPL	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S NA	ME (First,	Middle, Maiden	Sumame)			
	TO BE	19a. INFORMANT'S NAME (Type/Print) OCM C		19b. MAILING	3 ADDRESS (S	reet a	nd Number or Rurel i	Route Nur	nber, City or Town	n, Stete, Zip Co	de)		
W > 0 A		20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ram 4 Donation 5 Other (Specify) 1 N	state remo		other place)			OA		CATION CH			
2 5 5 4 B		21. SIGNATURE OF FUNE AL SERVICE LIC	1 Welle		655	W.	.Baltim	ore	St,Ba:	lto,M	D21		đ
tely filled in by mation, or remo		IMMEDIATE CAUSE (Final	a. CONGESTIVE HEA	ART FAILU	RE	mo	da of dying, suc	h ss cai	rdiac or respi	ratory arres	t.,	Approxim interval B Onset and	etween
687 eccuted and com burial,	NO	Sequentially list conditions,	DUE TO (OR AS A										
BOY ficate be physician fine prior t	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A										
S, P death e atten fental H		PART II. Other significent condition	d.	it not resulting	in the under	rivino	Cause given in	Part I	24s. WAS AN	AITTOREY	1 245 W	ERE AUTOPSY F	100000
OF VITAL RECORD HYSICIAN: The law requires that the his certificate has been signed by th with the State Dept. of Health and M ked, or Item 23 shows any Inj	N: MEDICAL						g		PERFOR	MED?	CO	MILABLE PRIOR DMPLETION OF FOEATH? YES 2	TO
VITA IN: The Inficate ha State D	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X X ES 2 NO	HOSPITAL: 1 Inputlent 2 ER/Output	itlent 3 DOA	OTHER:		ACE OF DEATN (Ch						
	ВУ РНУ	27. MANNER OF OEATH 1 Natural Strending Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. Tin	ME OF 26	c. INJI	URY AT RK?		SCRIBE NOW II	NJURY OCCUP	RED		
TISIC NTTENDI CTOR: A after d after d	ED	3 Suicide 6 Could not be 4 Nomicide determined	28s. PLACE OF INJURY building, stc. (Special	— At home, term,	street, factory,	offici			CATION (Street a or Town, State)	nd Number or	Aural Aou	te Number,	
로 크 오 노	COMPLET	mmm1	CIAN: To the best of my knowle R: On the basis of examination								ause(s) s	nd manner ee s	stated,
TO THE HOSPIT TO THE FUNERA DE filed within 7 IMPORTANT: I	TO BE	296. AGNATURE AND TITLE OF CERTIFIER	ethill				O.C.N					onth, Dey. Year)	
		30. NAME AND ADDRESS OF PERSON WH	Korow	111 P		tr	eet, Ba	alti	imore,	Mary	/lar	nd 212	201
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE (-				



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Pages 1, 2, 3 should

permit,

18th

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

29a. CERTIFIER

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

Koenne 31. DATE FILED (MOSTIN, DON 1994) FEB 2 8 1994

///arcellar

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 05888 CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) YEAR 2. DATE OF DEATH Feb Kimberly Michelle Masimore Weitkamp 0330 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Ybar) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 M 2 F 2-10-94 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital Baltimore City na RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15 Golden Hill Court 21228 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Kent Lee Weitkamp Stephanie Masimore 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Golden HillCt, Baltimore, MD 21228 Stephanie Masimore 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE cemetery, crematory or other place! 22. NAME AND ADDRESS OF FACILITYState Anatomy Board Ronald Wade, Dir 655W.BaltimoreSt, Balto, MD21201 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Prematurity DUE TO (OR AS A CONSEQUENCE OF): 1 / day DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING chromosoma CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 1 YES 2 NO 25. WAS CASE REFE 1 YES 2 27. MANNER OF DEA 1 Natural BY 2 Accident 3 Suicide COMPLETED 4 Homicide

ED TO MEDICAL			26. PLACE OF DEATH (C	Check only one)				
	HOSPITAL: 1 Sinpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)							
Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUP	RED			
Could not be determined	28e. PLACE OF INJURY — At ho- building, atc. (Specify)	me, farm, street, fac	ctory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,			

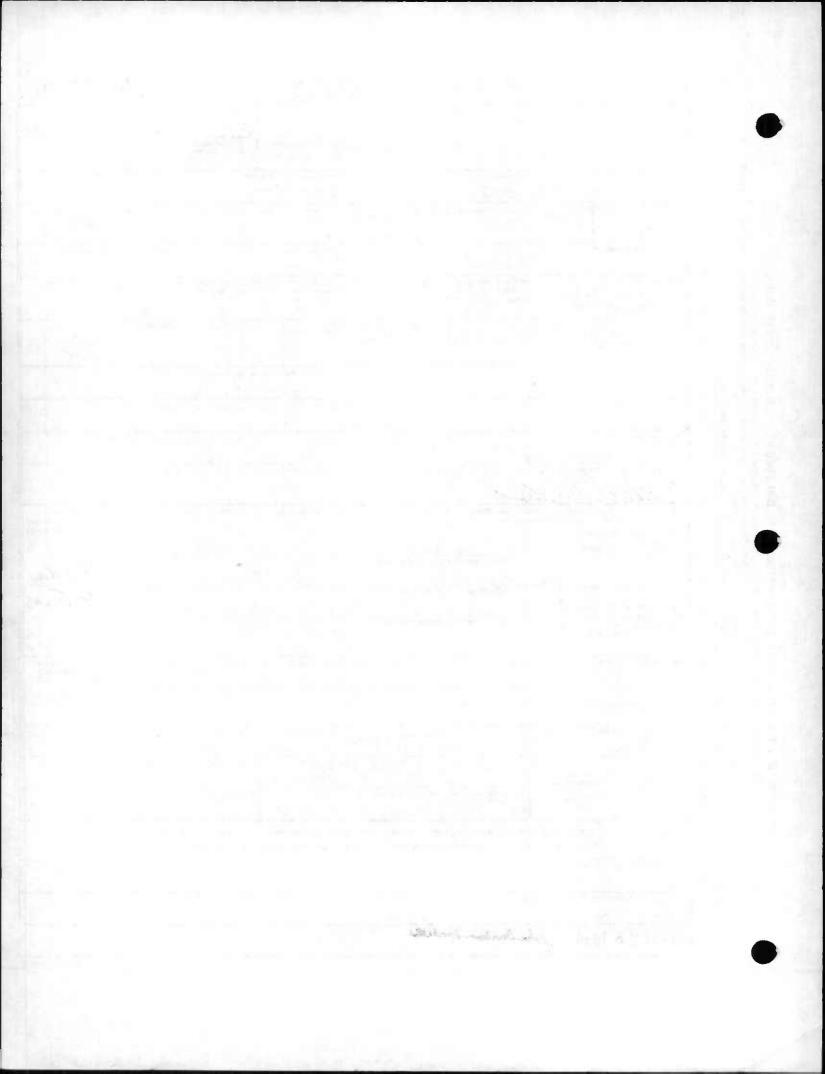
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

120727

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Memoria Union

32. REGISTRAR'S STORATURE

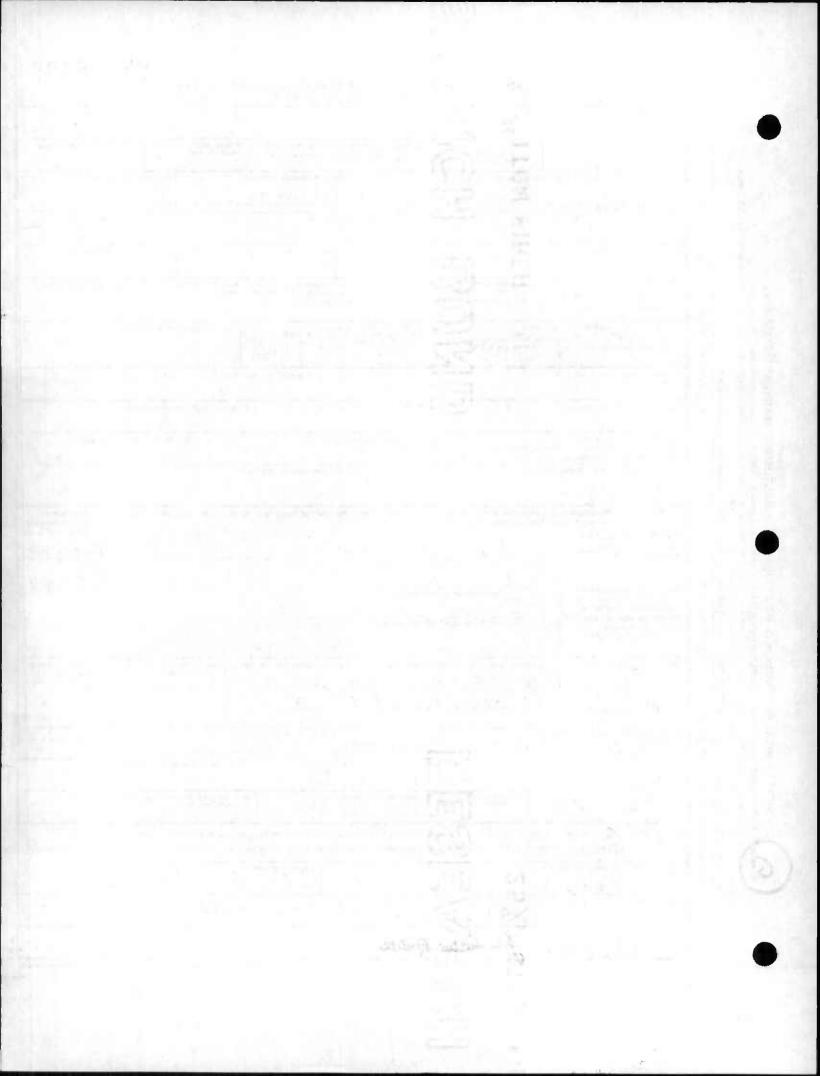
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE (DE DEATH	REG. NO).		
		1. DECEDENT'S NAME (First, Middle, Last)	R. Vidaa	iner			2. DATE OF DEATH	- 9X	3. TIME OF DEATH	
		4. SOCIAL SECURITY-NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YE MONTHS DA		7. DATE OF BIRTN (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
pinous		9e. FACILITY NAME (If not institution, give :		00	Oh CITY TO	WN OR LOCATION OF DI	10-3-0	9c, COUNTY	Maryland	
2, 3 sho	DIRECTOR	St Agnes 1	Hospital		Bo	1+imor				
8	EC	10e. STATE 10b. COUNT	Υ	10c, CIT	Y, TOWN OR L	OCATION		-	10d. INSIDE CITY	
nit. Pages			timore	A	rbutus				1 YES 2 NO	
n. ansit pen	FUNERAL	913 Palladdi Dri	ve			21227		U.S.	OF WHAT COUNTRY?	
5-0020 nding physician.	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 NO	If ye	DECENDENT OF NISPAI a, specify Cuban, Mexica YES 2 NO Specif	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White	
215-0 attending se as the	ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S		PATION g most of working	16b. KIND OF BU	JSINESS/INDUST	TRY	
21 al or for u	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	e retired.)	y most or working			C1	
RYLAND 2 ed by the hospital uld be detached to ed at once.	ME	17. FATHER'S NAME (First, Middle, Lest)		Cutter		10 MOTHER'S NA	ME (First, Middle, Melder		facturing	
3 8 6 5		Henry Wagner					Maurham	i Surname)		
MAR retained 5 should notified	BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (St	eet and Number or Rural		vn, State, Zip Coc	Je)		
2 2 2	2	William Wagner		2028	Grinal	ds Avenue,	Baltimore	e. Marv	land 21230	
m & g 0		20s, METHOD OF DISPOSITION 1 DI Buriel 2 Cremetion 3 Ren	201	b. PLACE AND DATE	OF DISPOSITIO	N (Name of	DATE 20c, LO	OCATION — City		
- 00		4 Donation 5 Other (Specify)	Noval from suite	oreTand i					aryland	
ALTIM death. Page tuneral direct.		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE) 0					ral Home, Inc.	
dear dear		100	1	- D'	132	8 Sulphur	Spring Rd.	., Arbu	tus, MD 21227	
aft of the part of		23. PART I. Enter the diseases, pr	complications that cause	d the death. Do r	not enter the	mode of dying, auc	h as cardiac or reas	piratory arrest,		
	-51	iMMEDIATE CAUSE (Fine)	List only one cause on a	eech line.					Onset and Death	
c age		disease or condition resulting in death)	. TNEI	IMON	VIA				Aweek,	
			DUE TO (OR AS	A CONSEQUENCE OF	F):				1	
687 secuted and con burial,	NO.	Sequentially list conditions,	b. URUS	F101	J				Ewery	
BOX 68 ficate be execut physician and c ne prior to buria	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DEM	EN17	IA				2 yours	
O. B ertificate ing phys igiene p	FI	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	F):				V	
a o pf	F	resulting in death) LAST	d							
S, deat death		PART II, Other algnificant condition	on contribution to dath i	but not requising	in the fire to	lulant sauca aluas ta	Don't las uno si			
A in a by in	EDICAL	A NA DA	ELT L	a A	Her	lying cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
S eath &	ă	111-00	Cont.	7	1 1	de	1 TYES	2 KNO	OF DEATH?	
RE requirements of H	Σ	HINEROOL	XU BEIL	Neal	164	sease			1 TES 2 NO	
9 40 40 40	AN	25. WAS CASE REFERRED TO MEDICAL			,	6. PLACE OF DEATH (Ch	eck naty one)			
F VITAL SCUAY. The ta- certificate has the State Dep. t, or them 23	PHYSICIAN:	EXAMINER?	HOSPITAL:	nation 3 00A	OTHER:	Home 5 Residence				
	H	27. MANNER OF OEATN	28e. DATE OF INJURY	28b. TIM	E OF 280	. INJURY AT	28d. DESCRIBE NOW	INJURY OCCUR	ED	
IN OF THE SET WITH WITH WITH WITH WITH WITH WITH WIT	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1	WORK?				
VISION ATTENDING SETOR: After 128 is ma	ED B	3 Suicide 6 Could not be	26a. PLACE OF INJURY building, etc. (Spe	Y — At home, farm,	street, factory,	office	281. LOCATION (Street City or Town, State		Rural Route Number,	
ON ATTENDING PHYSIC ON ATTENDING PHYSIC DIRECTOR After this ON bours after death with it them 28 is marked,		4 Nomicide determined								
DI OR DIRECTOR	COMPLET	29e. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of my know	wiedge, death occurr	ed at the time,	date end place, end due	to the cause(e) end me	nner as stated.		
1200	O	0700) 2 MEDICAL EXAMIN	ER: On the basis of examination	on end/or investigation	on, in my opini	on, death occured at the	time, date and place, a	nd due to the ca	suse(s) and manner so stated.	
C)	BE	296. SIGNATURE AND TITLE OF CERTIFIE	an			D 2 16	49	29d. DATE SIG	GNED (Month, Day, Year)	
	5	30. NAME AND ADDRESS OF PERSON WIS AMBANDAM BAS	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type 4 55 W	Principle	ns Avr	Eg. Baltin	wer M	1021229	
col		31. DATE FILED (Month, Day, Year)	32. PEGISTRAR'S SIGN	NATURE				-1		
		FEB 2 8 1994	guila devida	mr-Mandall	•					

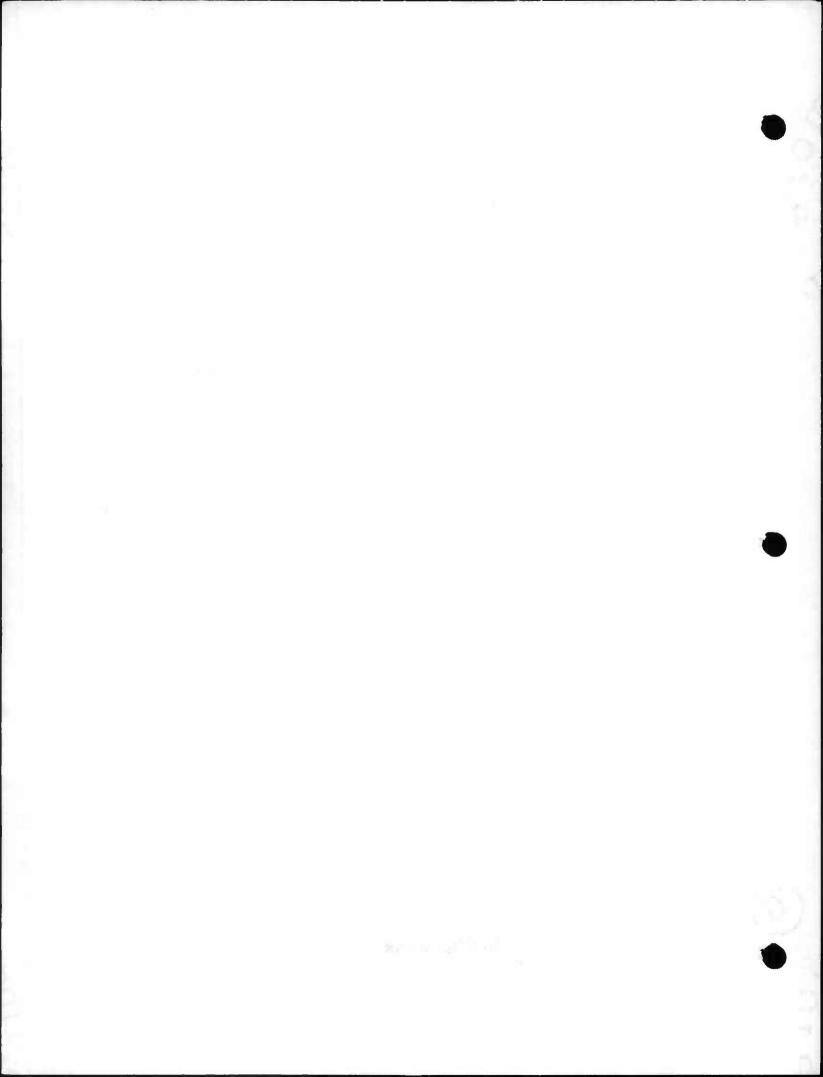


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	ME
į	1. DECEDENT'S NAME (First, Middle, Last)		2.

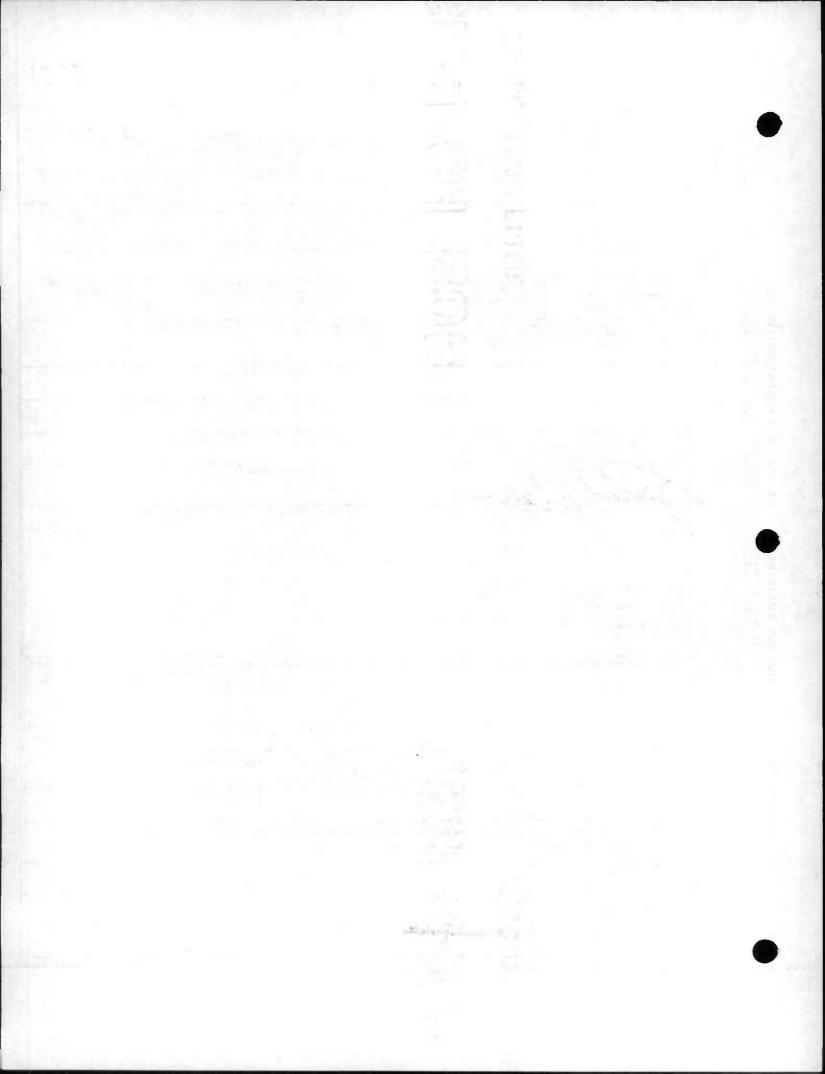
		1 - FOR STATE REGISTRAR	STATE OF MARYLAND / D	EPARTMENT OF H		IENTAL HYGIEN REG. NO	-	4 05890
	1	1. DECEDENT'S NAME (First, Middle, Last) JOSEPH J. Wagne 4. SOCIAL SECURITY NUMBER 5				2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE	1994	3. TIME OF DEATH
3 should	8		12 M 2 □ F 78	YRS. MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	_ 2	BIRTHPLACE (State or Foreign Country) And And Cond
1, 2, 3 st	DIRECTOR	3805 Evergreen	Ave.	Balti	more			Limone
rmit. Pages		100. STATE 100. COUNTY Md. Balti 100. STREET AND NUMBER		Baltimore			40- 04717711	10d. INSIDE CITY LIMITS? 1>□ YES 2 □ NO OF WHAT COUNTRY?
physician. burial-transit permit. Pages 1, 2,	ш	3805 Evergreen 11. MARITAL STATUS 1 Never Married 2 Married	AVE. 2. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 12 YES 2 NO IF YES, GIVE WAR OR DATES	D 13. WAS DECE If yes, spe	21206	C ORIGIN? (Specify Yei , Puerto Rican, etc.)	// S	RACE — American Indian, Black, White, etc.
		3 Wildowed 4 Diverced 15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION 16a. DECE	DENT'S USUAL OCCUPATIO	N	16b. KIND OF BU		Specily: White
the hospital or detached for once.		Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	hographer		Can		
stained by the should be der otified at on		John Wagner 18a. INFORMANT'S NAME (Type/Print)	196. 8	MAILINO ADDRESS (Street ar	Maroa	ret Mei)	el	da l
may be retained r, page 5 should st be notified	5	MRA. ARLENE M. 20a. METHOD OF DISPOSITION 120 Burlel 2 Crementon 3 Remove	Wagner 20b. PLACE AND	3805 Ever	green A	ve. Bali		21206
24 frours after death. Page 6 may be retained by the hospital or attending filled in by the funeral director, page 5 should be detached for use as the ion, or removal. The medical examiner must be notified at once.		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERIAL SERVICE LICEN	More	22. NAME AN	D ADDRESS OF FAC		,	
nours after dea d in by the fur or removal. medical exa	Н	23. PART I. Enter the diseases, or construct, or heart fellure. Lie	nglications that caused the death	7527	Hanfor de of dylng, such	Len Fune an cardiac or resp	ratory arreat,	Approximata
ted within 24 noun completely filled in ial, cremation, or event, the me		IMMEDIATE CAUSE (Final	Myo condial	/schama				Interval Between Onset and Death
th certificate be execu- ending physician and I Hygiene prior to bur or other traumatic	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUE OUE TO (OR AS A CONSEQUE	tery di.	sano.			
requires that the sen signed by the of Health and M M hows any injury.	MEDICAL C	PART II. Other aignificant conditions of	ontributing to death but not res	ulting in the underlying	cause given in P	Part i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: The law in this certificate has be with the State Dept.	PHYSICIAN:		IOSPITAL:	OTHER:	ACE OF OEATH (Chec			
DING PHYSICIA After this certificate death with the s marked, or	ву РНУ	27. MANNER OF DEATH 1	28a. DATE OF INJURY (Month, Day, Year)	28c, INJURY WOR 1 1 Y	JRY AT	28d, OESCRIBE HOW I	NJURY OCCUR	ED
L OR ATTENDING F DIRECTOR: After thours after death them 28 is mar	ED	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY — At home building, etc. (Specify)	, farm, street, factory, office		261. LOCATION (Street City or Town, State)	and Number or F	tural Route Number,
HOSPITAL OR A FUNERAL DIREC within 72 hours	COMPLET	onel	N: To the best of my knowledge, death On the bests of examination and/or inve					nuse(s) end manner as stated.
TO THE HOSPIT TO THE FUNERA De filed within 7 IMPORTANT: 1	TO BE (296. SIGNATURE AND TUPLE OF CERTIFIER	1 11 - 12	7	29c. LICENSE NUME		29d. DATE SIG	GNED (Month, Day, Year)
)		30. NAME AND ADDRESS OF PERSON WHO O						
•		FEB 2 8 1994	32. ALGISTRAFIOSIGNATURES	ndell.				



1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	1. DECEDENT'S NAME (First, Middle, Las WARIZEN CH	WARREN VARLES YOK	CHARLES	YOKU	M	2. DATE OF MONTH	DEATH 2-16-	94 3.	1614
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday) 45 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, 13 – 9	BIRTN Day, Year)	BIRTNPL Country)	ACE (State or Fore)
NC.	9a. FACILITY NAME (# not institution, giver Frederick Me		01+a1	96 CITY, TOWN	OR LOCATION OF DE		9c. COUN	TY OF DEAT	ck Co
DIRECTOR	10e. STATE 10b. COU		10c. CITY	trede	ATION		Trie	10	Id. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 15023 Sabilli	REET AND NUMBER 023 Sabilliasville Road			101. ZIP CODE 2 1 7 8 8				T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, OIVE WAR OR	8 2 NO	If yes, s	ECENDENT OF NISPAP specify Cuban, Mexica ES 2 NO Specify	n, Puerto Ric		14. RACE — Black, W Specify:	American Indiad
LETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)		16e. DECEDENT'S I (Give kind of w life. Do NOT use	USUAL OCCUPATION ork done during in eretired.)	TION nost of working	16b. K	IND OF BUSINESS/INDU	JSTRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mic	ldle, Malden Surname)		
TO BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	20e. METHOD OF DISPOSITION 1 Graph Burlel 2 Gramation 3 R. 4 Donation 5 Other (Specify)	emoval from State	0b. PLACE AND DATEO emeters, cremetary or off E III OV a 1	OF DISPOSITION (i	Name of	DATE	20c. LOCATION — C	aty or Town,	State
4	disease or condition resulting in death)	ARTER	OSCLER!	0710	CARDION	4 SCHL	AR DISA	EASE	Onset and
ERTIFICATION		C	A CONSEQUENCE OF	·):	CARDION SSEAT 11	4 SCHL	AR DISA	EASE	Onset and
N: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	A CONSEQUENCE OF	F):		Part I. 2	48. WAS AN AUTOPSY PERFORMED?	24b. Wi AM CC OF	Onset and
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	in the underlyl	ng cause given in	Part I. 2	48. WAS AN AUTOPSY PERFORMED?	24b. Wi AM CC OF	Onset and
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	DUE TO (OR AS d. HOSPITAL: 1 Inpatient 2 (%,ER/O) 28e. DATE OF INJUR (Month, Day, Year	S A CONSEQUENCE OF but not resulting is utpstient 3 □ DOA	26. OTHER: 4 Nursing He EURY 28. If	ng cause given in	Part I. 2	48. WAS AN AUTOPSY PERFORMED?	24b. Wi AW CC OP	Onset and
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition	DUE TO (OR AS d. DUE TO (OR AS d. HOSPITAL: 1 Inpatient 2 (% ER/Or (Month, Day, Year (Month, Day, Year building, etc. (%)	but not resulting in the street of the stree	26. OTHER: 4 Nursing Hc LURY M 1	PLACE OF DEATN (Ch	Part I. 2 neck only one) 5 Other (26d. DESCI	4s. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. Will AM CC OF	Onset and
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigations Suicide 6 Could not 1 determined. 29e. CERTIFIER (Check only 1 CERTIFYINO PN	DUE TO (OR AS d. DUE TO (OR AS d. HOSPITAL: 1 Inpatient 2 (% ER/Or (Month, Day, Year (Month, Day, Year building, etc. (%)	but not resulting in the state of the state	26. OTHER: 4 Nursing Ho E OF URY M 1 street, factory, off	PLACE OF DEATN (Ch wme 5 Residence NJURY AT VORK? YES 2 NO lice	Part I. 2 seck only one) 5 Other (26d. DESCI 26f. LOCAT City or	4s. WAS AN AUTOPSY PERFORMED? YES 2 NO Specify) RIBE NOW INJURY OCC ION (Street and Number of Town, State)	24b. Wind AM CCC OF 1 1 URED Or Rural Routed and American Routed American Routed American Routed American Routed American Routed American Rout	RE AUTOPSY FINALABLE PRIOR TO MPLETION OF CU DEATH? YES 2 N
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigations Suicide 6 Could not 1 determined. 29e. CERTIFIER (Check only 1 CERTIFYINO PN	DUE TO (OR AS d. DUE TO (OR AS d. HOSPITAL: 1 Inpatient 2 (% ER/O) 28e. DATE OF INJUR (Month, Day, Year be publishing, etc. (%) INSICIAN: To the best of my known of the best of examines INSICIAN: To the best of examines FIER About M.	but not resulting in the state of the state	28. OTHER: 4 \(\text{Numerical Numerical Parts} \) E OF URY M 1 \(\text{Street, factory, off} \) ed at the time, de m, in my opinion,	PLACE OF DEATN (Ch. PLACE OF	Part I. 2 seck only one) 5 Other (26d. DESCI 26f. LOCAT City or to the cause time, date at	4e. WAS AN AUTOPSY PERFORMED? YES 2 NO Specify) RIBE NOW INJURY OCC ION (Street end Number of Town, State) (e) and menner as state and place, end due to the	24b. WIT AM CC OF 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Onset and



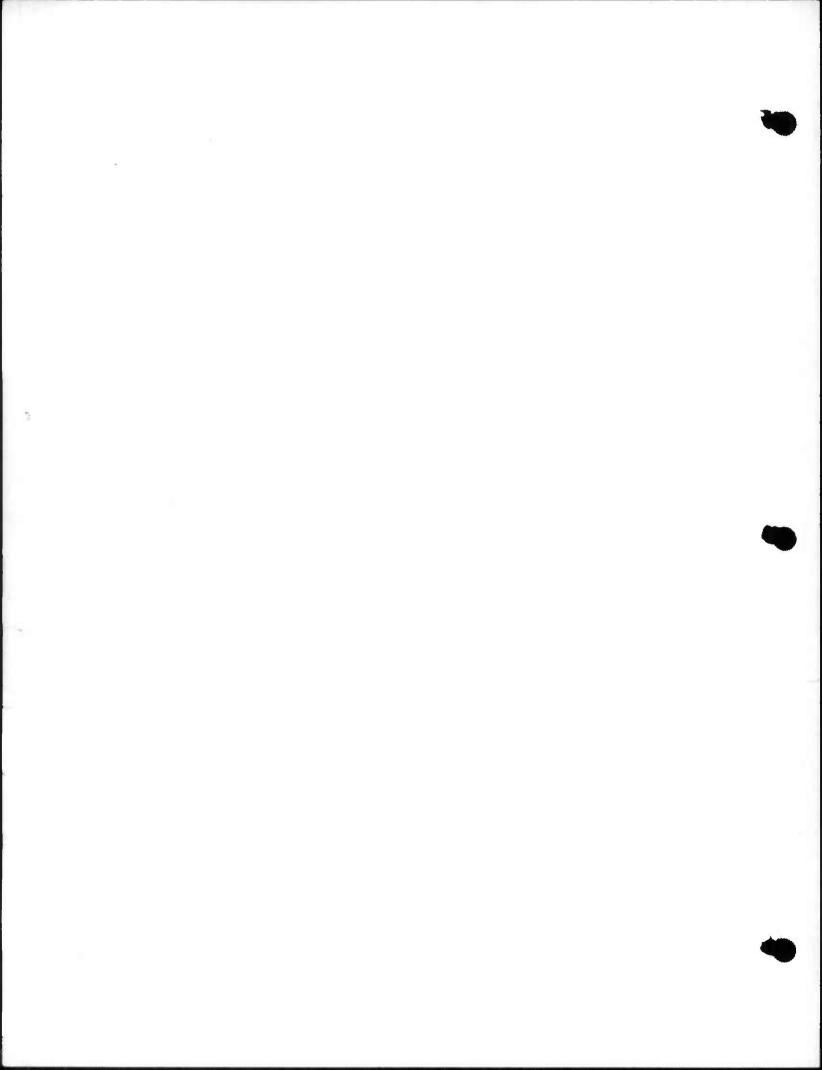
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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į	1. OECEOENT'S NAME (First, Middle, Last)								MONTH DAY YEAR				3. TIME OF DEATH A
	IRENE E	-		ZOST					FEBRUA		23,	994	1103 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDE	DAYS	HOURS	R 24 HRS.	7. OATE OF B (Month, Day	HPTH v, Ybar)		8. BIRTHI Country	PLACE (State or Foreign
	212 36 6951	1 ☐ M 2 🔀 F	96	YRS.					03/19	189	97	Mar	yland
	9e. FACILITY NAME (If not institution, give							ION OF OE	HTA		9c. COU	NTY OF O	EATH
DIRECTOR	Kimbrough Arm	y Hospita	.1		F ⁴	t. Me	eade				Anr	ne Ar	undel
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT						JANE T						10d. INSIDE CITY
2	Maryland An	10c. CITY, TOWN OR LOCATION Baltimore					LIMITS?						
	*		Do	TOTI			_			35		1 TES 2 NO	
Z.	4314 Belle Gro	10f. ZIP CODE 21225					-		HAT COUNTRY?				
												J.S.A	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married		YES 2 X		13				ric ORIGIN? (S _i		or No—	Black	- American Indian, , White, etc.
В	3 X Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES			1 TYES	2 NO	Specify	y:			Specif	•
	15. OECEDENT'S ED	ICATION	16a (DECEDENT'S	USUAL	OCCUPATI	ON		165. KIN	O OF BUS	INESS/IN	DUSTRY	White
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	le completed)		(Give kind of the Do NOT u	work done	e during me	et of worki	ing					
2	3rd Grade	College (1-4 or 5		lousev	ri fe				Ho	ome N	lakei	_	
M	17. FATHER'S NAME (First, Middle, Last)			iouse.			18. MOT	HER'S NA	ME (First, Middl				
		John Su	per						lianna		mins	ski	
BE	19a, INFORMANT'S NAME (Type/Print)			10h MAH IM	ADORES	towd2\ 22	and Numbe		Route Number, C				
2	Gustave Yost J	r.		4314									yland 21225
	20a, METHOO OF DISPOSITION			E OF DISPO								City or To	
	1 X Burial 2 Cremation 3 Read 4 Donation 5 Other (Specify)	noval from State	other	place) r Hil									E. H. H. L. L. L. L. L. L. L. L. L. L. L. L. L.
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	1 ocac	1111	22	22. NAME AND ADDRESS OF FACILITY							
	George J. Gonce Funeral Home P.A.												
	Jeorge	1. 2	may										1. 21225
	23. PART i. Enter the diseases, of shock, or heart fallure				not ente	er the me	ode of dy	ying, suc	h aa cardiec	Dr respi	ratory s	rest,	Approximate Interval Between
	IMMEDIALE CAUSE (Final									Onset and Death			
	resulting in death) a. RENAL FAILURE Due to (or as a consequence of):									20 YRS.			
_]	TOCHEMIC HEADE DIGES OF										20 YRS		
CERTIFICATION	Sequentielly list conditions,	4-	OR AS A CONS			O.Çı							
Ä	If eny, leading to immediate cause. Enter UNDERLYING	CONGE	STIVE H	ביא סייי	ד גים	ממוז							20 YRS
ピ	CAUSE (Disease or Injury that initiated events		OR AS A CONS			JUKE							
E	resulting in death) LAST	4											
8													
MEDICAL	PART II. Other significent condition HYPOTHYROTOTS		death but no	t resulting	in the i	underfylr	g cause	given In	Part I. 24	PERFOR		246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음	- nipothikoldis	of _a i							1(YES 2	X NO		OF DEATH?
MA I									_				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТН		LACE OF	DEATH (C)	neck only one)				
YSI	1 YES 2 ND	1 Inpatient 2		_	4 🗆 N	lursing Ho		Residence	8 Other (S)				
H	27. MANNER OF CEATH 1 Netural 5 Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. TH	JURY	W	JURY AT ORK?	_	28d. OEŞCRI	BE HOW I	NJURY O	CCUREO	
BY	2 Accident Investigation				М		YES 2	∐ NO					
	3 Suicide 6 Could not b	home, farm,	street, fr	actory, offi	Ce			own, State)		er or Rural I	Route Number,		
E													
7	(Uneck only	SICIAN: To the best of	il my knowledge,	death occur	red at the	e time, dal	e and plac	ce, and du	e to the cause(e) and mai	nner as st	sted.	
Surface 6 Could not be determined building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. BIOTATUME AND STILE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (the cause(s	a) and manner as stated.					
							(Month, Day, Year)						
	The Jenn m	ν					J-(0186			1	23 FE	B 94
5	30. NAME/AND ADDRESS OF PERSON V		USE OF DEATH (F										
	LEANDRO PENA, M.				BROU	GH Al	RMY I	HOSP,	FT. M	1EADE	C, MI) 2	0755-5800
	31. OFFEB 2 8 1994	gitta Day	AR'S SIGNATURE	de M									



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DIVISION OF VITAL RECORDS, P.O.	DUNCTO
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	CONTRACTOR OF ATTENDIAN DUNCHARL The last continue that the dark configure he monthly with

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Feb 22, 7:55 P Ethel M. 1994 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yea 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 🗌 M 2 🖵 F YRS. 235-38-3256 65 June 8, West Virginia Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Howard County General Hospital Howard Co. Columbia 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll Co. Westminster 1 YES 2 X NO permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 8A Wimert Ave. 21157 USA 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cubar 1 ☐ YES 2 💢 NO ecify Cuban, Maxican, Puerto Rican, etc.) BY Specify: Specify: 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 10 years Western Electric (A.T.&T.) Factory Work 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Sumame Ħ David Ellis Ervin BE Lorena Belle Gourley notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ed Ball 4181 Buffalo Rd. MD Mt. Airy, 9 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must Meadowridge Memorial Park Elkridge, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burrier-Queen Funeral Directors, Inc. 1212 W. Old Liberty Rd. Winfield, MD 21784 the medical 23. PARY I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by shock, or heart feliure. List only one cause on each line. interval Between 6 IMMEDIATE CAUSE (Final **Onset and Death** Shock the disease or condition completely resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): burial. Bresi Cardiac traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) prior to if any, leading to immediate attending physician Ischemic cause. Enter UNDERLYING OUE TO (OR AS A CONSEQUENCE, OF) CAUSE (Disease or injury or other that initiated events resulting in death) LAST the atten PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and and PERFORMED? AMAILABLE PRIOR TO Deve shows any COMPLETION OF CAUSE Signed 1 TYES 2 MINO 1 YES 2 NO PHYSICIAN: 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: certificate OTHER: 1 TES 2 100 patient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 the 28a. OATE OF INJURY (Month, Day, Ybar) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED this (1 Natural 1 YES 2 NO BY After death 2 Accident 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 90 ETED. Could not be DIRECTOR: after 4 Nomicide 28 datarmined hours 29a. CERTIFIER 1 DESTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. COMPL (Check only one) FUNERAL within 72 I = On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place. and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES THE P 29c. LICENSE NUMBER 29d. DATE \$IGNED (Month, Day, Year) BE ita 715 2 30. NAME AND AGORESS OF PERSON WNO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print) PKW MAR 0 1 1994 32 REGISTRAR'S SIGNATURE

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

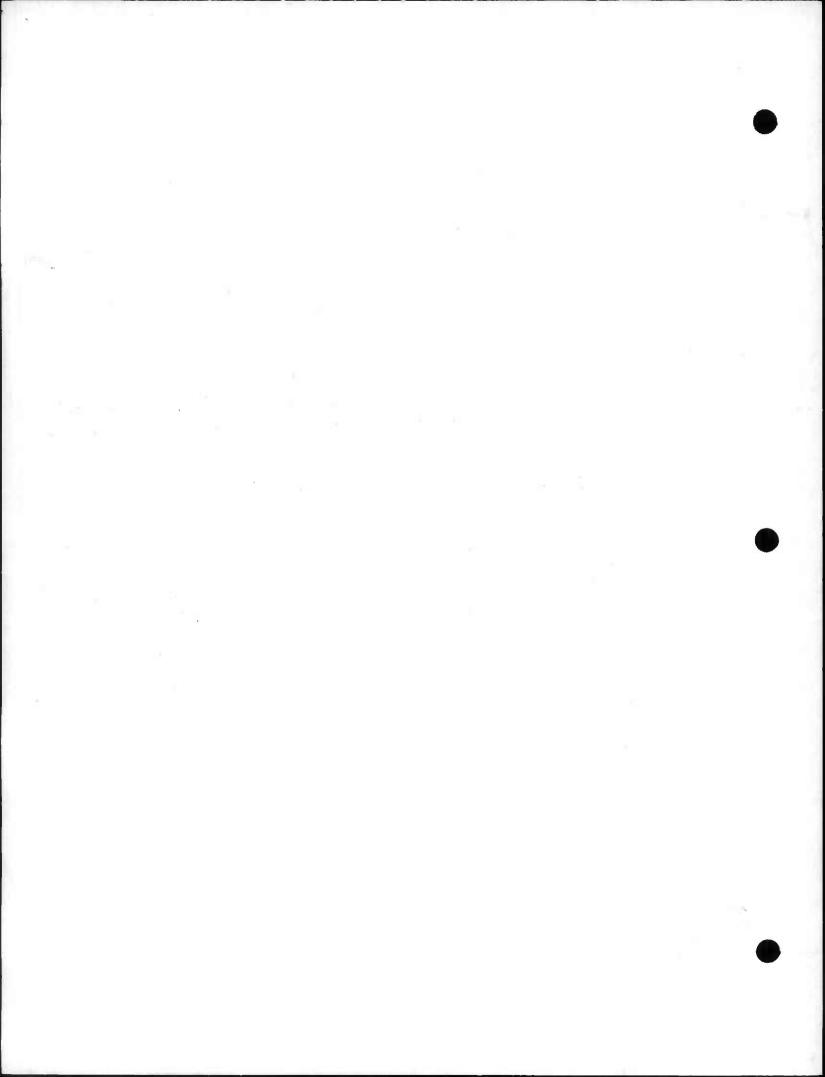
	REGISTRAR		CERT	IFIC/	ATE OI	DEATH		REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Lust) Alice R.	I	Bartimo)			2. DATE OF MONTH Feb.	OEATH DA	, 19	94	3. TIME OF OEATH
		6. AG	E (In yrs. last birthd	MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D. Apri	BIRTH			PLACE (State or Foreign Mass.
R	9e. FACILITY NAME (If not institution, give stree Anne Arundel Me			9b.		on LOCATION OF DI	PC. COUNTY OF DEATH Anne Aru			EATH	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c.	CITY, TO	WN OR LOC	ATION					10d. INSIDE CITY
10	MD Anne	Arunde.	L	Gambrills						1751 05 1	LIMITS? 1 YES 2 NO /HAT COUNTRY?
FUNERAL	953 Waugh Cha			101. ZIP CODE 21054						USA	THAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 - HO	2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.					or No-	14. RACE Black WSppc	- American Indian, White, etc. 外と
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	mpleted)	18e. DECEDEN (Give kind life. Do NO	of work of	done during n	TION nost of working	16b. Kil	ND OF BUS	INESS/IN	DUSTRY	
MPLE	12	College (1-4 or 5+)	100		ife			useh			
8	17. FATHER'S NAME (First, Middle, Last) John P.	Moore				Victor	ia T	hiba	Surname)		
TO BE	19e. INFORMANT'S NAME (Type/Print)					end Number or Rural					
	Ralph M. Bart		131	TE OF DI	SPOSITION (ll Rd O	OATE			City or To	wn, State
	XXBuriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	Marylar	and Veterans Cem. Crownsville,						le, MD		
	22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P. A 12 Ridgely Avenue, Annapol										
CERTIFICATION										Interval Between Onset and Death	
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. Drabetes wellutus 246. WAS AN AUTOPSY PERFORMED? 1 VES 2 VOO 1 VES 2 VES 2 VOO 1 VES 2 VES 2 VOO 1 VES 2 VES 2 VOO 1 VES 2 VES 2 VOO 1 VES 2 VES 2 VOO 1 VES 2									WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA		IOSPITAL:			HER:	PLACE OF OEATH (Ch					
ву рнуз	27. MANNER OF OEATH 1 Metural 5 Pending	28e. DATE OF INJUR (Month, Day, Yea	Y 28b.	TIME OF	28c. II	me 5 Reeldence IJURY AT ORK? YES 2 NO	6 ☐ Other (S 28d. DE\$CR		JURY OC	CCURED	
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	IRY — At home, ter pecify)	m, street	t, factory, off	ice	28f. LOCATIO	ON (Street e own, Stete)	nd Numbe	or Aural A	loute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:) end menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	29b. SIGNATURE AND TITLE OF PERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH				29c. LICENSE NUI	UMBER 29d. DATE SIGNED 13 4. ▶ 425			2 S	(Month, Day, Year)
	Dr. Pressey	1	684 Vil			en, Croft	on, M)			
	MAR 0 1 1994	32. REGISTRAR'S SI									

IN LENVINUS PHYSICIAN: The law requires that the death certificate be executed within Mours after death. Page 6 may be retained by the hospital or attending physician.

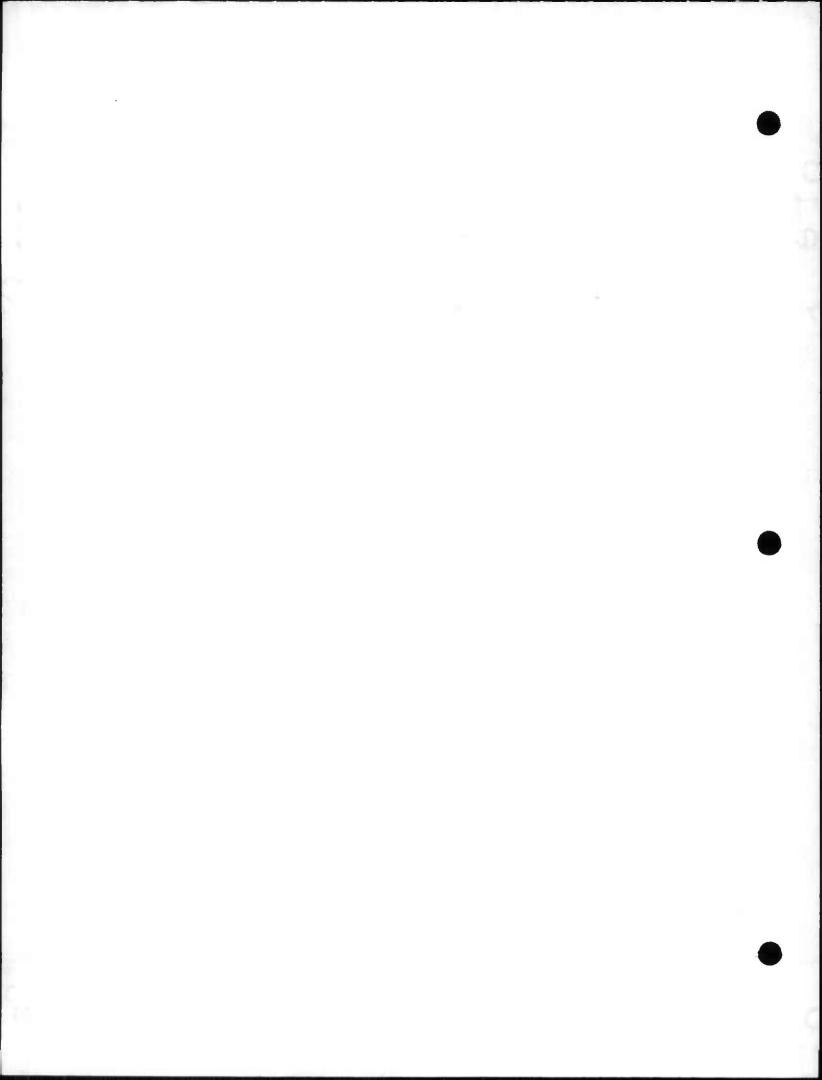
The state of the state of the standing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be exactly as the standard or the stan ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

im 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020



		1 - FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGIEN		4 05895		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY YI	3. TIME OF DEATH		
		Mary Ann		Bates			Feb. 2	5, 199	94 M		
훻	7/	4. SOCIAL SECURITY NUMBER 505-24-2733	1 🗆 M 2 🗓 🗶 💢 7	n yrs. last birthday) 1 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Mar. 20,	1922 _N	BIRTHPLACE (State or Foreign Country) ebraska		
2, 3 should	POR	99. FACILITY NAME (If not institution, give st Anne Arundel M		ter	96. CITY, TOWN C	OR LOCATION OF DI	EATH	Pc. COUNTY	of DEATH Arundel		
Pages 1.	DIRECTOR	10a. STATE 10b. COUNTY MD Anne	Arundel		ry, rown or Local				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
sit permit	FUNERAL	100. STREET AND NUMBER 186 Lees Lane			101	21037			OF WHAT COUNTRY?		
the hospital or attending physician. detached for use as the bunat-transit permit. Pages 1, 2, once.	TO BE COMPLETED BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		NIC ORIGIN? (Specify Yein, Puerlo Rican, atc.)	8 or No — 14.	RACE — American Indian, Black, Whita, etc. Specify: White		
spital or attend led for use as		15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)					16b, KIND OF BU	FRY			
hours after death. Page 6 may be retained by the hospital or ed in by the funeral director, page 5 should be detached for or removal. medical examiner must be notified at once.		t7. FATHER'S NAME (First, Middle, Lest) Chester	nester Ball C						Early		
		196. INFORMANT'S NAME (Type/Print) Leonard Carl Bates 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 186 Lees Lane, Edgewater, MD 21037									
		20a. METHOD OF DISPOSITION 1			of DISPOSITION (Ne		j	ocation — chy	or Town, State		
ifter death. Pag the funeral di- loval.		21. SIGNATURE OF FUHRHAL SERVICE CIC		11	22. NAME A	esty Fu		ome, F	P.A.		
executed within and completely fill, to burial, cremation, matic event, the	TION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	not enter the mo	de of dying, suc	h as cardiec or resp	iratory arrest	Approximate Interval Between Onset and Death We won to		
th certificate anding phys Hygiene p	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
v requires that the been signed by the t. of Health and Mi shows any Inju	AN: MEDICAL	PART II. Other significant condition	e contributing to deeth bu	it not resulting	In the underlying	g ceuee given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
SICIAN: The lav certificate has the State Dep I, or Item 23	SIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO	HOSPITAL:	itlant 3 DOA	OTHER:	ACE OF DEATH (Ch	6 Cher (Specify)				
NG PHYSICIA fer this certi eath with the marked, or	ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. T(8	JURY WO	URY AT HRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED		
ATTENDING I ECTUR: After 11 amer death 11 28 Is mai	ETED E	3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY building, atc. (Speci		street, factory, offic	•	281. LOCATION (Street City or Town, State		Rural Route Number,		
HOSPITAL DOLL WINETAL DIES TANT. II Hem	COMPLE	000)	CIAN: To the best of my knowle R: On the beals of examination						suse(s) and manner as stated.		
TO THE HOSEN TO THE WINE DE BING MINORITANT	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Could	Bar	ruer.	MA	29c. LICENSE NUI	469	29d. DATE SI	IGNED (Month, Day, Year)		
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10		MAR 0 1 1994	A2, REGISTRAP'S SIGN	TURE							



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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with: Thousafter death. Page 6 may be retained by the hospital control of the control of the property of the prop	THE PLINE RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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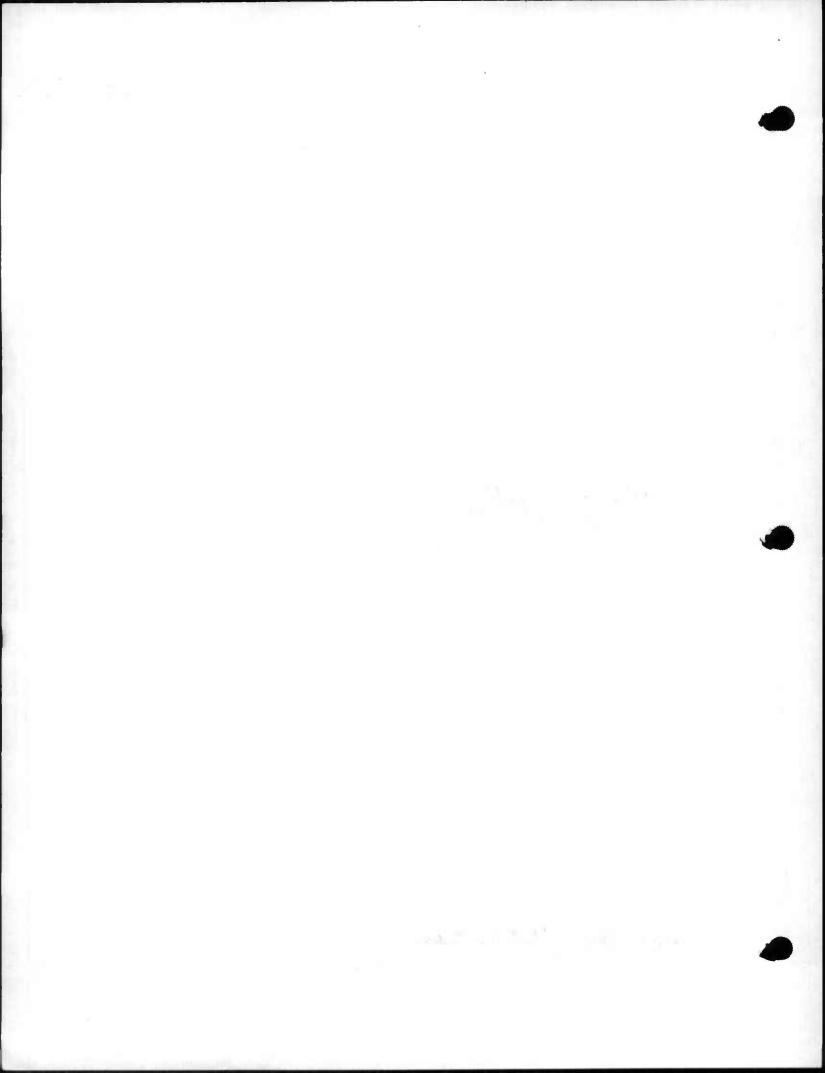
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25, WAS CASE REFERRED TO MEDICAL			28 BLACE OF DEATH OF			
EXAMINER?	28. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 21. PLACE OF DEATH (Check only one)					
27. MANNER OF DEATH 1 X Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED		
3 Suicide 6 Could not be	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

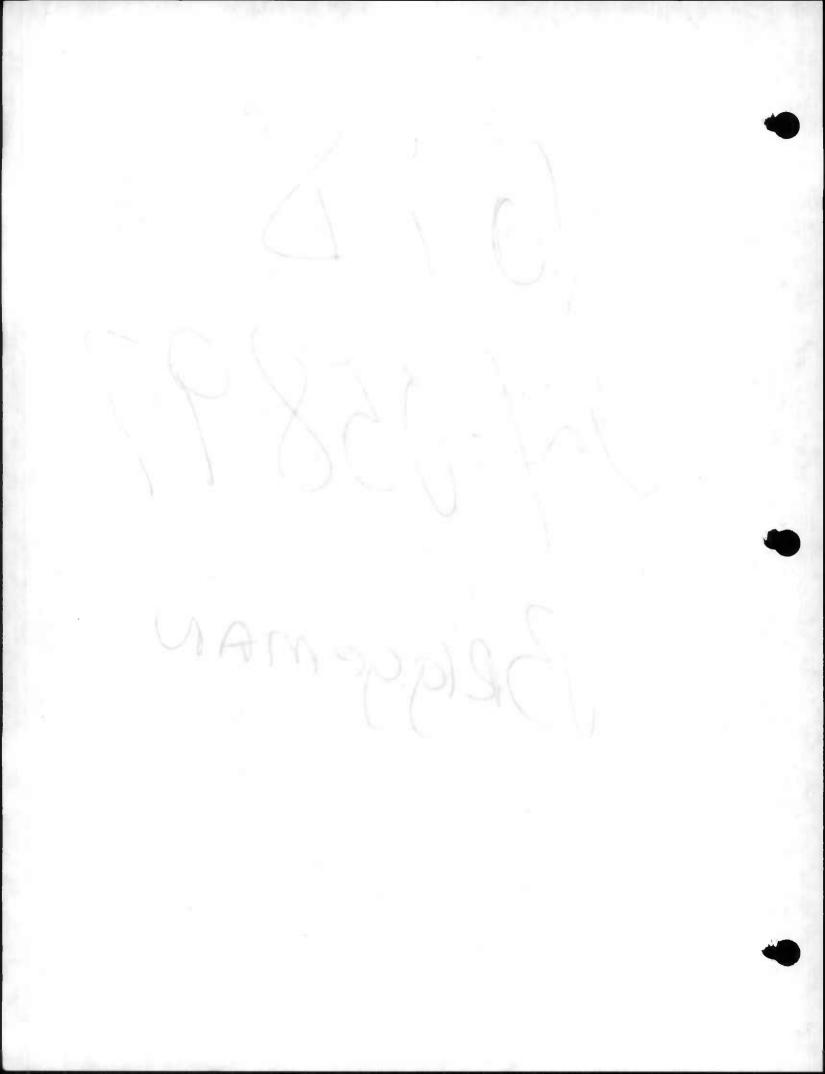
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Gracito V. Patricio , M.D.

June Daydson Randell 31. DATE FILED (Month, Day 10ar) MAR 0 1 1994

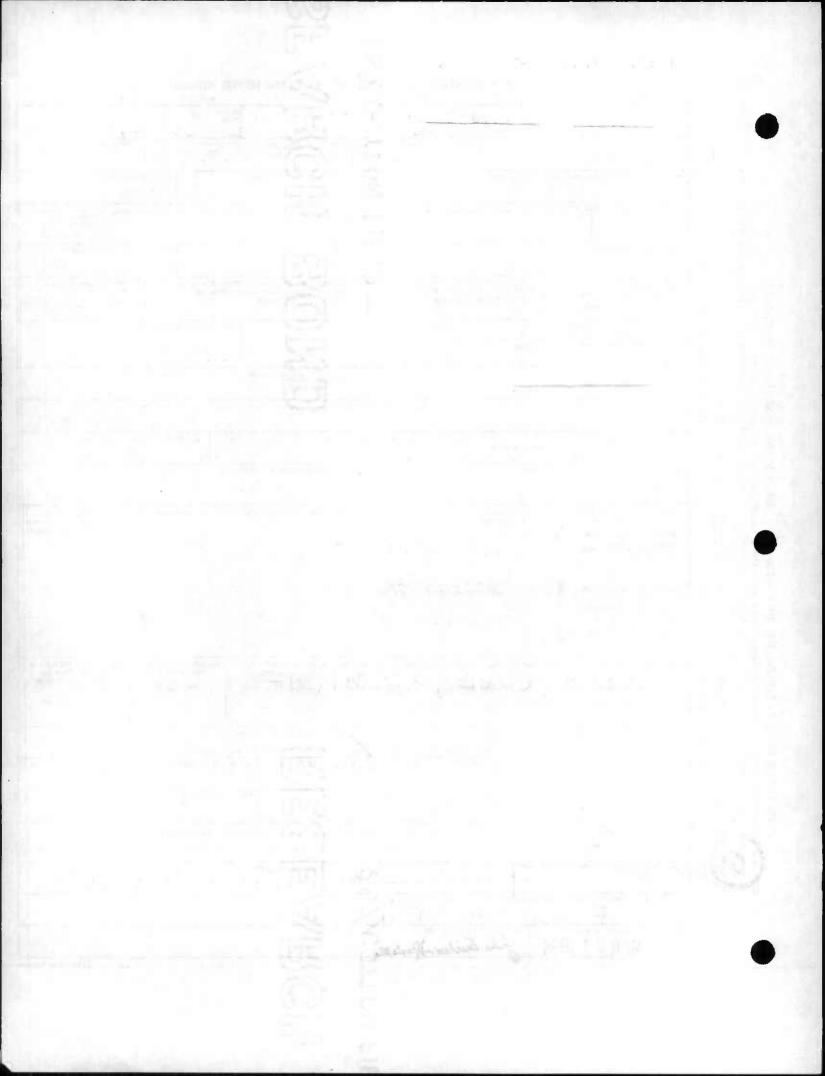


101 94-05897 BRIGGEMAN



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last 2. DATE OF DEATH MONTH 3. TIME OF DEATH EDGAR LEROY CLARK YEAR 12:40 PM M a Ux 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest bir 5 SEY 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS MARYLAND 04-19-10 220-07-9962 83 YRS. 1 M 2 F 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH JOHNS HOPKINS HOSPITAL BALTIMORE, MD DIRECTOR n/a RESIDENCE OF DECEDENT Pages 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND n/a **UPPER** FALLS YES 2 NO permit. 10e. STREET AND NUMBER 10f. ZIP CODE FUNERAL 10a. CITIZEN OF WHAT COUNTRY? 8012A BRADSHAW ROAD 21156 UNITED STATES burial-transit hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2 100 11. MARITAL STATUS 14. RACE — American Indian, BALTIMORE, MARYLAND 21215-0020 1 XX Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES BLACK BY 3 Widowed 4 Divorced use as the COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Por Elementary/Secondary (0-12) College (1-4 or 5+) LABORER U.S. FEDERAL funeral director, page 5 should be detached 6 TH GOVERNMENT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Sumame) retained by the LARRY CLARK Ħ Clark Sr. ANNIE BERRY Harry BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 0 EDNA CLARK 8012a BRADSHAW ROAD, UPPER FALLS, MARYLAND21156 9 20a. METHOD OF DISPOSITION
1Å Buriel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must "VOSHELL" "MEMORIAL GARDENS 03-01 DUNDALK, MARYLAND 4 Donation 6 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH. - 1101 E. NORTH AVENUE ysician and completely filled in by the prior to burial, cremation, or removal. medicai 23. RART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory errest, shock, or heart failure. List only one cause on each line. **Approximate** IMMEDIATE CAUSE (Fine) **Onset and Dasth** 華 disease or condition resulting in death) arynalal event, BOX 68760. WE TO OR A A CONSTQUENCE OF traumatic gano CERTIFICATION Sequentially list conditions. DUE TO (CIT AS A CONSEQUENCE OF) If any, leading to immediate attending physician cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): ntal Hygiene DIVISION OF VITAL RECORDS, P.O. that initiated events resulting in death) LAST 10 signed by the a PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL amy 1 YES 2 NO OF DEATH? Shows 1 YES 2 NO bas been se Oept. of H PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL # PLACE OF DEATH (Check only one) this certificate h HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 NO ATTENDING PHYSICIAN: 1. Inpetient 2 ER/Outpetient 3 ODA 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending 1 YES 2 NO BY After 2 Accident 28s. PLACE OF INJURY - At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 28 ls 6 Could not be ECTOR: / ED 4 Homicide COMPLET 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 94 25 7 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, 32. REGISTRAR'S SIGNATURE

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Pages 1, 2,

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funeral director, page 5 should be detached

and completely filled in by the purial, cremation, or removal,

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OR ATTENDING PHYSICIAN: The law

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Page 6 may

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DIRECTOR

FUNERAL

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COMPLETED

BE notified

once.

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ELIZABETH

BALTIMORE

6. SEX

Se. FACILITY NAME (If not institution, give street and number, GREATER BALTO.MEDICAL

RUXVIEW

15. DECEDENT'S EOUCATION (Specify only highest grade complete

SAMUEL

WILLIAM T.CONKLIN III

un

shock, or heart failure. List only one ceuse on each line.

20a METHOO OF DISPOSITION
XXBuriel 2 Cremetion 3 Removal from State

RESIDENCE OF DECEDENT

MARYLAND

11, MARITAL STATUS

10 YEARS

10e. STREET AND NUMBER 19

1 Never Married 2 Married

ntary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

19a. INFORMANT'S NAME (Type/Print)

4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE

3 Widowed XXDivorced

ZABETH EGERTON CONKLIN 6. SEX 6. AGE (In 178. last birthday) F UNDER 1 YEAR IF UNDER 24						2. DATE OF DEATH DAY YEAR 02-23-94 12:					
6. SEX 1 M 2XXE	6. AGE (In yra		IF UNDER MONTHS	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 08-19-		Count	HPLACE (State or ry) ARYLAN	
et and number) [EDICAL	CENT	ER	9b. CITY,		OWS (9c. COUNTY OF DEATH BALTIMOR				
LTIMOR	E	10c. CIT	Y, TOWN O		UXTC	N			H	10d. INSIDE CILLIMITS?	
W COU	RT			101	r. ZIP CODI	2120)4	10g. CIT		WHAT COUNTRY	,
12. WAS OECEDENT FORCES? 1 IF YES, GIVE W	YES Z	NO	- 11	yes, sp			IIC ORIGIN? (Specify n, Puerte Rican, etc.)	Yea or No-	Blac Spec	E — American in k, White, atc. iiiy: VHITE	dlan,
TION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) REALTOR				ng	196. KIND OF BUSINESS/INDUSTRY REAL ESTATE						
E. EGEI	RTON	JR.					ME (First, Middle, Maid E APPLE	,	ryl E	ER	
IN III		196. MAILING					Route Number, City or RD., RUXT		,	JAND 2	1204
al from State		CEANDDATE			me of	ERY	1	IKES		own, State JE, MD	2120
NDEE			22.1		HENE		W. JENK	TNS	&	SONS	

4905 YORK ROAD, BALTIMORE, MD.

IMMEDIATE CAUSE (Final disease or condition resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST MEDICAL

DUE TO (OR AS A CONSEQUENCE OF): RESPIRATORY FAILURE OUE TO (OR AS A CONSEQUENCE OF):

23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory arrest,

HEART

CONGESTIVE

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. HYPERTENSION

24s. WAS AN AUTOPSY PERFORMED? 1 YES Y NO

24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

21212

Onset and Death

1 MONTH

DAYS

Approximate

1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 1 TYES XX NO

27. MANNER OF DEATH

XXNetural

3 Suicide

2 Accident

4 Homicide

5 Pending

HOSPITAL: XXX patient 2 - ER/Outpatient 3 - DOA 28a. DATE OF INJURY (Month, Day, Year)

OTHER: 26b. TIME OF 28c. INJURY AT WORK?

4 Nursing Home 5 Residence 6 Other (Specify) 28d. OESCRIBE HOW INJURY OCCURED

26. PLACE OF DEATH (Check only one)

1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify)

FAILURE

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

Investigation

6 Could not be datermined

28a, CERTIFIER XXCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, desth occured at the time, date and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER D 25205 29d. DATE SIGNED (Month, Day, Year) 02-23-94

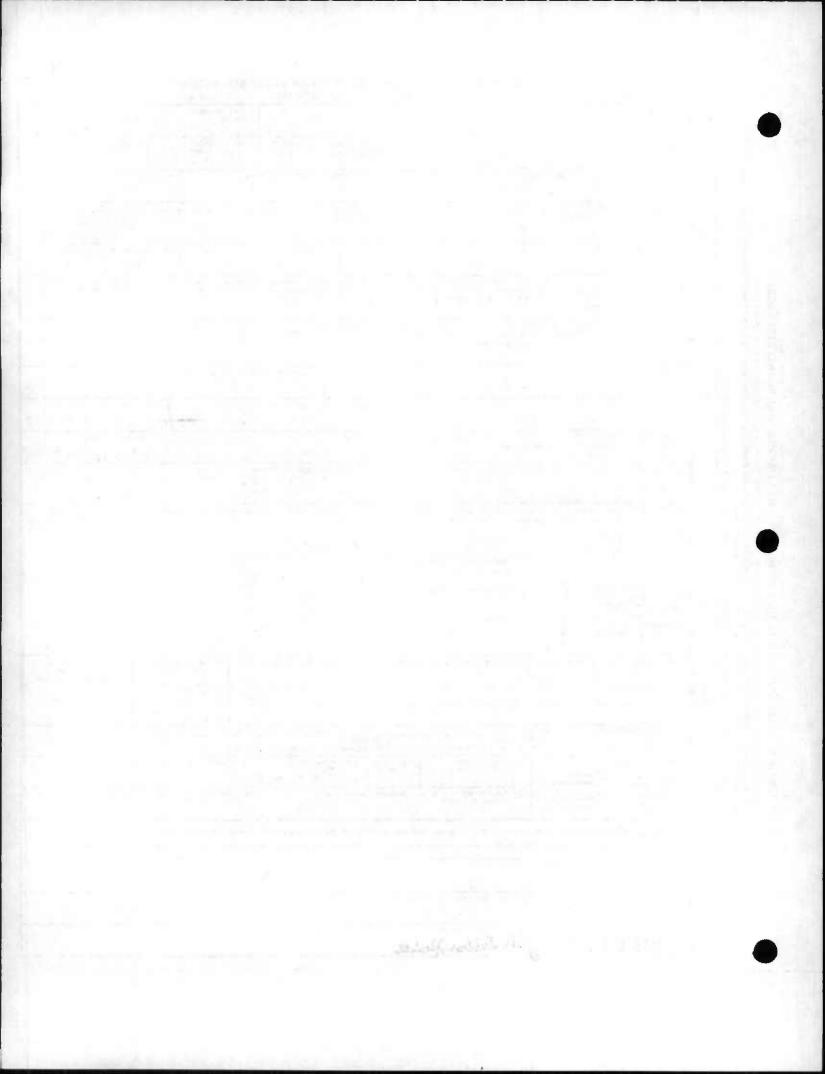
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ANTHONY W. RILEY M.D., 6701 NORTH CHARLES STREET, TOWSON, MD. 21204

31. DATE FILED (Month, Day, Year) MAR 0 1 1994 which twide

TO THE HOSPITAL O
TO THE FUNERAL DI
De filed within 72 ho
IMPORTANT: If its

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

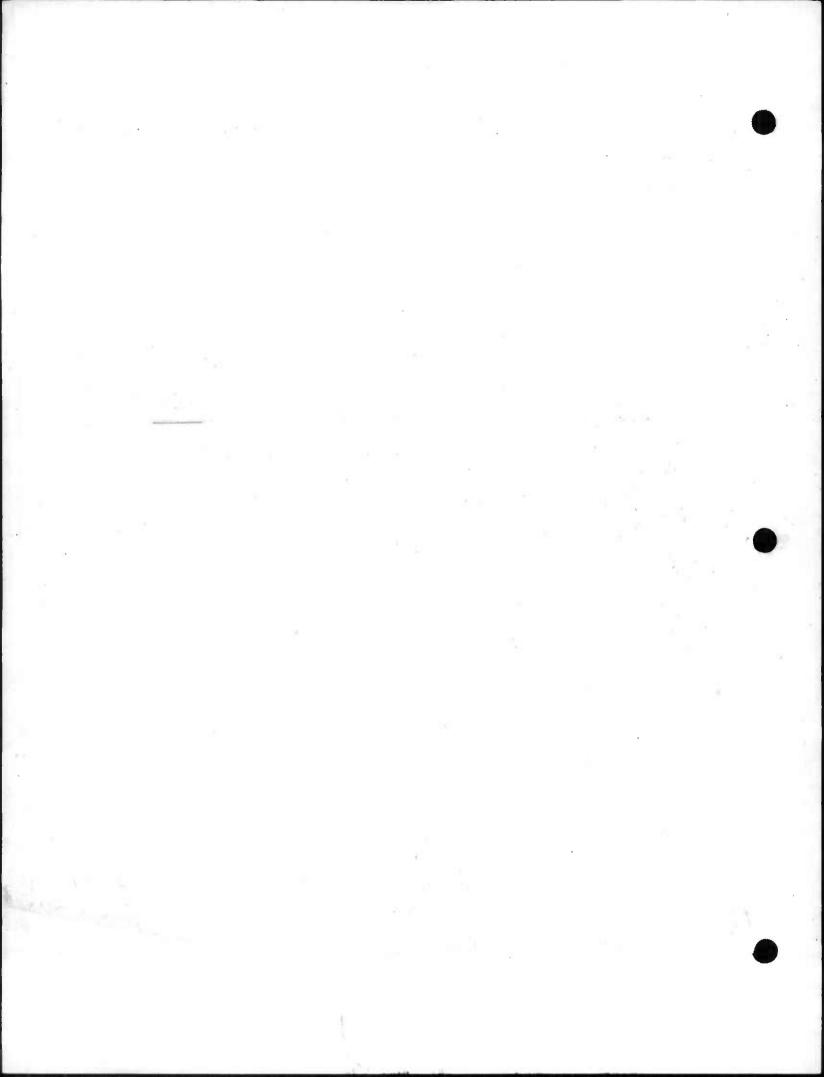
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	ITEM: 19b, PER F.H. F							0	1.	05000
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME			MENTAL	HYGIENI REG. NO.	E J	L	05900
	1. DECEDENT'S NAME (First, Middle, Last)	anAChark				2. DATE O MONTH	F DEATH DA	y	YEAR 94	3. TIME OF DEATH 9:53 4 M
	4. SOCIAL SECURITY NUMBER 217-07-8087	5. SEX 6. AGE (In yrs. le	YRS. IF U	HS DAYS	IF UNDER 24 HRS. HOURE MIN.		F BIRTH Day, Year) 2-191	5		PLACE (State or Foreign 'yland
TOR	99. FACILITY NAME (If not institution, give st Sinai Hospital	reet and number)	9ь. (or Location of Di Ltimore	EATH		9c. CDU	NTY OF DE	ATH
DIRECTOR	100. STATE 10b. COUNTY Maryland		toc. city, tow Ba.	vn on Locat						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	106. STREET AND NUMBER 3041 Fallstaff Ro							10g. CIT		HAT COUNTRY?
ВУ	t1. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	IF YES, GIVE WAR OR DATES Army 1 YES 2 X NO Specific Army 1 YES 2 X Y NO Specific Army						or No—	14. RACE Black, Specify	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12	condary (0-12) College (1-4 or 5+) College (1-4 or 5+) College (1-8 or 5+) College (1-8 or 5+) College (1-8 or 5+) College (1-8 or 5+)					Clot	hing:		
BE CO	Harry Charkatz Lena Bookoff							Bookoff		
TO	Dr. Harry M. Charkatz 196. MAILING ADDRESS (Street and Number or Rural Route Number, City ROBINS Code) 221 Fairways Drive Warner Ribons, GA 31088							31088		
6	20a. METHOD OF DISPOSITION 1X Mouriel 2 Cremetion 3 Remo	oval from State cameters or M1K		sh Bet	h Israel		20c. LOC	ation — Balti	more	rn, Slate , MD
	21. SIGNATURE OF FUNERAL-BERVICE LIC	Dain	1	Sol I 6010		& Bro stown	Road	Balt		e, MD 21215
	IMMEDIATE CAUSE (Fine)	Emplications that cause it had been stored to be cause on each line. a	le.	nter the mo	de of dying, suc	h ss cerdi	ec or reepli	ratory sn	rest,	Approximate intervel Between Onaet and Death
ERTIFICATION	Sequentisity liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	bue to (or as a conse Due to (or as a conse								years
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	s contributing to death but not	resulting in the	underlying	g ceuse given in		PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:									
	1 VES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	1 Inpetient 2 ER/Oulpstient 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WO	TURY AT ORK? YES 2 NO		Specify)	JURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — At h building, atc. (Specify)	ome, ferm, street,				TON (Street e Town, State)	nd Number	or Runal Ac	oute Mumber,
COMPLET		CIAN: To the best of my knowledge, d R: On the bests of exemination and/or								end manner se stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	02.00			29c. LICENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)

2 Accident 3 Suicide
4 Homicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be 29e. CERTIFIER (Check only one) 296. SIGNATURE AND TITLE DF CERTIFIEF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

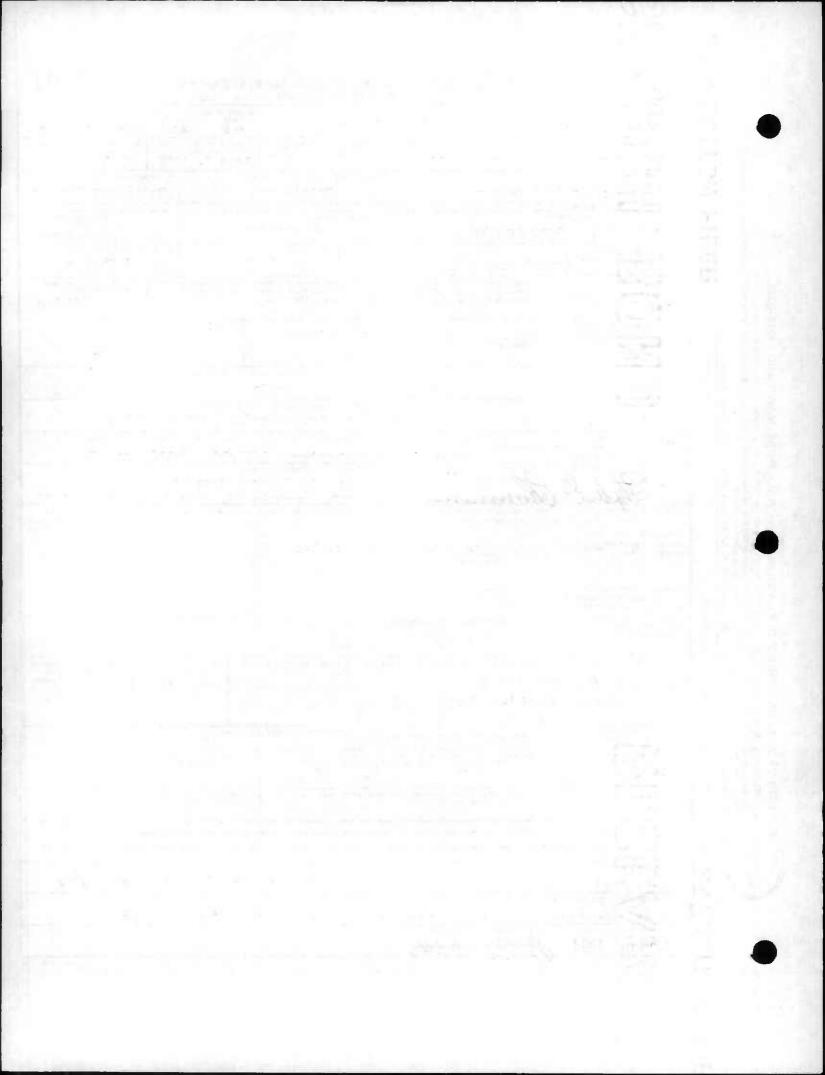
2/22/94 OF Baltimore 30. NAME AND ADDRESS OF PE Sinai A
31. DATE FILED (Month, Day, Year)
MAR 0 1 1994



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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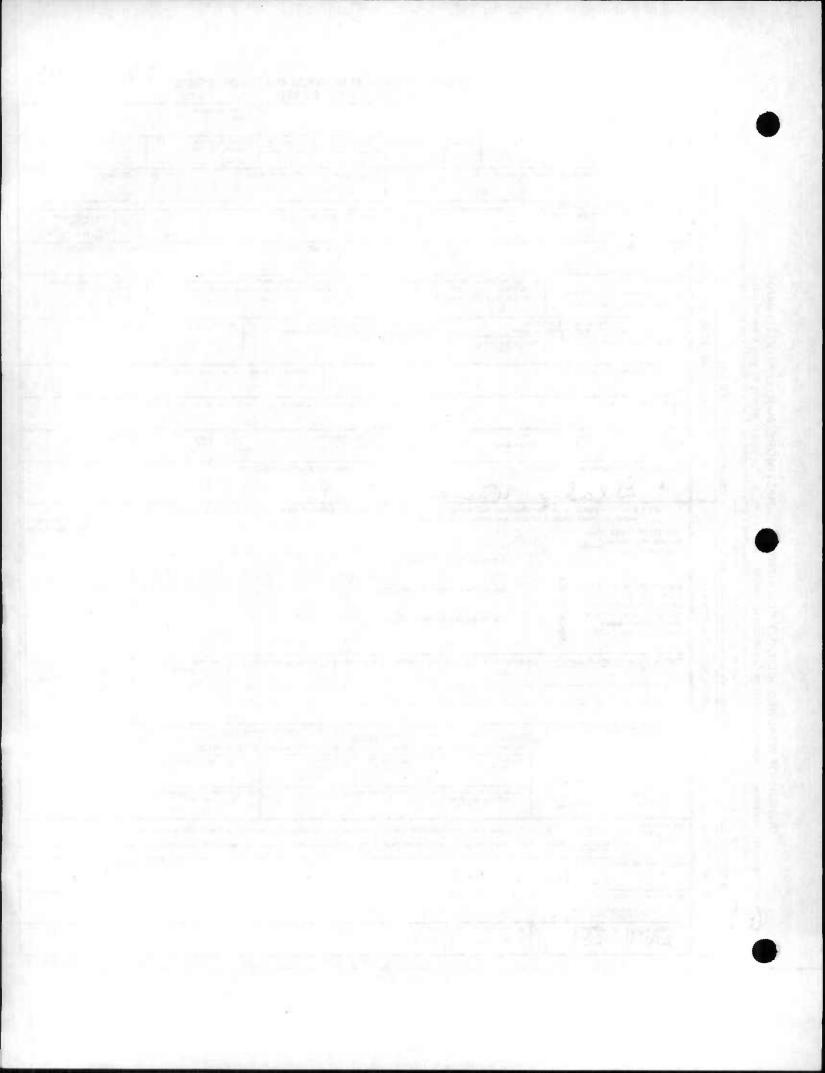
	1. OECEDENT'S NAME (First, Middle, Last VERLIE CRA	•	(Verlie	W. Cra	vens)	2. DATE		YEA 199			
	4. SOCIAL SECURITY NUMBER 323 20 3470	5. SEX 6. A	NGE (In yrs. lest birti	res. IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE (Mon	(Month, Day, Year) Count		entucky		
	9a. FACILITY NAME (If not institution, give	street and number)		96. CITY	, TOWN OR LOCATION OF						
TOR	Harbor Hospi	tal Center		Baltimore			Baltimore City				
DIRECTOR	10e. STATE 10b. COUN	nne Arundel	100	10c. CITY, TOWN OR LOCATION Pasade			20a 10d. INSI				
FUNERAL	10s. STREET AND NUMBER	urel Dr.		101. ZIP CODE 21					States		
N.	11. MARITAL STATUS	12. WAS DECEDENT EV	ED IN ILE ADMED	140	WAS DECENDENT OF HISP						
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 1	YES 27 NO	27 NO If yes, specify Cuben, Mexican,			Ricen, etc.)	В	ACE American India liack, White, etc. pecify: Whi		
ETED	15. DECEOENT'S ED (Specify only highest gred		(Glvn kir	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working			16b. KIND OF BUSINESS/INDUSTRY				
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do f	memake:	and secondaries		Domestic				
S S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	IAME (First,	First, Middle, Melden Surneme)				
BE	Nathan		Sexto	n	Mane	đa					
TO B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILINO ADDRESS (Street and Number or Rurel Route Number, City or To 631 Laurel Dr., Pasadena, MD							
	Sally A. Cra	vens				_		211			
	20a. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Rei 4 Donation 6 Other (Specify)	moval from State	20b. PLACE AND E cemetery, cremator	ov or other place!		2 /25 /		TION City o			
	21. SIONATURE OF FUNERAL SERVICE L	LICENSEE	Lorrain		Cemetery NAME AND ADDRESS OF I		94 Ba	1timor	e, MD		
	5410	40			McCully Fun		Home of	Pasad	ena		
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate										
	IMMEDIATE CAUSE (Final disease or condition		on each line.			uch aa car	diac or reapirat	tory arrest,	Approxima interval Ba Onset and		
TION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	aON		Heart		uch aa car	uac or reapres	ory arrest,	interval Ba		
TIFICATION	disease or condition resulting in death) Sequentially list conditions,	a. OUE TO (OR. OUE TO (OR.	gestive As a consequen	Heart ICE OF):		uch aa car	diac or reapprais	ory arreat,	interval Ba		
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO

BE CO	CERTIFYIND PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated. CERTIFYIND PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end due to the cause(e) end										
COMPLET	(Silveri Silveri									r(e) end manner en al	
ED BY	27. MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 5 Could not be determined determined							ATION (Street end h or Town, Stete)	lumber or Rura	I Route Number,	
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJE	URY 26	b. TIME OF	28c. INJURY	AT		r (Specify) SCRIBE HOW INJUR	Y OCCURED		
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	/Outpatient 3 🗆	DOA A N							
AN:	25. WAS CASE REFERRED TO MEDICAL				28 01 405	OF DEATH (Ch	ack act.				
MEDICAL									NO	COMPLETION OF COOP DEATH?	
	PART II. Other significant condition	ona contributing to dea	ith but not reau	iting in the	underlying ce	ouse given in	Part I.	24a. WAS AN AUTO PERFORMED		Ib. WERE AUTOPSY FIR	
CERTIFI	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEDUENCE OF):										
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
Z	Paguardiathy list dist		POSITIVE		S						
	ahock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PNEUMC	on each line.			-,,	- val	. respirato	- / wiredly	Interval Be Onset and	
	23. PART I. Enter the diseasea, or	complications that ca	used the death	. Do not ent				4300 W		AVE	
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL, SERVICE L	JCENSEE	GARRI		FORES			94 OWI	NGS M	IILLS, M	
TO BE COMPLETED BY F	20s. METHOD OF DISPOSITION XXBuriel 2 Cremetion 3 Re-		20b. PLACE AND	DATEOFDISP	OSITION (Name of	of	OAT	E 20c, LOCATI	ON — City or	Town, State	
	19e. INFORMANT'S NAME (Type/Print) 19b. MAILIND ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) CHARLENE FORTUNE 5402 CRISMER AVE BALTO, MD 21215										
	HERBERT CAMP	BELL		115	100			IMORE)	Yell	
	FEDREAL GOVERMENT GENERAL 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surname)								VICES A		
	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16e. DECED (Give k life. Do	ENT'S USUAL ind of work don NOT use retired	OCCUPATION be during most of i.)	working	16b	. KIND OF BUSINES			
	1 Never Married 2 Merried \$\times Widowed 4 Divorced	IF YES, DIVE WAR	OR DATES		XIXYES 2 □ NO Specify: BLA				BLACK		
FUNER	5402 CRISMER	12. WAS DECEDENT EV	/ER IN U.S. ARMED) 1		21215 ENT OF HISPAI Cuben, Mexica	NIC ORIGIN	I? (Specify Yee or N	lo— 14, RA	S.A. CE — American Indie	
ERAL DI	10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF									WNAT COUNTRY?	
2	10e. STATE 10b. COUN	ТҮ	10	BAL	OR LOCATION					10d. INSIDE CITY	
стоя	FORT HOWARD HOSITAL BALTO										
	231 01 8898 9e. FACILITY NAME (If not institution, give	1 M 2 F	76		TY, TOWN OR L	OCATION OF DI		4-17	COUNTY OF	V A DEATH	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest bin	YRS. F UND		UNDER 24 HRS.	(Monti	OF BIRTH h, Day, Year)	8. BIR	THPLACE (State or For ntry)	
										8:15	



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FOR

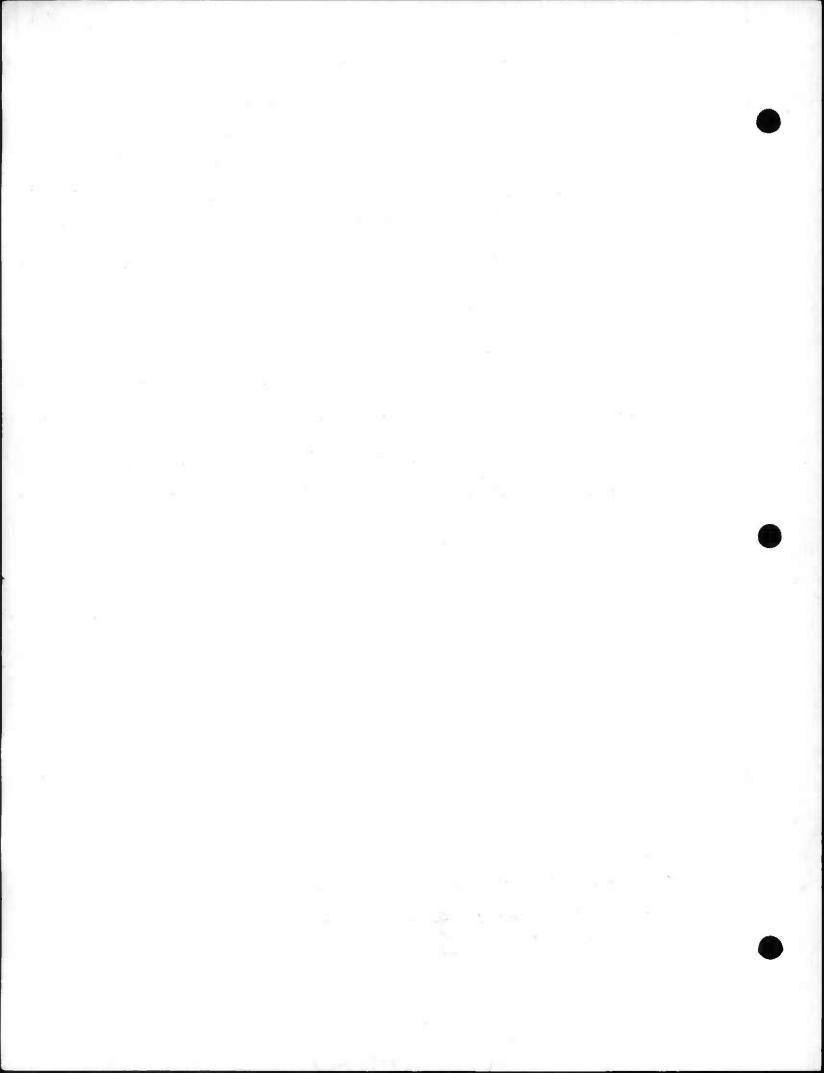
ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-709 3/28/94 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Calph Ca	street and number) Street CO St. 12. WAS DECEDENT E FORCES? 1. FYES, GIVE WAR VIETNAT College (1-4 or 5+) Paul E. (arver noval from Stale	Carve	ARMED NO DECEDENT'S LE (Give kind of with the Do NOT use Longs Pr, Sr. 1606	Baltinon or Loc. Balto.	N OR LOCATION OF D TOTAL TOT	NIC ORIGIN? (S an, Puerto Rices 18b. Kilo	DAY 27 INFITH 3 1991 99 Decity Yee or, etc.) D OF BUSIN B, Malden Su Chy or Town, D . Md 20c. LOCA	19 45 9e. COUNT 10g. CITIZE Unit Ness/INDUS Carte State, Zip C 21	er Code) 230 ty or Tow	yland ATH 10d. INSIDE CITY LIMITS? XXYES 2 NO HAT COUNTRY? States American Indian, White White, etc.
ALL SECURITY NUMBER 4-44-3563 CHITY NAME (If not institution, give so OO S. Charles DENCE OF DECEDENT TOTAL STATUS EVERT AND NUMBER 1606 Pataps RITAL STATUS EVER Merried (Specify only highest grade (Specify only highest grade HER'S NAME (First, Middle, Last) FORMANT'S NAME (First, Middle, Last) FORMANT'S NAME (First, Middle, Last) FORMANT'S NAME (First, Middle, Last) HER'S NAME (First, Middle, Last) HER'S NAME (First, Middle, Last) FORMANT'S NAME (First, Middle, Last) HATTLE Enter the diseases, or shock, or heart failure. DIATE CAUSE (Finel)	Street CO St. 12. WAS DECEDENT E FORCES? 15. YEYES, GIVE WAR VIETNAT Conspoleted) College (1-4 or 5+) Paul E. (arver noval from Stale	20b. PLAC	ARMED NO DECEDENT'S C (Give kind of with the Do NOT use L Ongs 1606.	BUNDER 1 YEAR HONTHS DAYS BELTI: TOWN OR LOC. Balto. 13. WAS DE If yes. 1 1 VE SUAL OCCUPAT RR done during n reflect.) Pata Colsposition (n profice) 12. NAME (n	HOURS MIN. N OR LOCATION OF D IMORE C CATION City 10f. ZIP CODE 21230 DECENDENT OF HISPA specify Cuben, Mexic ES XXNO Specify Anna 18. MOTHER'S N. Anna of and Number or Rural I PSCO St (Name of Cemetery	Feb 7. DATE OF E 1/4/2/1/2 Pe 1/4/2/1/2 Pe 1/4/2/1/2 Pe 1/4/2/1/2 Pe 1/4/2/1/2 Pe 1/4/2/1/2 Pe 1/4/2/1/2 Pe 1/4/2/1/2 Pe 1/4/2 Pe 1/4/2/1/2 Pe 1/4/2 Pe	27 JIFTH JOSEPH 194 JOSEPH 1	19 45 9e. COUNT 10g. CITIZE Unit No- 1 NESS/INDUS State, Zip C 21	94 BIRTHPP Country) Mar Y OF DEA A. RACE Bleck, Specify STRY Code) 230 ty or Tow	PLACE (State or Foreign y 1 and ATH 10d. INSIDE CITY LIMITS? XXYES 2 NO HAT COUNTRY? States - American Indian, White, etc. White
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	d									-
II. Other significant condition	ns contributing to de	eath but no	ot resulting in	the underlyi	ring cause given in		PERFORM	ED?		WERE AUTOPSY FINDI AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (C	heck only one)				
AMINER? XYES 2 NO	HOSPITAL:	R/Outpatient	3 DOA	OTHER:			ecilu!			
NER OF DEATH	26e. DATE OF IN.	JURY	28b. TIME	OF 28c. If	INJURY AT			IURY OCCU	RED	
Natural 5 Pending		Year)		M						
Cutalda	28a. PLACE OF II	NJURY - AI	0111110	MHI		28I. LOCATIO	N (Street and	d Number o	r Rural Ro	oute Number,
Homicide determined	building, elc	c. (Specify)								
1		y knowledge,	death occurred			e to the cause(e) end manne			
2 MEDICAL EXAMINI		minetion end/	for Investigation	, in my opinion,						
The Man Interior Centifie	1/		2				12	29d, DATE :	SIGNED (
AF AND ADDRESS OF DEDSON WIL	HO COMPLETED CALES	OF DEATH "	/1	Delet1	O.C.	M.E.		Fe	b 2	28 1994
in a sale of the s	II. Other significant condition CASE REFERRED TO MEDICAL MINER? XYES 2 NO INER OF DEATH Netural 5 Pending Investigation Suicide 6 Could not be determined determined MEDICAL EXAMIN CONTINUE AND TITLE OF CERTIFIE MEDICAL EXAMIN	ii. Other significant conditions contributing to describe the significant conditions contributing to describe the significant conditions contributing to describe the significant conditions contributing to describe the significant contributing to describe the significant conditions and significant conditions are significant conditions. The significant conditions are significant conditions and significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions and significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions contributing to describe the significant conditions contributing to describe the significant conditions contributing to describe the significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions	ii. Other significant conditions contributing to death but not contributing to death but not contributing to death but not contributing to death but not contributing to death but not contributing to death but not not contributing to death but not not contributing to death but not contribute to death but not not contribute to death but not contribute to death but not contribute to death but not contribute to death but not contribute to death but not contribute to death but not contribute to death b	il. Other significant conditions contributing to death but not resulting in in increase. CASE REFERRED TO MEDICAL HOSPITAL: CASE REFORMANT TO MEDICAL HOSPITAL: CASE REFERRED TO MEDICAL HOSPITAL: CASE REFERRED TO MEDICAL HOSPITAL: CASE REFERRED TO MEDICAL HOSPITAL: CASE REFERRED TO MEDICAL HOSPITAL: CASE REFERRED TO MEDICAL HOSPITAL: CASE REFERRED TO MEDICAL HOSPITAL: CASE REFERE	d	d	d	d	d	d

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



		1. DECEDENT'S NAME (First, A							2. DATE OF DEATH MONTH	DAY	YEAR 3.	TIME OF DEATH
		Robert		FPH CO	usin ea	u			2 3	5 9	4	1:43 A
		4. SOCIAL SECURITY NUMBER	DAF	5. SEX 0	A. AGE (In yrs. In:	7.	UNDER 1 YEAR		7. DATE OF BIRTH (Morth, Day, Year)		Country)	CE (Stete or Foreign
pino		9e. FACILITY NAME (If not insti		,	TU		CITY TOW	N OR LOCATION OF D	1-14-3		YENNSY	lvania
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21215-0020 Jor attending physician. Ior use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 M 3 Widowed 4 Divorce	Pr Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, it					specify Cuben, Mexico	en, Puerto Ricen, etc.)	s or No-	Black, W Specify:	
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, MARYLAND 2- e retained by the hospital of e 5 should be detached for i notified at once.	TO B	Anna G. Cous:	-	(mother)					Aoute Number, City or To			15235
BALTIMORE, it ter death. Page 6 may be the funeral director, page yval.		20e-METHOD OF DISPOSITIO 1 A Buriel 2 Cremetion 4 Donetion 5 Other (S	3 - Remove	al from State		AND DATE OF D		March 2, 19		sburgh,		sum. ylvania
ALTIMO death. Page 6 tuneral direct I.			Goseph	Dont					efeld Home	e Inc.		
BA after des by the fu moval.		Thomas							Baltimore			
ntely filled in the mation, or rel		23. PART I. Enter the dis- shock, or her IMMEDIATE CAUSE (Fina disease or condition resulting in death)	art fallure. Lis	Re	SPIRATI	ory f			ch as cerdiec or resi	oiratory arre	st,	Approximate interval Batween Onset and Death
0 - 5	z		b.		ATERAL		MON A	A	VO.			
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P.O. BOX 687 th certificate be execute the certificate be execute and cylindry physician and cylindry and hygiene prior to bunia or other traumatic	CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST		DUE TO (O	R AS A CONSE	QUENCE OF):	133 , 67	201100110	more Port, he	- 1141	uages.	
- ta 2 a .	CEF		d.						BCIENCH BYND	KOME		
ORC that the	EDICAL	PART II. Other significan	t conditions	contributing to d	eath but not	resulting in t	ha underly	ing cause given in		RMED?	CO	RE AUTOPSY FINDINGS VILABLE PRIOR TO MPLETION OF CAUSE DEATH?
Par reduced of the	Σ	·									1 [YES 2 NO
N: The law horder has be State Dept.	SICIAN	25. WAS CASE REFERRED TO	MEDICAL				26.	PLACE OF DEATH (C)	heck antiv one)			
F VITAL SICIAN: The lar certificate has the State Dept t, or Item 23	SIC	1 YES 2 XNO	1	IOSPITAL:	ER/Outpatient 3		THER:	ome 5 Residence				
OF VITAL PHYSICIAN: The law the certificate has with the State Dep	РНҮ	27. MANNER OF DEATH	C-L	28e. DATE OF IN (Month, Day,	IJURY Year)	28b. TIME OF		NJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCC	URED	
N TO THE	В	E C Houtestit	ending vestigation	NIA				YES 2 NO				
T N	ETED		ould not be stermined	28e. PLACE OF building, et	ic. (Specify)	- 4	it, factory, of	fice	281. LOCATION (Street City or Town, State	end Number (or Rural Route	Number,
PRIA DIE	COMPLE								to the ceuse(e) end me time, date end place, e			d menner ee stated.
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12		DR. CARLOS"				, , ,, ,	*	BALTIMO	RE.M 21	201		
10		31. DATE FILED (MONTE Day, Ye	1 1994	32. 9E STRAS	SIGNATURE	meet			RE, MO 21			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - FOR STATE REGISTRAR

1 - STATE REGISTRAR

1, 2, 3 should

DECEDENT'S NAME (First, Middle, Lest)

4. SOCIAL SECURITY NUMBER

216-09-3177

M

9a. FACILITY NAME (If not institution, give atreet and number)

HOWARD COUNTY GENERAL HOSPITAL

COOPER

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6. AGE (In yrs. last birthday)

YRS.

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Elementary/Secondary (9-12) College (1-4 or 5+) 12 17. FATHER'S NAME (First, Middle, Liast) 18. MOTHER'S NAME (First, Middle, Maiden Su COSIMA ANGELUCCIO 19a. INFORMANT'S NAME (TyperPrint) DAVE MCCRACKEN (GREAT NEPHEW) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, Cosima and Cosima	RACE COMPANY State, Zip Code) MARYLAND 21045-50 NTON - City or Town, State NSVILLE, MARYLAND KE FUNERAL HOMES								
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TOSEPH PAPANTA 19a. INFORMANT'S NAME (Type/Print) DAVE MCCRACKEN (GREAT NEPHEW) 20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from Stata 4 Donation 3 Other (Specify) 21. SIGNATURE OF FUHRAL SERVICE LICENSEE 22. PART I. Enter the disesses, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiral shock, or heart failure. List only one cause on each line.	State, Zip Code) MARYLAND 21045-50 NTION - City or Town, State NSVILLE, MARYLAND KE FUNERAL HOMES								
TOSEPH PAPANTA In the state of the paper of the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiral shock, or heart failure. List only one cause on each line.	MARYLAND 21045-50 ATION - City or Town, State NSVILLE, MARYLAND KE FUNERAL HOMES								
199. INFORMANT'S NAME (TyperPrint) DAVE MCCRACKEN (GREAT NEPHEW) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 190. MAILING ADDRESS (Street and Number or Rural Route	MARYLAND 21045-50 ATION - City or Town, State NSVILLE, MARYLAND KE FUNERAL HOMES								
DAVF: MCCRACKEN (GREAT NEPHEW) 737 KERRY HILL COURT COLDINBIA No. 1	NSVILLE, MARYLAND KE FUNERAL HOMES								
1 Burlet 2 Cremetton 3 Removal from State Cametery, cremetory or other place) 4 Denatton 3 Other (Specify) METRO CREMATORY 02/24/94 CATON 21. SIGNATURE OF FUNCTION 22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZE 1630 FDMONDSON AVENUE CATON 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiral shock, or heart failure. List only one cause on each line.	NSVILLE, MARYLAND KE FUNERAL HOMES								
21. SIGNATURE OF FUNCELIZEMINE 22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZH 1630 EDMONDSON AVENUE CAP 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiral shock, or heart fallure. List only one cause on each line.	KE FUNERAL HOMES								
23. PART I. Enter the disesses, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiral shock, or heart failure. List only one cause on each line.									
23. PART I. Enter the disesses, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiral shock, or heart failure. List only one cause on each line.									
DUE TO (OR AS A CONSEQUENCE OF): Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
PERFORM 1 YES 2	EO? AMAILABLE PRIOR TO								
25. WAS CASE REFERRED TO MEDICAL EXAMINER? EXAMINER?									
EXAMINER? 1 VES 2 NO 1 VES 2									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Part Of Injury (Month, Day, Year) 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Nitural 5 Pending Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJ	JURY OCCURED								
3 Suicide 6 Could not be determined determined determined	d Number or Rural Route Number,								
29s. CERTIFIER (Check only one) 29s. CERTIFIER (Check only one) 29s. CERTIFIER (Check only one) 20 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and death occurred at the time, data and death occurred at the time, data and death occurred at the time, data and death occurred at the time, data and death occurred at the time, data and death occurred at the time, data and death occurred at the time, data and death occurred at the time, data and death occurred at the time, data and death occurred at the time, data and death occurred at the time, data and death occurred at the time, data and death occurred at the tim									
S 29c. LICENSE NUMBER 20c.									

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

COLUMBIA

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

07-07-05

05905

3. TIME OF DEATH

920 AM 8. BIRTHPLACE (State or Foreign Country)

> 10d. INSIDE CITY LIMITS? 1 YES 2 NO

Approximate Interval Between Onset and Death

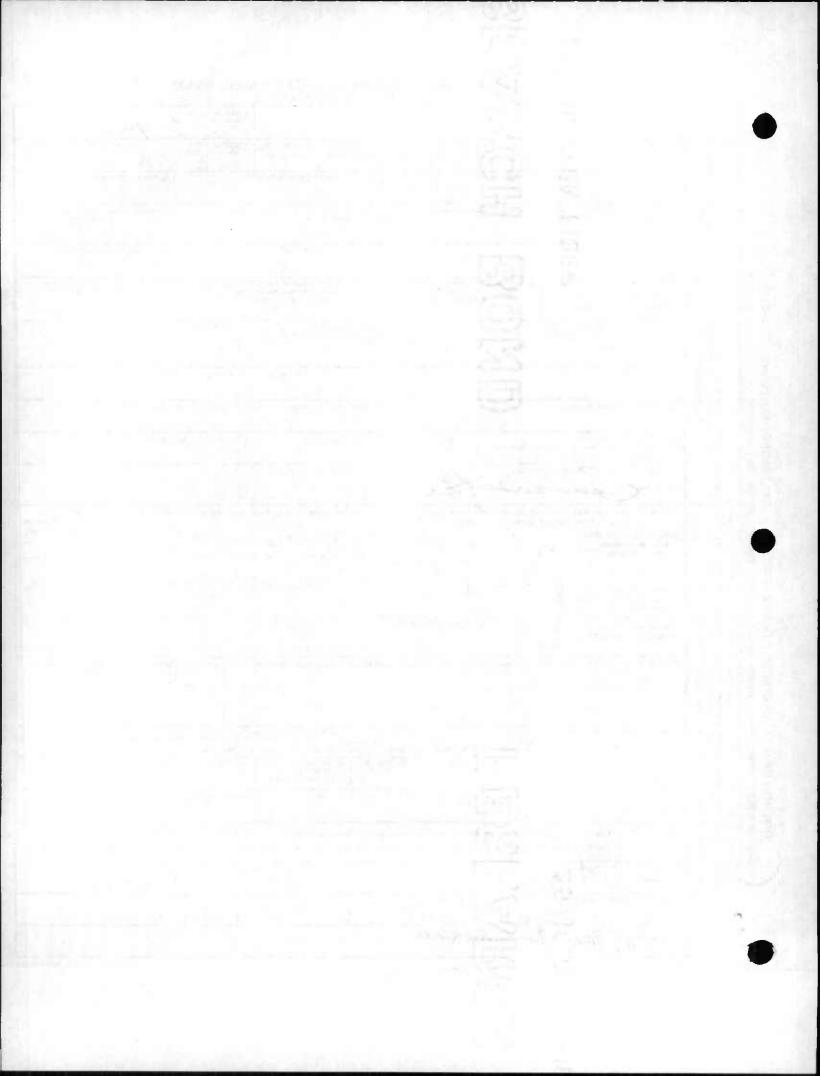
Mulays

Sc. COUNTY OF DEATH

HOWARD

MARYLAND 21045-5001

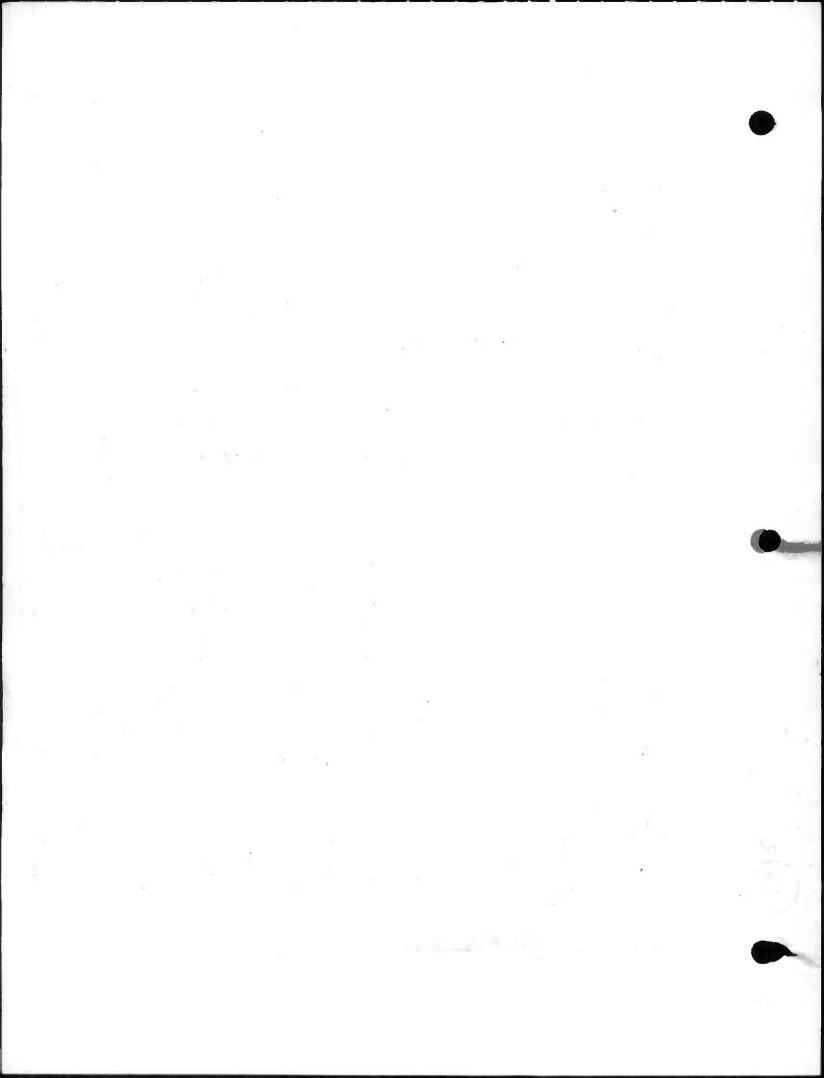
PENNSYLVANIA



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CIAN: The law requires that the death certificate be executed within burs after death. Page 6 may be retained by the hospital or attending physician.	4	e State Dept. of Health and Mental Hygiene prior to burial, c	MPORTMIT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
$\vec{\Box}$	4	the State Dept. of Health and	, or item 23 shows any in
DSPITAL OR ATTENDING PHYS	ERAL DIRECTOR: After this of	be filed within 72 hours after death with th	T. If Item 28 is marked
TO THE JOSP	THE FUNERAL DI	be filed within	MPORTANT

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1. OECEDE	NT'S NAME (First, Middle	e, Last)							E OF DEATH			3. TIME OF DEATH
(Virgini	a Geddes	Collie	er				Febu	irary !	18	94	2:20 P.M
4. SOCIAL	SECURITY NUMBER	5. SEX	6. AGE ('In yrs. last birthday)	IF UNDE		IF UNDER 24 HRS.		OF BIRTH		8. BIRT	HPLACE (State or Foreign
217-	-30-4477	1 🗆 M 23	E.	81 YRS.	MONTHS	DAYS	HOURS MIN.		11y 3,	1912	Mar	yland
	TY NAME (If not institution		r)		9b. CITY	, TOWN	OR LOCATION OF C	DEATH		9c. COL	INTY OF	DEATH
Pic	kersgill E				1 6	rows	on			В	alti	more
Pic RESIDE 10a, STATE	NCE OF DECEDE	COUNTY		10c CI	ry, town	OR LOCAT	TION					and moins out
					OWSOI		IION					10d. INSIDE CITY LIMITS?
	Yland I	Baltimore		1	OWSOI		. ZIP CODE			1 10a CIT	17EN OF	1 YES 2 X NO WHAT COUNTRY?
Š	615 Chest	tnut Avenu	ıe			1 "	21204			1 -	.S.A	
10e. STREE	L STATUS	12. WAS DEC	EDENT EVER IN	V U.S. ARMED	13.	WAS DEC	ENDENT OF HISPA	ANIC ORIG	N7 (Specify Ve			
	Merried 2 Merrie		1 YES			If yea, sp	ecity Cuban, Mexic 2 XNO Spec	cen, Puerto	Ricen, etc.)	0 01 110 —		E — American Indian, ck, White, atc.
- H	wed 4 Divorced					1 _ 123	2 <u>2</u> 110 3pec	ny.			Spec	White
Elemen Un	15. DECEDENT (Specify only higher	'S EDUCATION st grade completed)		16a. DECEDENT'S	USUAL O	CCUPATIO	ON ist of working	16	b. KIND OF BU	JSINESS/IN	DUSTRY	
Elemen	tary/Secondary (0-12)	College (1-4	or 5+)	Regis	ise retired.)							
Un	known			regis	cered	ı ıvu.	rse		Nur	sing		
17. FATHER	'S NAME (First, Middle, L						18. MOTHER'S N			Sumame)		
-	illiam Le								abeth		npbe.	11
190. INFOR	MANT'S NAME (Type/Pri						and Number or Rural					
TICK	ersgill Ho	ome		615	Ches	stnu	t Ave.	Tows	on, Ma	ryla	nd 2.	1204
1 🗆 Burle	OD OF DISPOSITION 1 2 X Cremetion 3		cem	PLACE AND DATE	ther place			DA		OCATION —		
19-	tion Other (Specif			Alltop :	Servi	ce (/25/94	Tows	on, I	Maryland
21. BIGNAT	UPE OF FUNERAL SEIN	OCE LICENSEE	. //		22.	NAME A	NO ADDRESS OF F	ACILITY	1050	lork	БЯ	21204
> /	mald (Shelw	L		D	nak	Towson I	Funar				21204
23. PAY1	i. Enter the disease	s, or complications	that caused	the deeth. Do	not enter	the mo	de of dyling, su	ch aa ce	diac or rees	dratory ar	Test.	Approximate
	snock, or neer to	ellure. Ljiết only ons	ceuse on e	ach line.								interval Batween Onset and Death
disease	TE CAUSE (Finei or condition		(11+									Chieft and Dawn
resulting	in death)	a	E TO (OR AS A	CONSEQUENCE	(S)					_	-	7 475
	GI Bleeding 48how											
	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
cause. E	rany, leading to immediate cause. Enter UNDERLYING SIR MITH ADDAL CIL 18 WAR											
CAUSE (Diseese or injury ated evants	c. DU	DUE TO (OR AS A CONSEQUENCE OF):									
reaulting	in deeth) LAST											
	d											
	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY FINDING: ANR.ABLE PRIOR TO ANR.ABLE PRIOR TO											
	COPU								1 TYES	1	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
												1 TYES 2 NO
	SE REFERRED TO MED					28, PI	ACE OF DEATH (C	Check only o	ne)			
EXAMI	The second second	1 Inpatient		entient 3 🗆 DOA	4 Nu	R: sina Horr	e 5 🗆 Residence	6 🗆 Oth	er (Specify)			
27. MANNE	R OF DEATH		E OF INJURY	28b. TI	AE OF	28c. INJ	URY AT	-	SCRIBE HOW	INJURY OC	CURED	
Y	The second secon	19	nth, Dwy, Year)	IN	JURY M		YES 2 NO					
	0104111	26e. PLA	CE OF INJURY	- At home, ferm,	atreet, fac	tory, offic		28f, LO	CATION (Street	and Numbe	r or Rural	Route Number,
4 □ Hc	omicide determ		ding, etc. (Spec	cify)				City	or Town, Stell	p)		
29e. CERTI		2 BUVEIGIAN										
3 Se 4 Ho	only 1 CERTIFYING	PHYSICIAN: To the be										
			Or exemination	ii end/or investigati	on, in my	pinion, d	mint occured at th	ne time, del	e end place, a	nd due to t	ne ceuse((e) end menner se stated,
296. SIGNA	THE AMOUNT OF CE	STIFFER /	170	10.0			29c. LICENSE NU	JMBER		29d. DA	TE SIGNE	O (Month, Day, Year)
		ruce	91 1	nu			223	20	5		1/2:	177
30. NAME	AND ADDRESS OF PERS	ON WHO COMPLETED	AUSE OF DE	ATH (ITEM 27) (Type	e. Print)							
	5/3 M	$I \subset I / I$										
	LED (Month, Day, Year)	De frequ	TRAR'S SIGN	ATURE								***
II MA	AR 0 1 199	4 Junes	MUI don-	Mandelle.								



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020	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit pe
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BALTIMORE, MARYLAND 21215-0020	etained	should
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ALT	death. F	funeral
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as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	-																											
8	0	NE H	TO TE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- yours after death. Page 6 m	AL OR	ATTE	NON	4G PH	1YSIC	JAN:	The	J ME	equir	es th	at th	e dea	th cer	rtifical	te be	exec	uted	within	E	POULS	after	deat	4	age 6	E
1	E	HE F	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	AL DIR	ECTO	R: Aft	ter th	is ce	rtifica	te ha	es pe	en si	gned	9	he att	endin	of phy	Sicial	and r	COM	pleteh	y fille	ui p	by th	e fun	eral	direc	tor,
-	De fit	# pa	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	2 hour	rs aft	er de	ath w	ith th	he Str	ate D	ept.	of He	eafth	and	Menta	I Hyg	iene i	Drior	to bu	nial, (rema	tion,	0° re	P.MOV	76			
-	dr.	ORT	MDORTANT: If item 28 is marked or item 22 shows any injury or other fraumatic avent the medical aventions must	if Item	m 28	ie n	nark	Pe	or its	me	22 0	how	200	v In	Inn	0 40	Shar	-	fema	200	fue	444	mad	leal	AVB	min	20	901

94 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH 944 / D : 181

8. BIRTHPLACE (State or Foreign Country)
Maryland Margaret Cullinan Avancet 10:18/12 7. DATE OF BIRTH (Month, Day, Year) Nov. 21,1900 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 M 2 TF 93 216-03-4648 YRS. \$a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Pickersgill Home Baltimore Towson

DIRE	Maryland	10b. COUNT	timore		Tow		ATION					IOd. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	Dal	CTWOTC		1 100							I ☐ YES 2X NO
AA I						1	DI. ZIP CODE			10g. CIT	IZEN OF WH	IAT COUNTRY?
Ä		stnut .					21204				.S.A.	
FUNERAL	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDENT EVER I	N U.S. AR	MED	13. WAS DI	CENDENT OF HISPA	NIC ORIGIN?	(Specify Yes	or No-	14. RACE - Black	- American Indian, White, atc.
B≺	3 Wildowed 4 Divo		IF YES, GIVE WAR OR O				S 2 NO Speci				Specify Whi	
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	(Specify onl	EDENT'S EDU y highest grade	CATION completed)	(G	CEDENT'S USU	done during r		16b. I	CIND OF BUS	INESS/INI	DUSTRY	
Ä	Elementary/Secondary (0	0-12)	College (1-4 or 5+)	3.7	fo The		e Underwi		T			i
COMPLETED	12 yrs.				re rus	uranc				uran	ce	
	17. FATNER'S NAME (First, M		2 0 77 1				16. MOTNER'S NA					
BE	Michael	Edwar	d Cullina				Anna	Louis		ilbe		
2	19a. INFORMANT'S NAME (1			ı			and Number or Rural	Route Numbe	r, City or Town	, State, Zip	Code)	
	Pickersgill				615 Ch	estnu	t Aye.	Towso	n, Ma	ryla	nd 21	204
120	20a. METHOD OF DISPOSIT 1 X Burial 2 Crematic		oval from State	D. PLACE	AND DATE OF DI	SPOSITION (lame of	OATE	20c. LOC	CATION -	City or Town	n, Steta
	4 Donation 5 D Other	(Specify)	ALL	oudo	matory or other p	Čeme	tery 2/28	3/94	Bal	timo	re, M	aryland
	21. SIGNATURE OF FUNEILA	L SPAVICE LIC	CENTRE /			22. NAME	ND ADDRESS OF FA	CILITY			105	O York Road
	1 /01	ノノ	10001			Ruck	Towson Fr	meral	Home	Tn		son, Md. 2120
3	23. PART I Enter the d	isesses or	pomplications that cause	d the de								
2	ahock, or h	eart failure.	List only one cause on a	each iine	atn. Do not a	intar tha m	ode of dying, suc	n as cardi	nc or reapir	atory an	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Fir disease or condition	nel	10	01	11							Onset and Death
1	resulting in death)	→ `	173		1							
5			OUE TO OR AS	A CONSE	DUENCE OF):	*						
N	Sequentially list condit	lons.	b. /Ty	pe	1 tes	nic	47					
ĬĔ	If any, leading to imme	diate	DUE TO (OR AS	CONSE	DUENCE OF):							
0	cause. Enter UNDERLY CAUSE (Disease or inju		c									
	that initiated events resulting in death) LAS	т	DUE TO (OR AS /	A CONSEC	DUENCE OF):							
CERTIFICATION			d									
	PART II. Other algnifica	int condition	s contributing to death b	out not r	eaulting in th	e underlyl	ng cause given in	Part I.	24a. WAS AN	AUTOPSY	24b. V	VERE AUTOPSY FINDINGS
EDICAL	1000	nen	tia - mi	alt	1-6-	100	-t		PERFORI			WAILABLE PRIOR TO COMPLETION OF CAUSE
	TUYES 2 THO OF DEATH?											
≥	1 TES 2 NO											
N N	OF MAC CASE REFERENCE TO MEDICAL											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 46. PLACE OF DEATN (Check only one) HOSPITAL: QTHER:											
YS	1 🗆 YES 2 NO		1 Inputient 2 ER/Out	patient 3	DOA 4	Nursing No	me 5 🗆 Rasidence	6 🗆 Other	Specify)			
H	27. MANNER OF DEATH 1 Natural 5	Don die e	28b. TIME OF INJURY		JURY AT ORK?	28d. OEŞCRIBE HOW INJURY OCCURED			CURED			
E A		Pending Investigation					YES 2 NO					
2 0		Could not be	28a. PLACE OF INJURY building, etc. (Spe-	f - Al ho	me, farm, atreet	, lactory, off	св	281. LOCAT	ION (Street as Town, State)	nd Number	r or Aural Ro	ute Number,
	4 Nomicide	determined	-112-112-11									
COMPLE	29a. CERTIFIER (Check only	TIFYING PNYSI	CIAN: To the beat of my know	rledge, de	ath occurred at	the time, de	a and place, and due	to the cause	e(a) and man	ner an glei	ted.	
N N			R: On the beats of examination									and manner as stated.
	29b. SIGNATURE AND PITLE						_					
BE	WE	1//	V. 10	10			29c. LICENSE NUI	A A		290. DAT	SIGNED (Aonth, Day, Year)
P	30 NAME NO STORES OF	E PERSONI WIL	O COMPLETE CALCE OF THE	05	M om (F - C		12236	205		0	X/2	7/74
[]	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUSE OF DE	ATN (ITE	W 27) (Type, Print)						
		. Const	//				_					
	MAR 0 1	1004	THE STEAM S SIGN	ATURE								
1 1	I MAIL O T	1334	A THE PROPERTY OF	Moder	O CO							

1 - FOR STATE REGISTRAR

George

4. SOCIAL SECURITY NUMBER

294-10-6312

1. DECEDENT'S NAME (First, Middle, Last)

Se. FACILITY NAME (If not institution, give street end number)

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стоя	90. FACILITY NAME (If not institution, give Saint Joseph Hos			96.		R LOCATION OF DO		1	9c. COUNTY	OF DEAT						
DIRECT	100. STATE 10b. COUNT	TY		10c. CITY, TO	own on Local					1	d, INSIDE CITY LIMITS? YES 2 NO					
RAL	100. STREET AND NUMBER 6116 BElai	. D 1		1.		. ZIP CODE				OF WHA	T COUNTRY?					
FUNE	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT E FORCES? 1				21206 ENDENT OF NISPAI ecity Cuben, Mexico	NIC ORIGIN? (S		U.S		American Indian, hite, etc.					
D BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 TES	2 NO Specif				Specify:	nite					
ETE	15. DECEDENT'S ED (Specify only highest grad Elementery/Secondery (0-12)		(0	ECEDENT'S USU Give kind of work b. Do NOT use rel	done during mo		16b. KII	ID OF BUSIN	IESS/INDUS	TRY						
COMPL	10th Grade		Se	ecurity	Guard	i		Unic	n Mer	noria	al Hospita					
00	17. FATHER'S NAME (First, Middle, Last)	21 1				18. MOTNER'S NA		ie, Meiden Su	meme)		100					
BE		Clark				Bess			Ross							
2	190. INFORMANT'S NAME (Type/Print) Jacqueline Clark	Cond ola				and Number or Rural		,		de)						
		Smick				ls Lane, E										
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ref	noval from State	cemetery, cre	AND DATE OF D	place)		DATE		TION — City							
	4 Donetion 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE L	ICENSEE A	Green	mount	Cemete	ND ADDRESS OF FA	2-28		imore							
	· Karelu	~ h. h.		6.		C. Mill					r Road -21206					
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OF	R AS A CONSE R AS A CONSE	ercliovas ouence of:	souler Di	sease										
MEDICAL	PART II. Other significant condition Deoubitus Ulcer L					g ceuse given in		PERFORMI	ED?	CO OF	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 YOO					
IAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PI	LACE OF DEATH (CA	eck only one)									
HYSICI	1 TYES 2 THO	HOSPITAL:	R/Outpatient :		THER: Numing Non	ne 5 🗆 Residence	6 Other (S)	pecify)								
BY PH	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF IN. (Month, Day,		28b. TIME OF	/ Wo	URY AT DRK? YES 2 NO	28d. DESCRI	BE NOW INJ	URY OCCUP	RED						
<u>a</u>	3 Suicide 6 Could not be 4 Nomicide determined	28e PLACE OF II	NJURY — At he (Specify)	ome, ferm, stree	et, tectory, offic	:0		ON (Street end own, Stete)	Number or	Rural Route	Number,					
COMPLET		SICIAN: To the best of my								euse(x) an	d manner as stated.					
BE	296. SICHATURE AND TITLE OF CERTIFIC	~ 0	212			D-24710	0	2	Pod. DATE S	120	oren, constrains					
10	JO NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	of DEATH (ITE	ord Road	Beltimo	ore , MD 21	214		/		/					
	MAR 0 1 1994	Julie Burlo	A-Aunde	M.												

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Sr.

DAYS

HOURS

Clark

YRS.

81

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

William

5. SEX

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91,

3. THE SEPEATH

8. BIRTHPLACE (State or Foreign Country) Maryland

2. DATE OF DEATH MONTH FOD 251 1994 YEAR

7. DATE OF BIRTN (Month, Day, Year) Feb. 15,1913

DHMH-16 Rev 1/89

sees that they have the

BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tion 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
68760,	xecuted within	and completely burial, cremati	natic event, t
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: 1	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the inhours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 28 is marked, or it

Pages 1, 2, 3 should

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CERTIFICATION

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31. DATE FILED (Month, Day, Year)

1994

Item COMPL

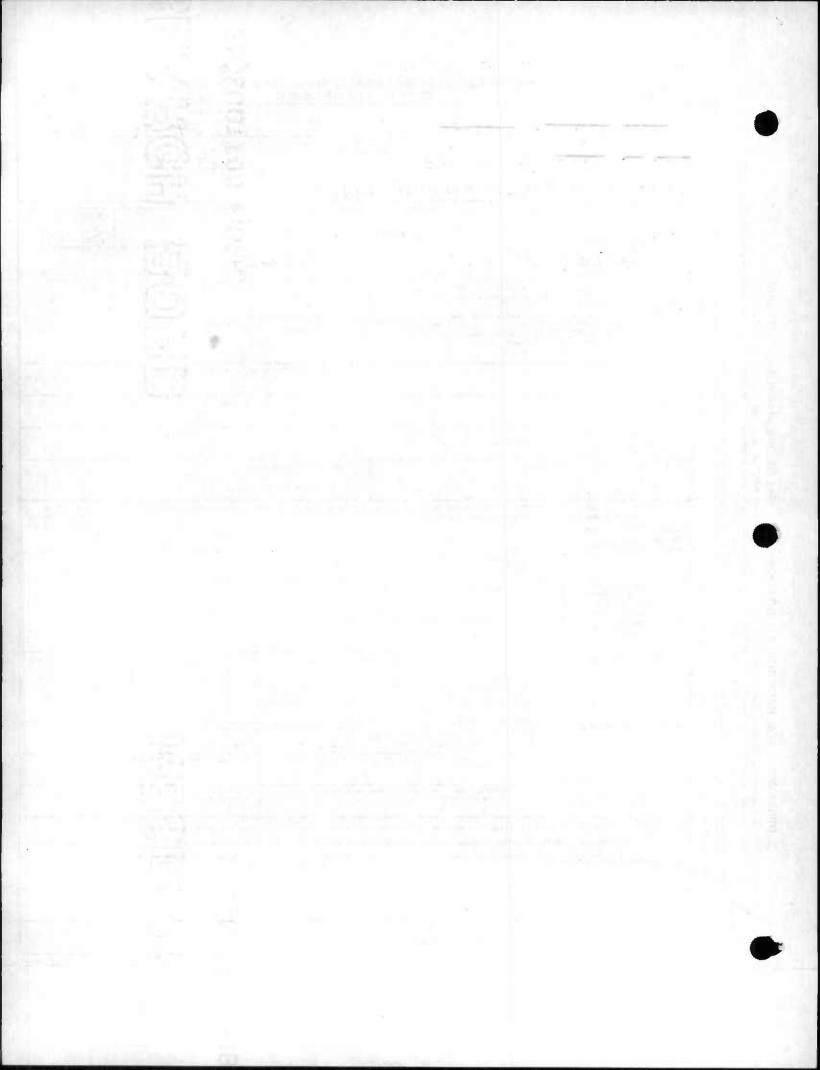
DIRECTOR: A

TO THE FUNERAL OF THE FUNERAL DE FINE WITHIN 72 has IMPORTANT: It is

HOSPITAL OR ATTENDING PHYSIC

ITEMS: 1. & 4. PER F.H. FILM G-709 3/8/94 t.t. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First Middle, Last) 3. TIME OF DEATN 2. DATE OF DEATH MONTH John 1R916 19 JOHN RICHARD DAILEY 0945 4. SOCIAL SECURITY 216-12 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 212-12-2659 HOWARD, CO. Qa. FACILITY NAME (If not institu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 6 HOME BATTIMORE)EATON SPECIALT RESIDENCE OF DE CEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY mi BALITIMOR YES 2 NO 100. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? COURT 212 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ♠ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuben, Mexican, Puerto Rican, etc.)
 T YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. Never Married 2 Married 3 Widowed 4 Divorced ARF. AMERICAN 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) & O RAILROADS 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) HESTER DAILEY JOHN R. DAILEY 19a. INFORMANT'S NAME (Type/Print) JAMES DAILEY ORTLEY CT, BALTIMORE, MARYLAND 21220 20s. METHOD OF DISPOSITION
1 X Burisi 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State ARBUTUS MEMORIAL PARK 3/1/94 ARBUTUS, MARYLAND 21 SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL SER, P.A. 1300 EUTAW PLACE, BALTIMORE, MD. 21217 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or learn fellure. List only one cause on each line. Approximata interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Sepsis 2 coks DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Cancer CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Nome 5 | Residence 6 | Other (Specify) 1 TYES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Dev. Year) 28b. TIME OF 28c. INJURY AT 28d. DEŞCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 2 Accident

1 YES 2 NO 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 1 MI CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) puelitali 34974 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 7154 chadlerock (ohumbia, MD 21045 way 32. REGISTRAR'S SIGNATURE DHMH-16 Rev 1/89



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2	TO BE COMPLETED BY FUNERAL DIRECTO	MD
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AO Pe 6 r		17. FATHER'S NAME (II JOHN C 19a. INFORMANT'S N. MARY CC 20a. METHOD OF DIS 1
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BALTIMORE, MARYLAND 21215-0020 Just death. Page 6 may be retained by the hospital or attending physician lied in by the funeral director, page 5 should be detached for use as the burial-train, or removal.		N //
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ON OF VITAL RECORDS, P.O. BOX 68760, RALTIMORE, MARYLAND 21215-0020 Met this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, and with the State Dept. of Health and Mental Hygiene prior to burlat, ceremation, or removal. marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	z	Made Principal Control
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AL e law has t Dept	BY PHYSICIAN: MEDICAL CERTIFICATION	25. WAS CASE REFERI
N: Th N: Th State	S	25. WAS CASE REFERI EXAMINER? 1 YES 2
Sicia certif	ž	27. MANNER OF DEATH
O FF signature	<u>P</u>	Netural
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1 - FOR STATE REGISTRAR	HARY	LAND / DEPARTI CERTIFIC	MENT OF I	IEALTH AND DEATH	MENT	AL HYGIEN REG. NO				
1. DECEDENT'S NAME (First, Middle, Last) GLADYS DAIL	- W				2. DAT	TE OF DEATH	AY	YEAR 3.	TIME OF DEAT	N
		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DAT	2 2	P 9.	4	ACE (State or For	A "
242-09-2063			ONTHS DAYS	HOURS MIN.	949	11. Day 3001	05	Country)	TH CAR	
9a. FACILITY NAME (If not institution, give street of			-	OR LOCATION OF		00	9c. COUNT			ODI
JOHNS HONGINS	GER. GI	Pri	BALTI	MOKE	cit	TX_				\Box
10a. STATE 10b. COUNTY		10c. CITY.	TOWN OR LOCA	TION				10	d. INSIDE CITY	
10e. STREET AND NUMBER		01	9LTIT						YES 2 🗌	NO
5505 BAYVIEW DRI	TVE		10	21224			-	S.A.	T COUNTRY?	
11. MARITAL STATUS 12.	WAS DECEDENT EVER	IN U.S, ARMED		CENDENT OF NISPA				4. RACE -	American India	0.
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	DATES NO		ecify Cuben, Mexic 2 NO Spec		o filcan, etc.)		Bleck, W Specify:	Thite, etc.	
15. DECEDENT'S EDUCATIO	ON .	16a. DECEDENT'S US	UAL COCUMET	244	100				WHIT	1
(Specify only highest grade comp	bleted)	(Give kind of word	k done during mo	ist of working	"	Sb. KIND OF BU	SINESS/INDU	STRY		- 1
8		HOUSEW	IFE			номема	AKER			
17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S N		, Middle, Meiden	Surneme)			
JOHN G. JONES 19a. INFORMANT'S NAME (Type/Print)				PHELI						
MARY COADY				AY DRIV					12.	
20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF					CATION - CI			
1 Buriel 2 Cremetton 3 Removal 1 Donation 5 Other (Specify)	from State G	REEN MOU	NT CRI	EMATORY	1	94 BA				- 1
21. SIGNATURE OF FUNERAL SERVICE LICENSE	E '		22. NAME AI	ND ADDRESS OF F	ACILITY	TNS S.	SONS	CO		
William K. Y	laves 1			YORK					1212.	
 PART i. Enter the diseesea, or comp ahock, or heert feilure. List t 	pilcations that cause	d the deeth. Do not	enter the mo	de of dying, su	ch as ca	rdiec or reapi	ratory arrea	ıt,	Approxima	
IMMEDIATE CAUSE (Finel		occii iiiie.							interval Ba Onset and	
discess or condition resulting in death)	SEPS I'S									
Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): UVIVAVY DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	1 10	1. Ch.	V					
cause. Enter UNDERLYING CAUSE (Disease or injury	derna	entia] 	
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):								
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PART II. Other aignificant conditions con	ntributing to deeth i	out not resulting in t	the underlying	g cause given in	Part I.	24s. WAS AN PERFOR			RE AUTOPSY FIN	
machini	0-01					1 TES 2	□ NO		MPLETION OF CA DEATH?	WSE
- decressitus	Well							1 [YES 2 N	•
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	SPITAL:	patient 3 DOA 4	THER:	e 5 🗆 Residence						$\overline{}$
7. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. INJ	URY AT		SCRIBE HOW II	NJURY OCCU	RED		-
1 Netural 5 Pending 2 Accident Investigation	(month, bey, rear)	INJUR		RK? /ES 2 NO						
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, stre- cify)	et, factory, offic		261. LO City	CATION (Street e y or Town, Stete)	and Number or	Rural Route	Number,	
9e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN:	To the best of my know	riedge, death occurred a	t the time date	and place and 4:	to the :					\rightarrow
one) 2 MEDICAL EXAMINER: On	the basis of exemination	on end/or investigation, i	n my opinion, d	eath occured at the	time, dat	e and piece, en	d due to the	: :suse(a) an	d manner ee sta	ned.
96. SIGNATURE AND TITLE OF CERTIFIER	97			29c, LICENSE MU					onth, Day, Year)	
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0. NAME AND ADDRESS OF PERSON WHO COM								. 5-0	- /	\neg
DEDECAS ELOSI M 1		TO D. WESTERN TOWN	DD D:	T 00 0	(T)	01004				
REBECCA ELON M.I	D. 5505	BAYVIEW	DR. B	ALTO.,	1D.	21224	•			

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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94 05911 ITEMS: 1. & 10e, PER F.H. FILM G-709 3/1/94 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) IRVING DARROW 3. TIME OF DEATH 2. DATE OF DEATH YEAR TRWING 0850 FEB 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 085-28-61 1 NM 2 F YRS. AUG 9,1935 NEW YORK 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO BALTIMORE 100. STREET AND NUMBER 3 CHRIS COURT FUNERAL tot, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY 3 CHRIST COURT 21244 IISA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED t3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 XX arried FORCES? 1 TYES 2 1 TES 2 THO Specify ВУ 3 Widowed 4 Divorced **ARMY** WHITE COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high SOCIAL SECURITY Elementary/Secondary (0-12) College (14 or 5+) LEGAL ADVISOR ADMINISTRATION 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) MORRIS ANNA STICLER 190. INFORMANT'S NAME (Type/Print)
MRS SANDRA DARROW 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3 CHRIS COURT BALTIMORE, MD 21244 20s. METHOD OF DISPOSITION

XX Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of BETH TFILOH 2-25-94 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, Md 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, **Approximate** shock, or heart feliure. List pnjy pne ceuse pn each line. Interval Between IMMEDIATE CAUSE (Fine) **Onset and Death** METASTATIC COLON CANCER
DUE TO (OR AS A CONSEQUENCE OF): disease or condition YEAR resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algoriticent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL RENAL INSUFFICIENCY, ELECTROLYTE AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? MBALANCE METABOLIC ACIDOSIS 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Disjointelent 2 - ER/Outpetlent 3 - DOA 1 YES 2 NO OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) TO THE HOSPITAL DR ATTENDING PHYSICIAN:
TO THE FUNERAL DIRECTOR: After this certific
be filed within 72 hours after death with the SI
IMPORTANT: If Item 28 is marked, or It 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED t Montural 5 Pending 1 YES 2 NO BY Investigation 2 🗋 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building. atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER (Chack aniv. 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner se stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated.

29c. LICENSE NUMBER

037333

BE

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296. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

MAR 0

RAVI

29d. DATE SIGNED (Month, Day, Year)

PEB 23,

BALTO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BALTIMORE, MARYLAND 21215-0020	ith. Page 6 may be retained by the hospital or attending physician	meral director name 5 chould be detached for use as the buries on
	nours after dea	v filled in hy the fu
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within whous after death. Page 6 may be retained by the hospital or attending physician	DIRECTOR. After the certificate has been comed by the attendion physician and completely filled in by the trusted has been also been along the trust of the certificate has been also as the buriet on

permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four ster death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

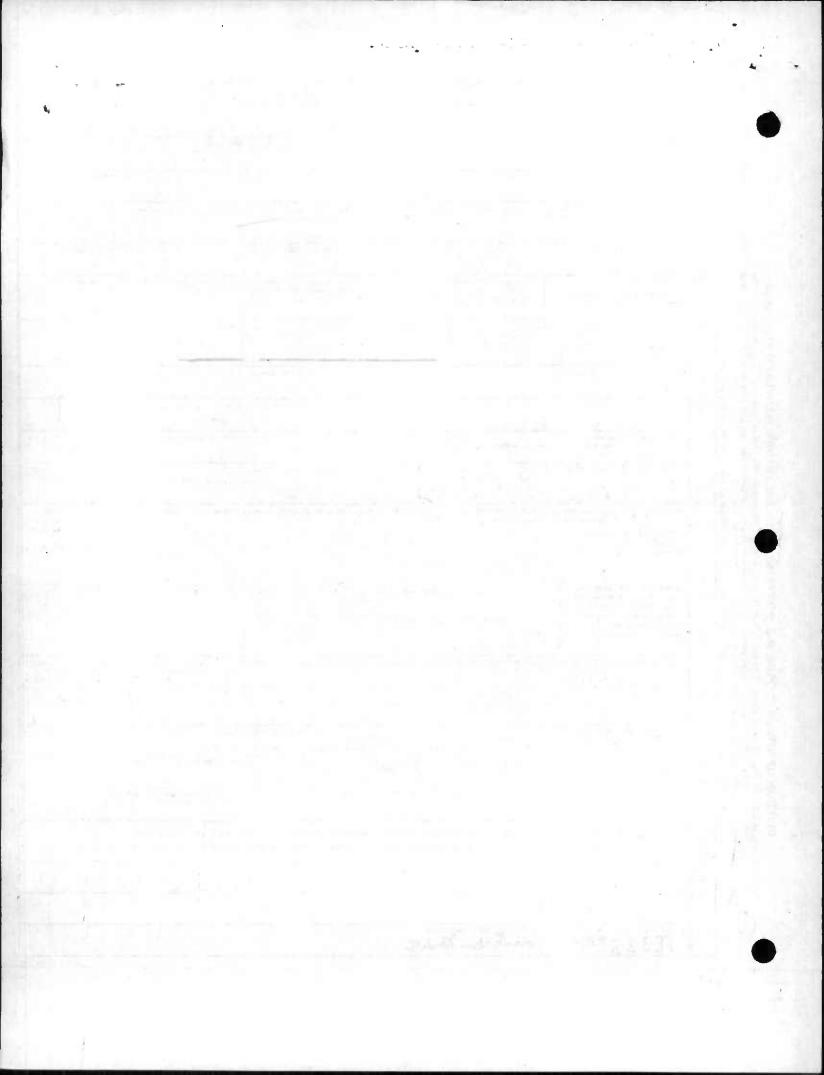
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FEB 2 8 1994

	FOR	STATE OF I	MARYLAND .	· / NEPAF	RTMENT	OF H	FAITH	AND	MENTAL	HYRIFN	9	4	059.12
	1 - STATE REGISTRAR			ERTIF					MERINE	REG. NO		1	
	1. DECEDENT'S NAME (First, Middle, Last				F	AR	AC	E	2. DATE O	F DEATH	MY 1	YEAR QU	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	asi birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O			8. BIRTHP	PLACE (State or Foreign
	705-10-6445	1 😡 M 2 🗆 F	75	YRS.	MONTHS	DAYS	HOURS	BINN.	(Month,	20,	1010	Country))
	9a. FACILITY NAME (If not institution, give	41			9b. CITY	TOWN C	OR LOCATI	ON OF D		20,	1918	Mar TY OF DE	yland
Œ	Northwest Hospi								CAIT		100		
6	RESIDENCE OF DECEDENT		L		R	anda	11st	own			Вал	timo	re
DIRECTOR	10a. STATE 10b. COUN	ITY		10c. CIT	TY, TOWN C	R LOCAT	ION						10d. INSIDE CITY LIMITS?
0	Maryland Bai	ltimore			Randa	a11s	town						1 TES 2-NO
FUNERAL	10e. STREET AND NUMBER					100	. ZIP COD	E			10g. CITIZ	EN OF W	HAT COUNTRY?
ER	8622 Dove Dale	Road					21	133			Uni	ted	States
5	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. A	RMED					NIC ORIGIN?			14. RACE	- American Indian.
	1 Never Married 2 Married	IF YES, GIVE V	YES 2-	KX			2-CXNO		n, Puerto Ri	can, atc.)		Specify	White, atc.
BY	3 Widowed 4 Divorced						2227						White
COMPLETED	15. DECEDENT'S ED (Specify only highest gra-	DUCATION ide completed)		ECEDENT'S Give kind of				na	16b.	KIND OF BU	SINESS/IND	USTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	+)	le. Do NOT u	se retired.)	Carm	an				Maryla	nd Ra	ilroad
A N	6th grade		Ca	rman	West	ern	Mar	ylan	d Rai	Iroad	-		sulpan
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Mi	iddle, Maiden	Sumame)		
BE (Anthony Joseph 1	Farace					J	enny	DeSt	efano)		
TO B	19a. INFORMANT'S NAME (Type/Print)		.19	9b. MAILING	ADDRESS	Street a	nd Number	or Rural	Route Numbe	r, City or Tox	vn, State, Zip	Code)	
F	Mr. Paul T. Fara	ace		1102	Hart	Ro	ad '	Tows	on, M	D 21	286		
	20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOS				DATE		CATION -	City or Tow	rn, State
	1 ☑ Buriel 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 6 ☐ Other (Specify)	moval from State	Wood!	awn	cher place)	erv			2/26	Wo	odlaw	m M	D
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22.	NAME AN	D ADDRE		CILITY				
	* Venner	RC	dia.								recto		
	22 PAST CHARLES	\sim	cvey	7	87	728	Libe:	rtv	Road	Rand	allst	own.	MD 21133
	23. PART I Enter the diseases, or hock, or heart fallung	e. List Doly Doe cat	it caused the ti	eath. Do	not anter	the mo	de of dy	ing, suc	ch aa cardi	ac or reap	iratory arm	eat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final	1	115	- 1	, A								Onset and Dasth
	disease or condition resulting in desth) a. UREMIA > MONTH												
	DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions,												
E	If any, leading to immediate												
2	CAUSE (Disease or Injury												
RTIFICATION	hat Initiated events DUE TO (OR AS A CONSEQUENCE OF):												
CER	resulting in death) LAST												
	PART II. Other aignificant condition	ona contributing to	death but not	resulting	In the un	deriving	Cause o	niven in	Part I	24a. WAS AN	VAUITOPSV	24h 1	WERE AUTOPSY FINDINGS
MEDICAL	10010					,				PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ā	ASCVY								_	1 TYES	2 140		OF DEATH?
									_				T YES 2 NO
Z													/
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	neck only one)			
YSI	1 TES 2 TIND	t Impatiant 2	ER/Outpetlent	3 DOA			e 5 □ Re	aldence	6 🗆 Other	(Specify)			
H	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIM	AE OF JURY	28c. INJ WO	URY AT		28d. DESC	CRIBE HOW	INJURY OCC	URED	
ВУ	1 Natural 5 Pending 2 Accident Investigation				М	1 🗆 1	rES 2	NO					
	3 Sulcide 6 Could not b	28a. PLACE C	OF INJURY - At h	iome, 1arm,	street, fect	ory, offic	•			TION (Street Town, State	and Number	or Rural Ro	oute Number,
1	4 Homicide determined								5.1,5	rown, brand,	'		
COMPLETED	20a. CERTIFIER CERTIFYING PHY	SICIAN: To the best of	my knowledge d	leath occur	red at the t	me, date	and place	and due	to the care	e(a) and me	nner se stere	d.	
M	(Check only one) 2 MEDICAL EXAMI												and manner se stated.
						,				p			
BE	296. SIGNATURE AND TITLE OF CERTIF	len /	0				29c. LICI	ENSE NU	MBER	70	29d. DATE	SIGNED (Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON V	WHO COMPLETED CALL	SE OF DEATH AT	EM 270 /3	Deleta 1			7	17-	7_7		LB	24,74

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



retained by the hospital or attending physician. 5 should be detached for use as the burial-tran BALTIMORE, MARYLAND 21215-0020 2 ours after death. Page 6 may BOX 68760. P.O.

permit. Pages 1, 2, 3 should

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page 5 should notified

funeral director,

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attending physician

Mental Hygiene prior

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DIRECTOR: Aff hours after de-item 28 is r

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executed that the death certificate be DIVISION OF VITAL RECORDS, requires HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH FRIEDENBERG **EDNA** FEB. 25,1994 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign OCT. 5,1898 MARYLAND 213-16-5351 1 M 2 SEF 95 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR JEWISH CONVALESCENT HOME BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10c, CITY, TOWN OR LOCATION 10b. COUNT 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE BALTIMORE 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21207 USA 3506 -F LANGREHR ROAD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Ricen, atc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried BY SpecWHITE 3. Widowed 4)() Divorced COMPLETED 15. OECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Spi (Give kind of work done life. Do NOT use retired.) Elementery/Sec 10 econdery (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) ISAAC PAUL **JENNIE** SINDLER BE 19e, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or BALTIMORE City or Town, State, Zip Code) 2 7208 DENBERG ROAD BALTIMRE, MD 21209 MRS MARLENE MORRISON 20e. METHOD OF DISPOSITION
1 Disposition 2 Cremetion 3 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE BALTIMORE, MD 4 Donetion Other (Specify) 2-27-94 RNAT ISRAEL 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD BALTIMORE, MD 21215 23 PART I. Enter the giseases, or complications that caused the death. Do not enter tha mode of dying, such es cardiec or respiratory arrest, shock, or hasrt triliure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final / disease or condition ____ YOCARPIAL DUE TO (OR AS A CONSEQUENCE OF): INFARCTION (PROBABLE CA ARTIGRIOSCLAPOS NO Sequentially flat conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CERTIFICAT CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE 1 □ YES 2 □ NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: 1 TYES 2 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 - Reeldence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED INJURY 1 YES 2 NO В Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stets) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end placs, and due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the b d/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end meni 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER B 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

DOMESTO AND A STATE OF THE STAT

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	CALE	DEATH	REG. NO).		
OR	1. DECEDENT'S NAME (First, Middle, Last)	1 man			2. DATE OF DEATH MONTH			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	900	BIRTHPLACE (State or Foreign Caugin) ILLINOIS	
	9a. FACILITY NAME (if not institution, give street and number) SINAI HOSPITAL			96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE			9c. COUNTY OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION BALTIMORE 100. INSIDE CITY LIMITS?						10d, INSIDE CITY	
BE COMPLETED BY FUNERAL DIS	MARYLAND BA						1 AVES 2 NO	
	106. STREET AND NUMBER 2602—C GAGE CT 21209					10g. CTUZEN OF WHAT O		
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DI	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify the specify Cuben, Maxican, Puerto Rican, atc.) 1 YES 2 ANO Specify:			Yes or No— 14. RACE — American Indian, Black, White, etc. SpecifyHITE		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S (Give kind of v	USUAL OCCUPATION Work done during most of working se reliried.)			BUSINESS/INDUSTRY		
	Elementary/Secondary (0-12) College (1-4 or 5 +)	retired.)	FE AT HOME					
	17. FATHER'S NAME (First, Middle, Last) DAVID COHEN			18. MOTHER'S NAME (First, Middle, Maiden Surname) ROSE SKOLSKY				
10	194. INFORMANT'S NAME (Type/Print) MRS VIVIAN PORTNOY	ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)						
	208. METHOD OF DISPOSITION 2 20b. PLACE AND DATE OF DISPOSITION /Name of OATE 20c. LOCATION — City of T						1208 y or Town, State	
	1 Burlai 2 Cremation 3 N Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1 Cemetery, crematory or other place) MOUNT NEBOH 2/27/94 1 CLENDALE NY 22. NAME AND ADDRESS OF FACILITY						NY	
	► allensul Levi	noon	SOL	LEVINSON	& BROS.,		, MD 21215	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Batween							
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) s.						Onset and Death	
	DUE TO (DR AS A CON EQUENCE OF):							
	Sequentisity list conditions, if any, leading to immediate Due to (OR AS A CONSEQUENCE OF):							
FICA	CAUSE (Disease or Injury CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF):							
ERI	resulting in death) LAST							
	PART II. Other significant conditions contributing to death b	ut not resulting i	n the underly	ng cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
EDICAL						1 TES 2 NO	COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: M	1 YES 2						1 TES 2 NO	
CIAI	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one)							
HYS	1 YES 2 NO 1 Ingestient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)							
BY PI	Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation							
TED	3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner as stated.							
98	29b. SIGNATURE AND TYLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (MGONN, Day, Year)							
٩	30. NAME AND ADDRESS OF PERIOD WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
	31. DATE FILEO (Month, Day, Year) 32 REGISTRAB'S SIGNATURE							
	MAR 0 1 1994 Julie Sevidan	-Andre						

Marie Commission of the Commis

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

_	TICOTOTT DUT					IVALL				ned	. NO.		
	1. DECEDENT'S NAME (First,	Middle, Lest) ROTH	14 F	ISCHER	,					2. DATE OF OEA	DAY	YEAR	3. TIME OF DEATH M
	4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In vrs. les		IF UNDER	1 VEAD	IF UNDER	94 MDC	7. DATE OF BIRT	21	94	PLACE (State or Foreign
	156-44-604		1 M 2 XE	86	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Ye	er)	Country	y)
	9a. FACILITY NAME (If not in		street and number)			9b. CITY	SEPT 17,1907 RUSSIA						
E	NORTHWEST H			2				RANDA			00.00		ALTIMORE
5	RESIDENCE OF DEC							- 10					
DIRECTOR	10e. STATE	10b. COUNT	٧		10c. CIT	BALT						0.01	10d. INSIDE CITY LIMITS?
	MARYLAND					DALI							1 X YES 2 NO
FUNERAL	2500 W. BEL	venene	דים גי בוענגיב	1120			10	. ZIP COD	212]	15	10g. Cl	TIZEN OF W	/HAT COUNTRY?
N	11. MARITAL STATUS	A EDEKE		T EVER IN U.S.,AR	MEO	- 10	WM 0 0F						
	1 Never Married 2	Married	FORCES?	YES 2 2	NO	- 11	If yes, sp	ecity Cubi	m, Mexica	IIC ORIGIN? (Speci n, Puerto Ricen, at		Black	— American Indian, White, stc.
BY	3XXWIdowed 4 Divo	rced	IC YES, GIVE Y	MAN ON DATES			I L YES	2 □ ੴ	Specify	c.		Specif	WHITE
ED	15. OEC (Specify only	EDENT'S EDU	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON morti	000	16b. KINO 0	F BUSINESS/IN	DUSTRY	
	Elementary/Secondary (0		College (1-4 or 5	Ma	. Do NOT u	ree retired.)		out or world			ADD III	OME	
COMPLET	12				HOI	JSEWI	.FE				AT H	OPIE	
	17. FATNER'S NAME (First, M	liddle, Last)		MTTTI	ED			18. MOT		ME (First, Middle, M	aiden Surname)	HELF	כוואגי
BE	MAYER			MILLI									AND
2	MRS SYDNEY									Foute Number, City of E, MD 212		ip Code)	
	20. METHOD OF DISPOSIT	ION		20b. PLACE					LITOIG		ic. LOCATION -	City on Tor	Otata
	1 ☑ Burlai 2 ☐ Crematic 4 ☐ Donation 8 ☐ Other	(Specify)		BETH					2-	24-94		YWOOD	
	21. SIGNATURE OF FUNERA	L SERVICE LA	CENSEE			22.	NAME A	ND ADDRE	NSON	BROS	.,INC.		
	Chel	2 1) 7	-0112	0							MORE	,MD 21215
	23. PART I. Enter the d shock, or h IMMEDIATE SAUSE (Fir	eart failure.	List only one car	use on each line	l.							rreat,	Approximata interval Between Onset and Death
	disease or condition resulting in death)		8	COME OF AS A CONSE	ges 7	ive	1	ear	t f	vilene			1
			OUE TO	OR AS A CONSE	QUENCE C	OF):						,	
CERTIFICATION	Sequentielly list conditi	iona,	b	(OR AS A CONSE	QUENCE C	OF):							
SAT	cause. Enter UNDERLY	ING	C.										
Ē	CAUSE (Disease or injuthat initiated events		DUE TO	(OR AS A CONSE	QUENCE C	OF):							
EBI	resulting in death) LAS	T	d										
	PART II. Other significa	int condition	na contributing to	deeth but not i	resulting	in the ur	derivin	g ceuse	given in	Part I. 24a, W	AS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL			- 4					_	_	PE	RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Atherose	hush	Whome Conde	Dras cul	Ca	de	رورت	2120		_ '''	ES 2 NO		OF DEATH? 1 YES 2 NO
2	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(00)		-			,,,,,,					1 1 125 2 1 10
PHYSICIAN:	25. WAS CASE REFERRED TO	O MEDICAL					26. P	LACE OF E	EATN (Ch	eck only one)			
SIC	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient 3	□ DOA	4 Nur		ne 5 🗆 R	asidence	6 Other (Specify	1)		
E	27. MANNER OF DEATH		28a. DATE Of	F INJURY Day, Year)	28b. TII	WE OF	28c. IN.	JURY AT		28d. DESCRIBE	O YRULNI WOL	CCURED	
BY		Pending Investigation				M		YES 2 [NO	H-1			
		Could not be	28e. PLACE (building	OF INJURY — At he atc. (Specify)	me, farm,	street, fec	tory, offic	:0		281. LOCATION (S City or Yown,		er or Rural R	loute Number,
ETE		datarmined											
COMPLETED	anal .		ICIAN: To the best o										
00				examination and/or	Investigati	on, in my	opinion, o	death occu	red at the	time, data and pla	ce, and due to	the cause(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	R H	LO USE				- 07 (0.0)	ENSE NUN		29d. DA	TE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	F PERSON WIT	O COMPLETED CALL	OFFICE		a Delett		-10	405	~		46	194
	Dl. och		54 01	OLD	COK	RT	ROA	_		21133			
	31. DATE FILED (Month, Day,			AR'S SIGNATURE	NDA	CC s	TOW	n, (no	2,,00			
	MAR 0 1			Tribe to									

TO THE FAMILY DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

AL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

Marketter Harten

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

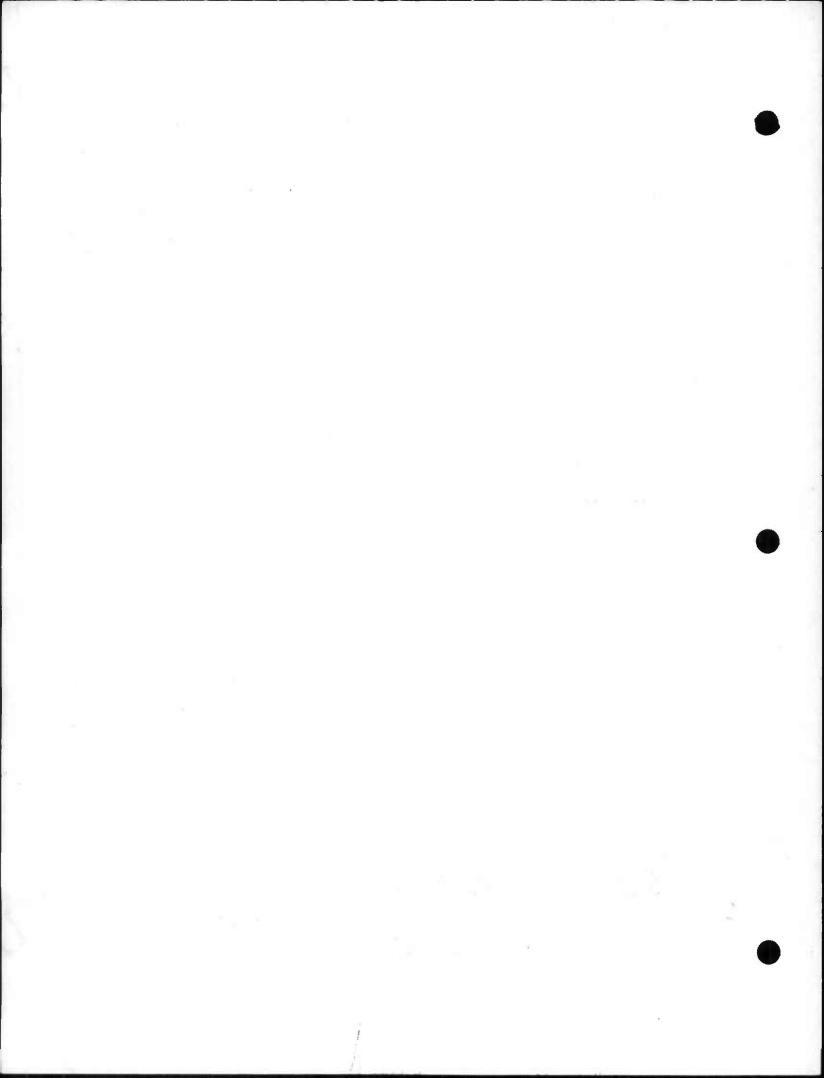
FOR STATE REGISTRAR CERTIFICATE OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 2 YEAR LILLIAN FRANK FEB 94 . 45P 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH
(Month, Day, Year)
FEB. 14,1911 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 XX MARYLAND YRS. 216-07-5947 83 Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SINAI HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE CITY MARYLAND 1 XXES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? filled in by the funeral director, page 5 should be detached for use as the burial-transit 2433 EVERTON ROAD 21209 USA Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican

1 YES 2 NO Specify: ΒY Specify: 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INOUSTRY (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at DAVID **GOLDBERG JEANETTE** BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 2433 EVERTON RD. BALTIMORE, MD 21209 MR BERTRAM FRANK be 20s. METHOO OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Burlel 2 Cremation 3 Removat from State must 1 Burlal 2 Cremation 5 Other (Specify) BALTIMORE HEBREW 2-24-94 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner SOL LEVINSON & BROS. INC. enuso 6010 REISTERSTOWN RD. BALTIMORE, MD 21215 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart fallure. Liet only one cause on each line. Interval Between ŏ IMMEDIATE CAUSE (Final Onset and Death the disease or condition and completely fi o burial, cremation CONGESTIVE HEART FAILURE reculting in death) event, OUE TO (OR AS A CONSEQUENCE OF) other traumatic CERTIFICATION Sequentially list conditiona, OUE TO (OR AS A CONSEQUENCE OF): signed by the attending physician a Health and Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST 0 PART II. Other algoriticant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? PERFORMED? any 1 - YES 2 NO 1 YES 2 NO has been s Dept. of H INOUIRY PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL:
1 | Inpatient 2 | XER/Outpatient 3 | DOA **EXAMINER?** OTHER: 1 X YES 2 | NO OR ATTENDING PHYSICIAN: 4 - Nursing Home 5 - Residence 8 - Other (Specify) 10 27. MANNER OF OEATH 26s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? this c 26d, DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 1 YES 2 NO BY Investigation After 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Suictde 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED DIRECTOR: hours after 8 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. (Check only one) 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and menner as stated. 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month Day Year) O.C.M.E. FEB 23/94 10 RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) (3) Laron Locke M.D. 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE MAR 0 1 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Lulia Kevids

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

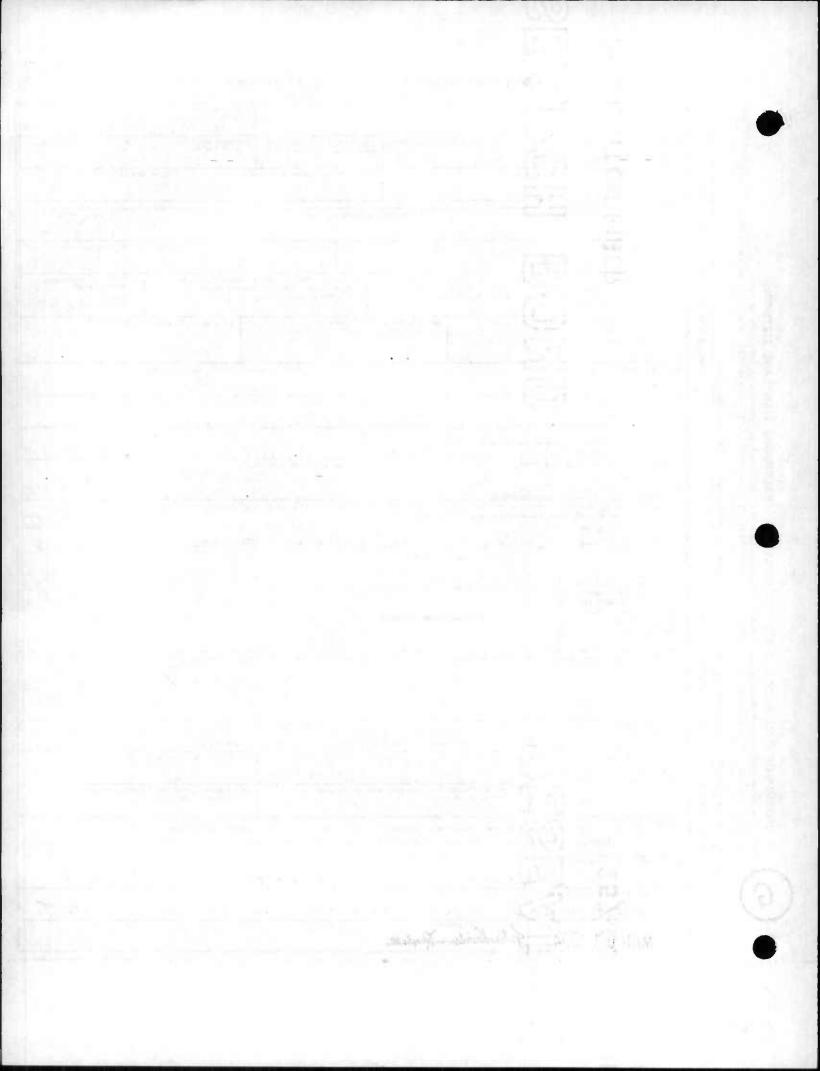
THE PUREAL DIRECTOR. After this certificate be secured within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE PUREAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the functor, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be mind after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANTE If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

4. SOCIAL SECURITY NUMBER 003-30-7394 1	Cour	DEATH 10d. INSIDE CITY LIMITS? 1 □ YES 2XXNO									
OO3 = 30 = 7394 1	9c. COUNTY OF	DEATH 10d. INSIDE CITY LIMITS? 1 UYES 2XXNO									
99. FARCHITY NAME (I'm not institution, give street and number) 99. FARCHITY NAME (I'm not institution, give street and number) THE JOHNS HOPKINS HOSPITAL 109. STATE 109.	Be. COUNTY OF	DEATH 10d. INSIDE CITY LIMITS? 1 □ YES 2XXNO									
THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY	9c. COUNTY OF	10d. INSIDE CITY LIMITS? 1 YES 2 XXNO									
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Not known Maria Majohn	ral Motor	is Corp.									
Not known Maria Majohn	18. MOTHER'S NAME (First, Middle, Meiden Surneme)										
New Maling Address (Street and Number or Rural Route Number, City or Number of Rural Route Number, City or Number of Rural Route Number or Rural Route Number, City or 1810 Dunmere Road Dundalk, M. 200. METHOD OF DISPOSITION DATE 200.											
20s. METHOD OF DISPOSITION 10 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place). 4 Donetion 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY Puda Ruck Funeral Hom 7922 Wise Ave. Dunda 23. PART I. Enter the dispesse, or complications that ceused the death. Do not enter the mode of dying, such ee cerdiec or reshort, or heart failure. List only one cause on each line.		01.000									
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shock, or heart failure. List only one cause on each line.	lk, Maryl	21222									
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):		Interval Between Onset and Death 2 yrs .									
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25. WAS CASE REFERRED TO MEDICAL EXAMINER: OTHER: OTHER:											
To the specific of the specifi											
25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1	W INJURY OCCURED										
	et end Number or Rura ete)	I Route Number,									
3 Surface 6 Could not be determined building, etc. (Specify) 290. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 9rt the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and the time, date en		o(e) end manner ee stated.									
296. SIGNATURE AND TITLE OF CERTIFIER DAN 1010	29d. DATE SIGNE	ED (Month, Day, Year) 25 154									
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CHILESTOPEDE D. FERRIT Likes Hopkins Hoppiber	hort no	30. NAME AND AODRESS OF PERSON WHO, COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
31. DATE FILEO (Morith, Day, Year) MAR 0 1 1994 Suite Studies Pandelle		, ,,,,									



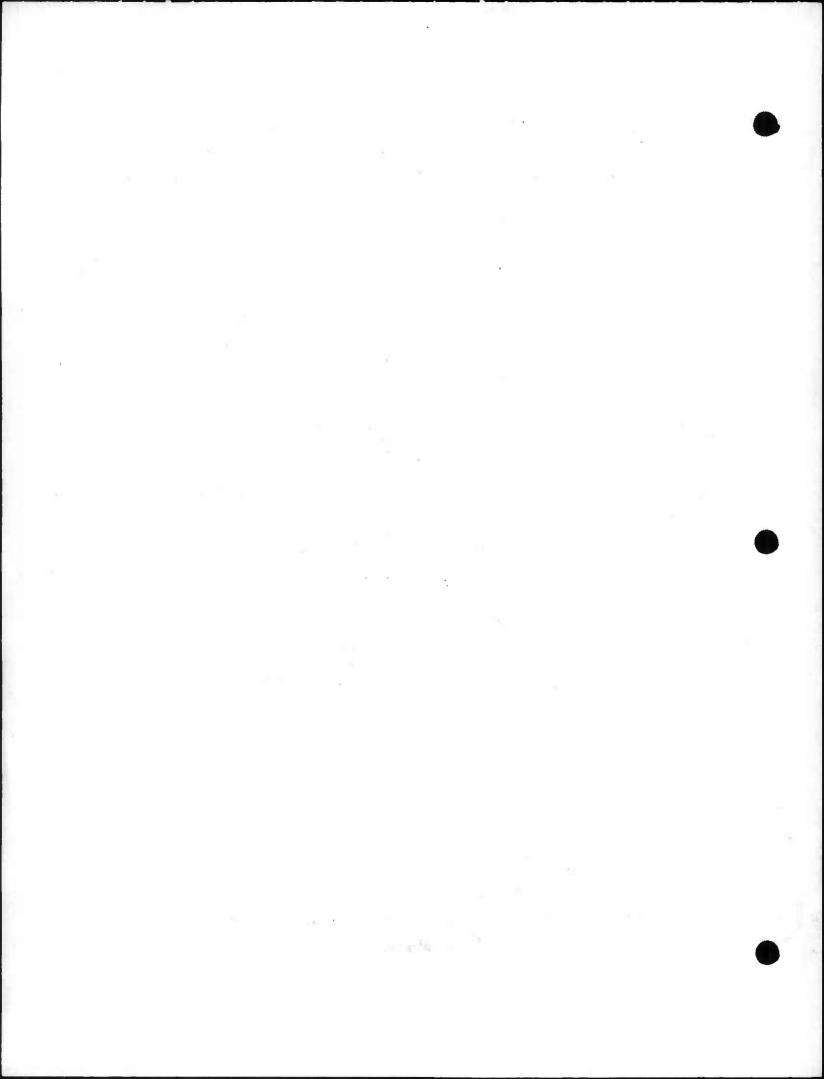
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. OECEOENT'S NAME (First,	Middle, Last)	<u> </u>	-						2 DATE OF	DEATH	_		3. TIME OF OEATH
	WILLIAM	L. (GREER							FEBRU	ARY M	54.1	9 qt4"	n/a M
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In v	rs. last birthd	my) IF LINE	ER 1 YEAR	IF UNDER	24 HRS	7. DATE OF		_ ,, _		HPLACE (State or Foreign
	213-05-7378		1 X M 2 F		5 YR	MONTH			MIN.	12- 2	7 (() 1	8 MARYLAND		VI AND
	9a. FACILITY NAME (If not in					ab 01	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
œ	MERIDIAN	_		1F		90. CI						17.0		JEATH
DIRECTOR	RESIDENCE OF DEC		JING HON	TL.			BALTIMORE, MD n/a							
<u>ଲ</u>	10a. STATE 10b. COUNTY 10c. C					CITY, TOWN	OR LOC	ATION		_				10d, INSIDE CITY
뜽	MARYLAND n/a						BAL	TIMOR	Ε					1 YES 2 NO
	10e. STREET AND NUMBER						10f, ZIP COOE					10g. CITIZEN OF WNAT COUNTRY?		
FUNERAL	959 N. CHESTER STREET							212	05			UNI	TFD	STATES
ξl	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED					11	. WAS DE			IIC ORIGIN? (5	inacity Vac			E - American Indian,
	1 Never Married 2 Married FORCES? 1 TYE				YES 2 NO If yea, specify Cuban, Ma			n, Maxica	n, Puerto Rica	n, etc.)	0	Blec	k, White, atc.	
B	3 Widowed 4 Divo	rced	W 120, GIVE	MIN ON DAIL	.5		1 11	2 2 \\\\	Specify	<i>/</i> :			Spec	"BL ACK
	15. OEC	EDENT'S EDU	CATION	16	a. DECEDEN	T'S USUAL	OCCUPAT	TION		16b. Kil	ND OF BUS	INESS/IN		
<u>.</u>	Elementary/Secondary (0	highest grade	College (1-4 or 5	+)	life. Do NO	or work don IT use retired	e during r	nost of world	ng					
릴	12 TH				LAD	EL L	INE	3		BE	THLE	HEM	STE	EL
COMPLET	17. FATHER'S NAME (First, M.	iddle, Last)						16. MOT	HER'S NA	ME (First, Midd	lle, Maiden	Surname)		
	GELSON	GREER						BE	RTHA	WASH	INGT	O N		
BE	19a, INFORMANT'S NAME (7)	iype/Print)	***		19b. MAIL	ING AODRE	SS (Street			Route Number,			p Code)	
임	FLORENCE	E.	GREER		959	N.	CHE	ESTER	ST	REET,	BAL T	TMORI	F. MI	D 21205
1	20a. METHOD OF DISPOSIT			20b. PL	ACE AND DA					OATE	7			own, Stata
ì	1 XDBurial 2 ☐ Crematio 4 ☐ Donation 6 ☐ Other		oval from Stata	cemete B	ALTIM	ORF plec	el	ETERY	U.	3+01				MARYLAND
ļ	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE		11211		_	AND ADDRE			DITL	TIMO	ا و ۱	TANTEAND
	A and	11	3/100		1	h	M. (C. MAR	RCH I	FH 1	101	E. 1	NOR TI	H AVENUE
	22 0/77/1 500-00-0	0,0	HOLE	arc										
	23. PART/I. Enter the di shock, or he	eert fellure.	List only one cau	ise on each	n lige.	o not ent	er the m	tode of dy	ing, suc	n ss csraiac	or respi	ratory si	rest,	Approximate interval Between
1	IMMEDIATE CAUSE (Findiseese or condition	af	A 11.	- ()-	11-	NI	1 .		//	4)			Onset and Death
ı	resulting in death) a. Will'stickly all a consequence of:													
			COST	ORASACO	DNSEQUENC	E OF);	0-	1 2	X.					Yours
8	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):													
₹∥	if any, leading to immed cause. Enter UNDERLYI		002.10	Ton no n us	ANGEOGENICE OF):									
2	CAUSE (Disease or inju		E. DUE TO	(Off AB A CO	INSEQUENC	E OFI:								
CERTIFICATION	that initiated events resulting in death) LAS	т 📗			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
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_	PART II. Other significa	nt condition	s contributing to	death but	not resulti	ng in the	ugiquetyi	ng cause	given in	Pport 1./ 24	e. WAS AN		344	WERE AUTOPSY PINDINGS AMALABLE PRIOR TO
EDICAL	- HA	or	cere	cro	vac	real	la	Vac	ced	out,	YES 2	1 -	1	COMPLETION OF CAUSE
	* 1													OF DEATH?
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∦ ≱	25. WAS CASE REFERRED TO	MEDIANE.					26.	ELAGE OF D	EATH (Ch	eck anly onei				
<u>ဗ</u> ူ	EXAMINER?		HOSPITAL:	FROutuatie	est a Filon	ОТН				6 C) Other (%	in the			
PHYSICIAN:	27. MANNER OF DEATH		28s. DATE OF	*		TIME DE	_	WURE N	/	28d DESCRI	-	NUMBER OF	cuseo	
		Pending	(Modes, C	* 7/H	- 1/	mounty)		PORH?	NO	1	11	4		
R	a Claudate	Investigation	28s. PLACE C	OF GLIURY I	At home, ter	of street to	_		H-7175	201 LOCATIV	W	art Hombe	r or Buni	Route Number
		Could not be determined	building	of (Specty)	11	_	and to be			City or 1	for grand	1	e or reares	mine mineral
9	29a. CERTIFIER				11		_			/	11			
COMPLETED	(Check only		CIAN: To the best of											
5	1 T	CAL EXAMINE	II: On the basis of a	xemination a	nd/or investig	jation, in my	opinion,	death occu	red at the	time, data and	d place, an	d due to t	ha cause(a) and manner as stated.
u	SOL SIGNATORE AND TITES	OF CONTIFIED	1/	۸				29c, LIC	ENSE NUI	ABER		29d. DA	E SIGNES	Month, Day, Mary
2	MWV -	18	Lugar		AATE .			11	34	452			2/2	28HY
- 1	30 NAME AND ADDRESTS OF	репвои wн	COMPLETED CAU	SE OF DEATH	1 (ITEM 27) (4 -			. 11			1	26
	15444	SE	LAIR	5 1	DI	>A	LTI	HO	RE	- 06	0	21	2	0
	31. DATE FILED (Month, Day,		32. PEGISTRA	R'S SIGNATU	JRE									
	MAR 0 1	1994	June	Reviden	-Manda	EL.								



Pages 1. 2, 3 should Sa. FACILITY NAME (If not institution, give street and number HOWARD COUNTY GENERAL HOSPITAL DIRECTOR 10a. STATE MARYLAND BALTIMORE permit. 10a. STREET AND NUMBER FUNERAL 9018 HAMOR RD use as the burial-transit hospital or attending physician. 11. MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married BY 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION (Specify only high COMPLET Ď nentary/Secondary (0-12) College (1-4 or 5+) detached once. 17. FATHER'S NAME (First, Middle, Last) retained by the GOLDSTEIN 2 Ħ BE notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) MRS BONNIE GOLDSTEIN pe 20s METHOD OF DISPOSITION

1 Durial 2 Cremation 3 Fine
4 Donation 5 Other (Specify) ours after death. Page 6 may must 21. SIONATURE OF FUNERAL REPWICE LICENSES Much led in by the fi medical filled in by t 23. PART/L/Enter the disease IMMEDIATE CAUSE (Final the attending physician and completely fille Mental Hygiene prior to burial, cremation, 章 disease or condition resulting in death) event, P.O. BOX 68760, traumatic CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 6 Injury, DIVISION OF VITAL RECORDS, The law requires that the MEDICAL signed by the Renal amy Hypertension bas been se Dept. of H PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL h the State Hem DR ATTENDING PHYSICIAN: 1 | YES 2 | 10 0 27. MANNER OF DEATH 28s. DATE OF INJURY this c. marked, Onth, Day, Year) 1 Natural BY After 2 Accident 3 Sulcide 99 COMPLETED 6 Could not be determined DIRECTOR: / 4 Homicide 28 THE HOSPITAL D THE FUNERAL D filed within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER BE with 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) J. A. HUNTER COLUMBIA MEDICAL PLAN , MD

31. DATE FILED (Month, Day, Year)

MAR 0 1 1994

32. MEGISTRAR'S SIGNATURE

Randall

ITEM: 1. PER F.H. FILM G-709 3/1/94 t.t 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) GERALD MARVIN 2. DATE OF DEATH MONTH 3. TIME OF DEATH GOLDSTEIN Breald 94 GOLD EIN 02 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 51 218-36-7583 1 M 2 | F DAYS 12/16/1942 MARYLAND 96. CITY, TOWN OR LOCATION OF DEATH COLUMBIA HOWARD DEATH 10c. CITY, TOWN OR LOCATION RANDALLSTOWN 10d. INSIDE CITY LIMITS? 1 X YES 2 NO 100 CTIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21133 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WHITE 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY COMMUNICATION OWNER 18. MOTHER'S NAME (First, Middle, Maiden Surname)
NETTIE BINSTOCK 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) RANDALLSTOWN MD 9018 HAMOR RD 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE BALTIMORE HEBREW 2/25/1994 REISTERSTOWN MD 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 21215 6010 REISTERTOWN RD. BALTO., MD s, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart failure. List only one cause on each line. Interval Betwe Onset and Death Lymphoma Von Hodokens 22 month DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO OF DEATH? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Pinpatient 2 ER/Outpatient 3 DOA OTHER: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 28c. INJURY AT WORK? 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 26e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) February 24, 1994

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AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withink. Yours after death, Page 6 may be retained by the hospital or attending physician.	L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 12 hours after death with the State Dest. of Health and Mental Hydiene prior to burial, cremation, or removal.	the control of the co
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LNA	t, Middle, Last)	GIT	'I D	EN	ICATE OF		2. DATE OF DEATH		YEAR	TIME OF DEATH			
4. SOCIAL SECURITY NUMBER		5. SEX	S. SEX B. AGE (In yrs. last birthda		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	-0	94	LACE (State or Foreign			
215-34-5538			1 D M 2 St 56		MONTHS DAYS	HOURS MIN.	FEB. 28,	1937 COMMENT		RYLAND			
9a. FACILITY NAME (If not			- 30	9b. CITY, TOWN OR LOCATION					OUNTY OF DEATH				
NORTHWEST	HOSPI'		ER			DALLSTO		BALTIMORE					
10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OR LOCAT	ION			11	Od. INSIDE CITY			
MADAK AND	BAL!	TIMORE			BALTI	MORE				LIMITS?			
MADVE AND NUMBE	4				10	. ZIP CODE		10g. CIT	ZEN OF WH	AT COUNTRY?			
3523 FLAN	NERY L	ANE				21207	7	Ī	USA				
11. MARITAL STATUS 1 Never Married 2 [3 Wildowed 4 Di		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2		If yes, sp		ANIC ORIOIN? (Specify Year an, Puerto Rican, atc.) ify:	or No-	14. RACE - Black, Specify:	American Indian, White, etc.			
15. DE (Specify o	CEDENT'S EDU	CATION completed)	1	(Give kind of	has kind of undy done during most of undring				DUSTRY	ENT			
Elementary/Secondary 12	(0-12)	College (1-4 or 5	+)	CLER			HIGHWA STATE						
17. FATHER'S NAME (First,	Middle, Lest)					18. MOTHER'S N	AME (First, Middle, Meiden	Surname)					
MORRIS				ROSE	N	ROS	SE		RASK	IN			
19e. INFORMANT'S NAME	(Type/Print)		1				Route Number, City or Town						
MR ALLEN				352	3 FLANNE	RY LANE	BALTIMORE,	MD .	21207				
20 HETHOD OF DISPOS 1 Buriet 2 Cremat 4 Donation 5 Oth		oval from State			of DISPOSITION (No. other place) UNG MENS		DATE 20c. LO		City or Town	n, State			
21. SIGNATURE OF FUNER	AL SERVICE LIE	CENSEE	vis				EVINSON &			The second second			
23. PART L Enter the diseasea, Dr complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									Approximete Interval Between Onset and De 2 DAY.				
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): COAGAULAPATHY DUE TO (OR AS A CONSEQUENCE OF): COAGAULAPATHY DUE TO (OR AS A CONSEQUENCE OF): COAGAULAPATHY DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
RENAL INSUPPICIENCY PERFORMED? 1 yes 2 pho of								VERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOSPITAL: OTHER:													
EXAMINER?	1 YES 2 90 1 1 patient 2 ER/Outpatient 27. MANNER OF DEATH 1 Netural 6 Pending					URY AT RK7 YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OC	CURED				
EXAMINER? 1 YES 2 GO 27. MANNER OF DEATH	Investigation	E Pacionii				At home, farm, street, factory, office				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
EXAMINER? 1 YES 2 SO 27. MANNER OF DEATH 1 Netural 6 Accident 3 Suicide 6	Investigation Could not be	28e. PLACE (building	OF INJURY — At I atc. (Specify)	TOTAL TELLIN			City or town, State)						

MO 21133.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

C. RAVI MD. NHC, RALT

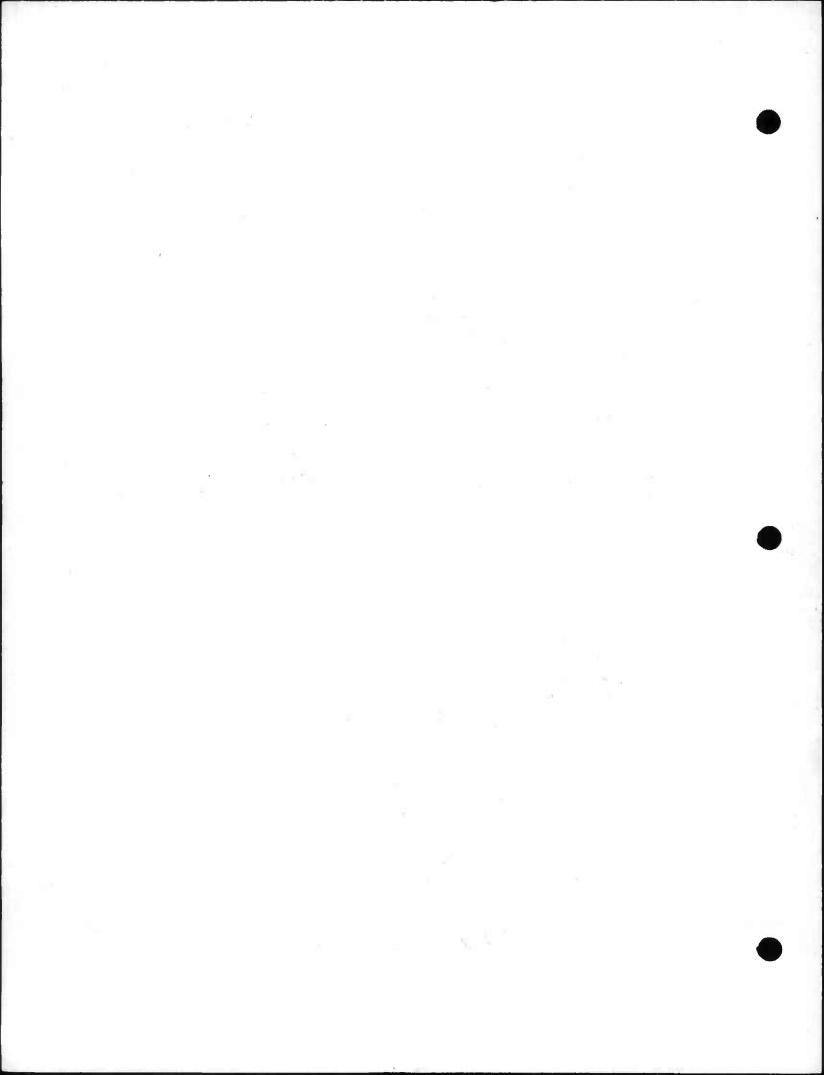
31. DATE FILED (Month, Day, Year)

MAR 0 1 1994

Julia Maridan Pandage

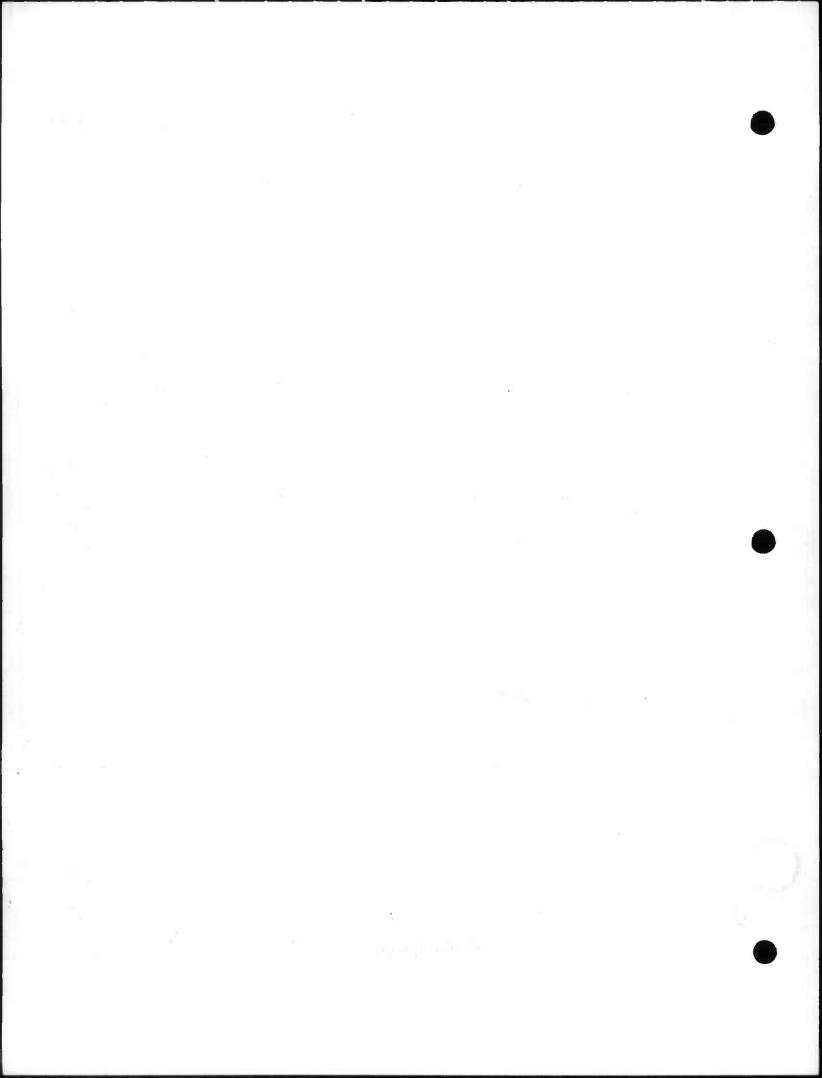
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	N: The law requires that the death certificate be executed within
AL RE	law requi
OF VITA	PHYSICIAN: The
DIVISION	HTAL OR ATTENDING PHYSICIAN:
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTA CERTIFIC	MENT OF H	EALTH AND	MENTAL HYGIE REG. N	NE 9	4 (15921
	1. DECEOENT'S NAME (First, Middle, Last) EMMA GARD	NER				2. DATE OF DEATH FEBRUM	y 26, K	3. T	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217–22–7666	1 🗆 M 2 🔀 F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JAN . 15		Country)	E (State or Foreign
стоя	9a. FACILITY NAME (If not institution, give st GOOD SAMARITAN RESIDENCE OF DECEDENT		91	BALTI	MORE	EATN	9c. COUNT	Y OF OEATH	
DIREC	10e. STATE 10b. COUNTY			OWN OR LOCAT					. INSIDE CITY LIMITS? NYES 2 NO
ERAL	100. STREET AND NUMBER 5868 BELAIR ROA	VD			21206		10g. CITIZE	EN OF WHAT	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, sp		NC ORIGIN? (Specify on, Puerto Ricen, etc.)	fes or No— 1		merican Indian,
LETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mo	ON ost of working	16b. KIND OF E	USINESS/INDU	STRY	
COMPL	1.2 17. FATHER'S NAME (First, Middle, Last)		HOUS	EWIFE	18. MOTNER'S NA	ME (First, Middle, Maid	MEMAKE	R	
TO BE	19a. INFORMANT'S NAME (Type/Print)	SILVERMAN				Route Number, City or T		Code)	
	20e. METNOD OF DISPOSITION 1 Devial 2 Cremation 3 Hamil	ovel, from State come	PLACE AND DATE OF D	ISPOSITION (Na	arne of		LOCATION — CI	mi arma	itate
	4 Donetton & Other (Specify)		eth el mei	22. NAME AI SOL	LEVINSON	2/28/94 CUTY & BROS. STOWN RD.,			21215
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	eys c	OUTIS		piratory arre-		Approximate interval Between Onset and Death II DAYS
AN: MEDICAL	PART II. Other algorificent condition COLONIC HYPERTEN	CANCER	ut not resulting in t	he underlyin	g ceuse given in		AN AUTOPSY ORMEO?	COM OF D	E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATN?
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	LACE OF DEATH (Ch	eck only one) 6 Other (Specify)	-		
ву рну	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. INJ		26d. DESCRIBE HOV	V INJURY OCCU	IREO	
TED	3 Suicide 6 Could not be 4 Nomicide determined	26e. PLACE OF INJURY building, etc. (Spec/	— At home, farm, streetly)	et, factory, offic	•	261. LOCATION (Streetly or Town, Sta		r Rural Route	Number,
OMPLE		CIAN: To the best of my knowle							menner es stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER QUITALLE Q	Redio	M.D.		P-06			SIGNEO (Mon	
	30. NAME AND ADDRESS OF PERSON WHI ANTONIO A. PEDRA	h 2	ATN (ITEM 27) (Type, Pri		D . , BA.	LTIMORE	MD	212	-39
	31. DATE FILED (Morith, Day, Year) MAR 0 1 1994	Julia Bavidson	-Rindall						



BALTIMORE, MARYLAND 21215-0020	death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	喜	if with the State Copy. Of regularizing mental hypere prior to burda, Centaburi, or removal. arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
G G	THE HISPAL OR ATTENDING	TO THE STEPAN DIRECTOR: After	IMPORTANT: If Item 28 is marked,

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO.		05922
	1. DECEDENT'S NAME (First, Middle, Last) HYMAN		(OLDSTEIN	J	2. DATE OF DEATH DA	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (1	In yrs. last birthday) 80 YRS.	IF UNDER 1 YEAR MONTHS DAYE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG. 1,1	a. BIR Cou	THPLACE (State or Foreign intry) MD .
TOR	9e. FACILITY NAME (If not institution, give stre 6400 APOLLO RESIDENCE OF DECEDENT	DRIVE, APT.	С	96. CITY, TOWN O	ALTIMORE	ATH	9c. COUNTY OF	DEATH
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
RAL	100. STREET AND NUMBER 6400 APOLLO DRIVE	1 ADT #C		101.	21209			F WHAT COUNTRY?
BY FUNERAL		12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA W.W.II - 1	2 NO	If yes, spe	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14. RA	ACE — American Indian, ack, White, stc.
8	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION	16a. DECEDENT'S	USUAL OCCUPATION Mork done during most retired.)		16b. KIND OF BUS	I SINESS/INDUSTRY	
COMPLET	12	College (1-4 or 5+)	PROP	RIETOR			RY STORE	2
ш	17. FATHER'S NAME (First, Middle, Last) HARRIS	GOLDSTEIN			18. MOTHER'S NA MAR	ME (First, Middle, Maiden Y Z	Sumame) IMMERMAN	N
TO B	19e. INFORMANT'S NAME (Type/Print)	.,				Route Number, City or Town		
	MRS. JUDY GOLDMA 20e. METHOD OF DISPOSITION 1 XBuriel 2 Cremation 3 Remov	20b.	PLACE AND DATE	OF DISPOSITION (Na.	me of	OATE 20c. LO	S,MD. 2.	
	4 Donation 5 Other (Specify)	AF	RLINGTON	-CHIZUK	AMUNO		ALTO., MI)÷
	· Gay May	Leur	0	SOL 6010	LEVINSON REISTER	& BROS.,I	BALTO.,	MD. 21215
	23. PART Enter the diseases, or co shock or heart failure. Li IMMEDIATE CAUSE (Final	implications that coused by only one cause on ea	sch line.	-				Approximete intervel Between Onset and Death
	disease or condition resulting in desth)	DUE TO (OR AS A	CONSEQUENCE	Cana	lovasco	ular Disc	295C	Zyens
NO	Sequentially list conditions, b.	OUF TO (OR AS A	CONSEQUENCE O	D:				
ICAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury							
CERTIFICATION	that initiated events recuiting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				
AL	PART II. Other significent conditions	1121	ut not resulting	in the underlying	ceuse given in	Part I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
PHYSICIAN: MEDIC	Hodykins	Diseage				1 YES 2	XNO	COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
ICIAN		HOSPITAL:		26. PL	ACE OF DEATH (Che	eck only one)		
HYS	1 VES 2 NO	1 Inpetiant 2 ER/Outp	28b. TIN	4 Nursing Home	JRY AT	6 Other (Specify) 26d. DESCRIBE HOW II	NJURY OCCUREO	
ВУР	1 Natural 5 Pending Accident Investigation	(Month, Day, Year)		M 1 🗆 Y				
ETED	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, etc. (Spec		street, factory, office	·	261- LOCATION (Street a City or Town, State)		I Route Number,
COMPLETED	one) 2 MEOICAL EXAMINER:	IAN: To the best of my knowl : On the basis of examination						e(a) end manner ee stated.
TO BE	296. BIGHAFURE AND TITLE OF CERTIFIER	a. Tim	4		DI-78	1BER 3	≥ 2 /	ED (Month, Chy. Year) 25 94
-	Manshall AL.	evine, 40	00001	d Cou	est Rd	: Suite	306,	
	31. DATE FILEO (Month, Day, Year) MAR 0 1 1994	32. REGISTRAR'S SIGNA	ATURE And	2	Pikes	Suite , h	D 2120	38
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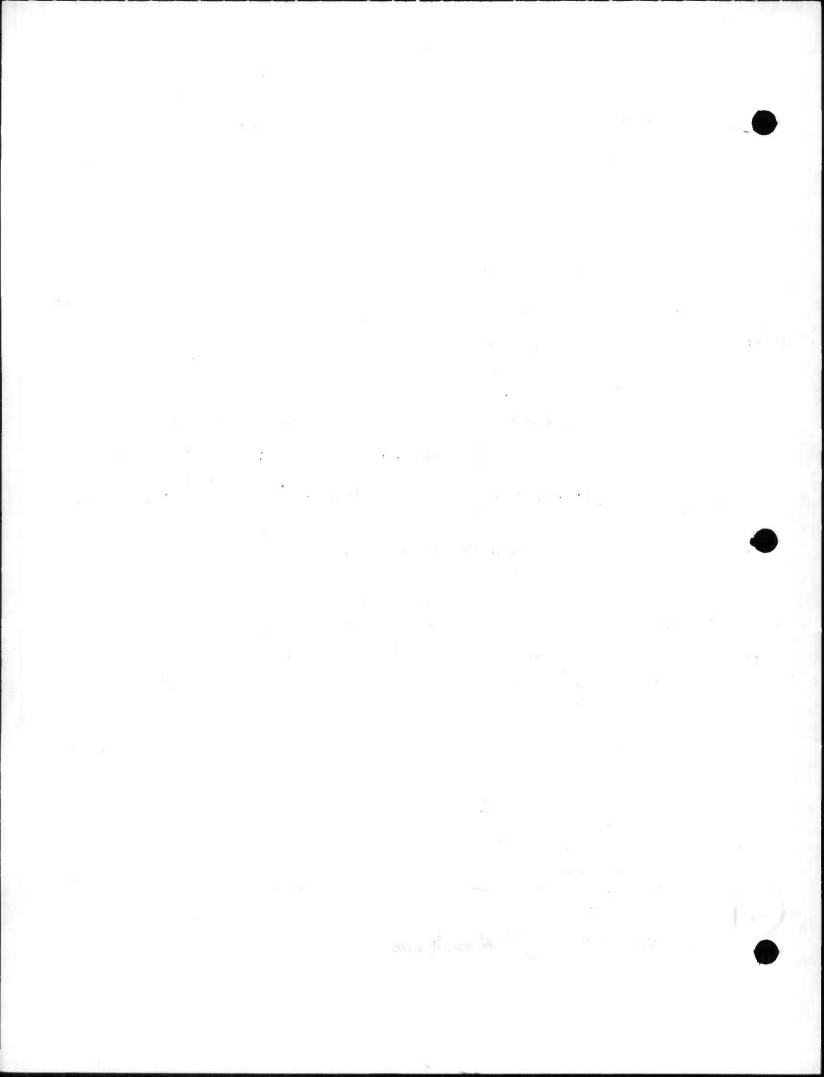
	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF H	HEALTH AND	MENTAL HYGIEN	_/	1 0	5923
	1. DECEDENT'S NAME (First, Middle, Last))				2. DATE OF OEATH MONTH	DAY YE	3. T	IME OF OEATH
	MINNIE	М.		SON		02 2			9:00 A. M
	4. SOCIAL SECURITY NUMBER 215–18–8398	1 □ M 2 🔀 F	In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11–20–1		Country)	CE (State or Foreign
œ	9a. FACILITY NAME (if not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
CTO	1913 TADCASTER ROAD CATONSVILLE BALTIMORE RESIDENCE OF DECEDENT								
DIRECTOR	MARYLAND 10b. country	N BALTIMORE	10c. Cf	Y, TOWN OR LOCATONS		tod. INSIDE CITY LIMITS? 1 \square YES 2\square			
FUNERAL	10e. STREET AND NUMBER			10	I. ZIP CODE		10g. CITIZEN		
N	1913 TADCASTER RO	DAD 12. WAS DECEDENT EVER II	U. U. C. ADMICO	10.000	21228			U.S.	
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, sp		NIC ORIGIN? (Specify Yeen, Puerto Rican, atc.) fy:	14.	Black, Wh Specify:	American Indian, ite, etc.
	15. OECEDENT'S EO (Specify only highest grad		(Give kind of	USUAL OCCUPATION		16b. KIND OF BU	SINESS/INDUST		
COMPLET	Elementary/Secondary (0-12)	College (t-4 or 5+)	life. Do NOT u	se retired.)		OF THE	710100		
NE I	17. FATHER'S NAME (First, Middle, Last)	2	HOUSE	WIFE	10 MOTHER:0 N	AME (First, Middle, Melder	HOME		
U C	GUSTAV A. WEISE					M. MILLS	,		
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or To		de)	
٩	GEORGE GIBSON	(HUSBAND)	1913	TADCASTE	R ROAD C	CATONSVILL	E MARYL	AND :	21228
	20s. METHOD OF DISPOSITION 1 Description 2 Cremetion 3 Res		PLACE AND DATE	OF DISPOSITION (Na	arne of	DATE 20c. LO	OCATION — City	or Town, S	State
	4 Donation 5 Other (Specify)	I(OUDON PA	RK CEMET	ERY 03/0		LTIMORE	MAI	RYLAND
	Luneseer	Dixxo.				SELL C WIT	ZKE FUN	ERAL	HOMES
_	_	O-gray		1630 F	DMONDSON	J AVENUE C	ATONSVI	LLE I	
	23. PART I. Enter the diseasea, or ahock, or heert fellure	. List only one ceuse on e	the death. Do ach line.	not enter the mo	de of dying, aud	ch as cardled or resp	Piratory arrest	.	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	he tast	. At a	0.00		20			Onset and Death
ŀ	resulting in deeth)	oue to (OR AS A	CONSEQUENCE	F): / a sa	,, C	un ch			2 month
Z		b		0				į	
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	F):					
	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated eventa	c. DUE TO (OR AS A	CONSEQUENCE O	Fi:					
F	resulting in death) LAST	d		,				į	
CE	PART II. Other significent condition	nne contributing to death b	ut not requiting	in the underlyin	= acus = clus = t=	Best Lee man			
CAL	THE STATE OF THE S	The Continuous to destit b	at not readiling	m the underlym	g ceuse given in	PERFO	PERFORMED?		E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE
MEDIC						1 TYES	2 NO	OF E	DEATH?
									YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C)	heck anly one)			
PHYSICIAN:	1 TYES 2 NO	1 Inpetient 2 ER/Outp				8 Other (Specify)			
ВУ РН	27. MANNER OF DEATH t Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY WO	PURY AT DRK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCUR	ED	
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	At home, ferm,	atreet, fectory, offic	•	261. LOCATION (Street City or Town, Stete		Rural Route	Number,
29e. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. SIGNATURE AND TITLE OF CERTIFIER 29c. CERTIFIER 29c. CERTIFIER 29c. CERTIFIER 29c. CERTIFIER 29c. CERTIFIER 29c. CERTIFIER 29c. CERTIFIER 29c. CERTIFIER 29c. CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGN 29d. DATE								Puse(e) end	manner es stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	en			29c. LICENSE NU	MBER 3 9	29d. DATE SI	GNED (Mon	oth, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type 0632 Lib	Print) Potus	xent Par	Kuay, Col	unde i'e	م س	D
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE			//	عدا ل	TT	
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		notes a betarell between							DHMH-16 Rev 1

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ours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu- te filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF H			HYGIENE REG. NO.	9	4	05924
	1. DECEOENT'S NAME (First, Middle, Last)			01		2. DATE OF				3. TIME OF DEATH
	GERTRUDE	HOUGHTI	MONTH	. 27,1	004	YEAR				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.					BIRTH		DIETHE	5:20A M
		1 M 2 VF		MONTHS DAYS	HOURS MIN.		Day, Year)	1.	BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give stre	Λ]				SEPT	29,	1017		MD.
OR	23 CLOVELLY STREET	,	05		LTTMORE.	EATH			Y OF DE	
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY									
DIRECTOR		IMORE	10e. CI	TY, TOWN OR LOCAT BALTIMO	177					10d. INSIDE CITY LIMITS? 1 YES 2 W NO
AL	106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT							AT COUNTRY?		
E	23 CLOVELLY STREET, APT.#4205 21208 U.S.A						Λ.			
FUNERAL		12. WAS DECEDENT EVER	R IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN?	Specify Yes		. RACE	- American Indian.
	1 Never Married 2 Merried	FORCES? 1 YE	DATES X		2 VNO Specific		en, etc.)		Black, Specify	White, etc.
ВУ	3 Widowed 4 □ Divorced			1	X. co	.,			Specify	WHITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co			S USUAL OCCUPATION		16b. K	IND OF BUSI	NESS/INDUS	TRY	
Εij	Elementary/Secondary (0-12)	College (1-4 or 5+)	kie. Do NOT	work done during mo use retired.)	st or working					
릴	12	===	HOU	SEWIFE			Δm	HOME		
0	17. FATHER'S NAME (First, Middle, Last)			22//12	16. MOTHER'S NA	AME (First, Mid		The second second		
Ш	SAMUET, SE	HERMAN				ATIE			v	
0	19a. tNFORMANT'S NAME (Type/Print)	THE WAY	195 MAII IN	G ADDRESS (Street a			City or Town	FLA		
임		TNC							,	
	MR, NOLAN HOUGHTI			TEEPLEJA						
	1 Burial 2 Cremation 3 Remov		Ob. PLACE AND DATE			DATE	20c. LOC	ATION — CIT	y or Tow	n, State
	4 Donatton 5 Other (Specify)	NOCC	ADATH YE				48/94	BA	LTO.	.,MD.
	21. SIGNATURE OF PUNEHAL SERVICE LICE	NSEE			D ADDRESS OF FA		C TAI			
_ 1	Ma Tenu				EVINSON REISTER				MD	21215
	23. PART I. Enter the diseases, or co		ed the deeth. Do	not enter the mo	de of dving au	STOMIN	C Or respire	ALTO.	PID.	Approximete
	immediate cause (Finel	ANG PLO	eech iina.							Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFIC		DUE TO (OR A		OF):						
: MEDICAL CERTIFICATION		contributing to death	but not resulting		g cause given in		49. WAS AN A PERFORM YES 2	ED?		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
7	PART II. Other aignificent conditions Rhoumanc ha	contributing to death	but not resulting	In the underlying		_ 1	PERFORM	ED?		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
7	PART II. Other aignificent conditions Rheumatic hearmy 65 them 10 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to death	but not resulting	In the underlying	g cause given in	_ 1	PERFORM	ED?		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
7	PART II. Other aignificent conditions Rheumanche My G Then IA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WO	Contributing to death	utpetient 3 DOA	In the underlying 28. PL OTHER: 4 \(\text{Nursing Hom} \)		neck only one)	PERFORM	ED?		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
7	PART II. Other aignificent conditions Rhaumanche My G 5 them 18 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 YES 2 1 10	contributing to death	utpatient 3 DOA Y 28b. Til	28, PI OTHER: 4 Nursing Hom	ACE OF DEATH (Cr	neck only one) 6 Other (S	PERFORM	NO NO	,	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	PART II. Other algnificent conditions Rhaumatic hearmy C. 5 them in C. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YNO 27. MANNER OF DEATH 1 Netural S Pending	Contributing to death A 1 5 co-se TYRV 1 5 HOSPITAL: 1 Input ent 2 ER/O	utpatient 3 DOA Y 28b. Til	28. PI OTHER: 4 Nursing Hom ME OF 28c. INJ. UNRY WO	ACE OF DEATH (Cr a 5 (VResidence URY AT	neck only one) 6 Other (S	PERFORM YES 2 1	NO NO	,	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	PART II. Other significent conditions Rhaumanc had MY 65 then 10 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	Contributing to death A 1 5 co-se TYRV 1 5 HOSPITAL: 1 Input ent 2 ER/O	utpetient 3 DOA Y 28b. Til IN RY — At home, term,	28, PI OTHER: 4 Nursing Hom ME OF 28c. INJ JURY WO 1 1	ACE OF DEATH (CF a 5 N Residence URY AT RK7	6 Other (S	PERFORM YES 2 1	NO NO JURY OCCUI	RED	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY
BY PHYSICIAN: MEDICAL	PART II. Other aignificent conditions Rhsumaha MYC5 Hean IR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only)	Contributing to death	utpetient 3 DOA Y 28b. Til N RY — At home, term,	28. PL OTHER: 4 \(\text{Nursing Hom} \) ME OF 28c. INJ. JURY M 1 \(\text{NV} \) atreet, tectory, offic	ACE OF DEATH (C) a 5 (VResidence URY) AT RK7 (ES 2 NO	6 Other (state of the cause to the cause	PERFORM YES 2 (Specify) RIBE HOW IN. ON (Street an Town, State)	JURY OCCUI	RED Rural Ro	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions Rhoundhale MY 65 the 12 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 WAO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	Contributing to death	utpetient 3 DOA Y 28b. Til N RY — At home, term,	28. PL OTHER: 4 \(\text{Nursing Hom} \) ME OF 28c. INJ. JURY M 1 \(\text{NV} \) atreet, tectory, offic	ACE OF DEATH (CF	6 Other (Size Location of the cause of time, date and	PERFORM YES 2 (Specify) RIBE HOW IN. ON (Street an Town, State) (a) and mannod place, end	IURY OCCUI	RED Rural Ao	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO ute Number,
BY PHYSICIAN: MEDICAL	PART II. Other aignificent conditions Rhsumaha MYC5 Hean IR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only)	Contributing to death	utpetient 3 DOA Y 28b. Til N RY — At home, term,	28. PL OTHER: 4 \(\text{Nursing Hom} \) ME OF 28c. INJ. JURY M 1 \(\text{NV} \) atreet, tectory, offic	ACE OF DEATH (C) a 5 (VResidence URY) AT RK7 (ES 2 NO	6 Other (Size Location of the cause of time, date and	PERFORM YES 2 (Specify) RIBE HOW IN. ON (Street an Town, State) (a) and mannod place, end	IURY OCCUI	RED Rural Ao	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions Rhs umatic MY C 5 the 1 a 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 1 nevertigation 3 Suicide 6 Could not be 4 Homicide detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	Contributing to death A 1 200-21 TO 1 5 HOSPITAL: 1 Inpetient 2 ER/O 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE DF INJUR building, etc. (S) IAN: To the best of my km: On the basic of examinal	utpetient 3 DOA Y 28b. Til IN RY — At home, term, ecrity) owledge, death occur tilon and/or investigati	28. PL OTHER: 4 \(\text{Nursing Hom} \) ME OF MUST Atreet, tectory, office atreet at the time, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, ACE OF DEATH (CF	6 Other (Size Location of the cause of time, date and	PERFORM YES 2 (Specify) RIBE HOW IN. ON (Street an Town, State) (a) and mannod place, end	IURY OCCUI	RED Rural Ao	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO ute Number,	
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificent conditions Rhs umanche MY C 5 then IR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide 6 Could not be 4 Homicide 6 Certifying Physici. (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	COMPLETED CAUSE OF I	utpetient 3 DOA Y 28b. Til IN RY — At home, term, ecrity) DEATH (ITEM 27) (Typ)	28. PL OTHER: 4 \(\text{Nursing Hom} \) ME OF MUST Atreet, tectory, office atreet at the time, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, in my opinion, detection, ACE OF DEATH (C) a 5 (VResidence URY) AT RK7 (ES 2 NO and place, and due eath occured at the	6 Other (See Location of the Cause of time, date and MBER 2 48)	PERFORM YES 2 (Specify) RIBE HOW IN. ON (Street an Town, State) (a) and mannod place, end	JURY OCCUI of Number or or as steted. due to the c	RED Rural Ao	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO Ute Number,	



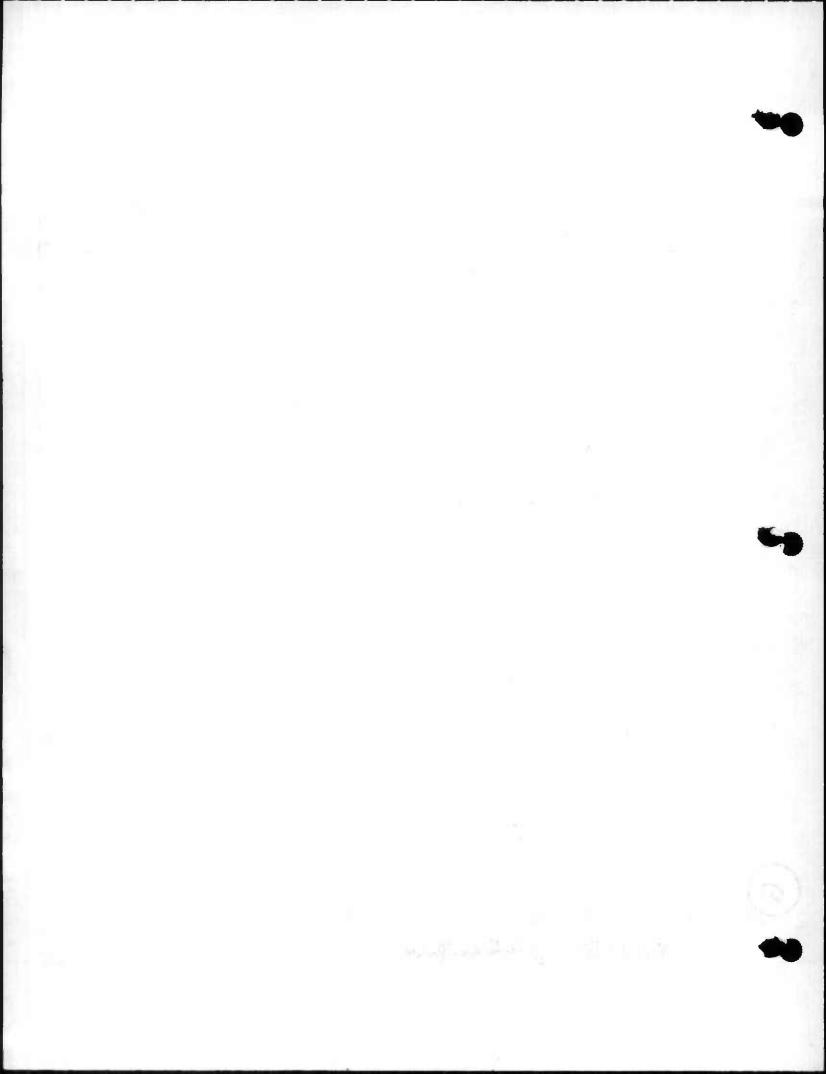
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	4	U	C	4	6	40

Pays after death. Page 6 may be retained by the hospital or attending physician. In the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

п	O
l	E
	CERTIFIC
	MEDICAL
	ETED BY PHYSICIAN:
	BY
	ETED.

	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	RE	G. NO.		
-	1. DECEDENT'S NAME (First, Middle, Last) LAURA LIPPITT HE	RIOT				2. DATE OF DE MONTH JAN.	29, 1	994ª	3. TIME OF DEATH 1:09 A M
	4. SOCIAL SECURITY NUMBER 577-50-5911	1 □ M 2 🂢 F	AGE (In yrs. last birtnday)	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIF (Month, Day, AUG. 1	1905	PUE	ERTO RICO
TOR	98. FACILITY NAME (If not institution, give street and number) PRINCE GEORGES HOSPITAL PRINCE (HEVERLY PRINCE (PRINC								
DIRECTOR	10e. STATE 10b. COUNTY	·		y, town or locat SHINGTON			10d. INSIDE CITY LIMITS? 1 💢 YES 2 🗌 A		
FUNERAL	100. STREET AND NUMBER 1300 MASSACHUSETT	S AVENUE,	N.W.	10	. ZIP CODE 2005			U.S.A	VHAT COUNTRY?
ВУ	11. MARITAL STATUS 15. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, sp	ENDENT OF HISPANI ecify Cuban, Maxican 2 NO Specify:	, Puerto Rican,	etc.)	14. RACE Black Speci	E — American Indian, k, White, etc. Hy: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	s USUAL OCCUPATION work done during more retired.) S ANALYS'	et of working		OF BUSINESS/IN		TREAU
OMI	17. FATHER'S NAME (First, Middle, Last)		OZZ 150E	J INVIESTO	15. MOTHER'S NAM				HELLIC
BE C	THEODORE STARK HE	RIOT			LAURA	A. LI	PPITT		
TO E	194. INFORMANT'S NAME (Type/Print) THEODORE S. HERIC	T			RD., HE				
	20a METHOD OF DISPOSITION 12 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovat from State	20b. PLACE OF DISPO other place) ZION EPISOOF			1	20c. LOCATION - CHARLES		
	21. SIGNATURE OF PUREJAL SERVICE LI	MINISEE / DAL	ln_		FUNERAL	HOME	721 ELD: HERNDON		
	23. PAST I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	on each line.			n aa cerdiec d	or reapiratory a	rreat,	Approximate interval Between Onset and Death
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARDID PULMONARY ARBST DUE TO (OR AS A CONSEQUENCE OF): PULMONARY RESPIRATION DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. SEPSAS PUEMON NI H DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other eignificant conditions cause given in Part I. Part II. Other eignificant conditions cause given in Part I. Part II. Other eignificant conditions cause given in Part I. Part II. Other eignificant conditions cause given in Part I. Part II. Other eignificant conditions cause given in Part I. Part II. Other eignificant conditions cause given in Part I. Part II. Other eignificant conditions cause given in Part I. Part II. Other eignificant conditions cause given in Part II. Part II. Other eignificant conditions cause given in Part II. Part II. Other eignifica								WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 D NO	HOSPITAL:	R/Outpatient 3 DOA	OTHER:	LACE OF DEATH (Chi		in Mal		
	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF IN (Month, Day,	JURY 28b. TII	ME OF 28c. IN	JURY AT DRK? YES 2 NO		E HOW INJURY O	CCURED	4
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF 1 building, at	NJURY — At home, term, (Specify)			281. LOCATION City or Tox	I (Street and Numb vn, State)	per or Rural	Route Number,
COMPLET	(Greek brilly		/ knowledge, death occur						(a) and menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	440	lez	2	20c. LICENSE NUM D 25	766		ATE SIGNE	0 (Month, Day, Year) Y 1, 1994
	4.17	eque, b	103 BAH	MYONE A	R. RIVERO	hle, n	10		
	31. DATE FILED (Month, Day, Year) MAR 0 1 1994	32. REGISTRAR	S SIGNATURE	2					
		0,							DHMH-16 Rev 1/



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			NTAL HYGIENI REG. NO.	E 9	4 05926
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH MONTH DA	.Y Y	3. TIME OF DEATN
	AGNES 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	Jaskie	W1CZ		2 2:		
	219-18-4192	1 D M 2 XF 8	6 YRS.	ONTHS DAYS	HOURS MIN.	Mooth, Day, Year)	07	BIFTHPLACE (State or Foreign Country)
OR	98. FACILITY NAME (If not institution, give a 7305 Bridgew			Balti	MOFE Dunc	dalk	Bal	timore
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	Md. Ba	ltimore	-	Baltim-	Ore Dunc	dalk	10g. CITIZEI	1 YES 2 NO
FUNERAL	7305 Bridgew				21224		USA	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF NISPANIC Coeffy Cuban, Mexican, Po		or No- 14	RACE — American Indian, Black, White, etc.
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, DECEDENT'S U (Give kind of wo life, Do NOT use	rk done during mo	ON est of working	16b. KIND OF BUS	INESS/INDUS	TRY
COMPLETED	Elementery/Secondery (0-12)	College (1-4 or 5+)		emaker		Own	Home	
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME			
BE (Andrew Wesot 19a. INFORMANT'S NAME (Type/Print)	OWSKi	19b. MAILING A	DDRESS (Street a	Helen Ind Number or Rural Route			ode)
10	Monica Long		7305	Brida	ewood Dr			e.Md. 21224
	20a. METHOD OF DISPOSITION 1	oval from State 20t	PLACE AND DATE OF	DISPOSITION (Na	/1/94	DATE 20c. LOC	CATION - CIT	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI		J	22. NAME AN	ND ADDRESS OF FACILITY	TY .		
	1 10000	Card	-	Duda 7922	-Ruck Fu Wise Av	neral H enue nu	ome I ıdalk.	nc.21222
CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	e. OPE TO (OR AS A DUE TO (OR A DUE TO (OR A	A CONSEQUENCE OF:	men i/uz	ery 7	Arresi		t, Approximate interval Between Onsat and Death
MEDICAL	PART II. Other algnificant condition	ne contributing to desire	out not resulting in	the underlying	g ceuse given in Par	t I. 24a, WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Check	only one)		
IXSI	1 _ YES 2 _ NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	patient 3 DOA 4	OTHER:				
ВУ РН	1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY WO	VES 2 NO	d. DESCRIBE HOW IN	HURY OCCUI	RED
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, lerm, str cify)	eet, factory, offic	• 28	I. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,
COMPLETE	000)	ICIAN: To the best of my know						ause(a) and manner ee stated.
BE	29b. SIGNATURI AND PITLE OF CERTIFIE	- WE	2		29c. LIBENSE NUMBER	391	29d. DATE S	IGNED (Month, Dept. Year)
10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	(Type, F	rini) Bali	honor	MO	6	4239.
	MAR 0 1 1994	32. REGISTRAR'S SIGN	ATURE					

BALTIMORE, MARYLAND 21215-0020 tous after death. Page 6 may be retained by the hospital or aftending physician. d in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pror removal. medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIR	MARYLAND CATONS 10e. STREET AND NUMBER 1 DUNBAR AVENUE 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Coid 12th 17. FATHER'S NAME (First, Middle, Last) WILLIAM H. KID 19e. INFORMANT'S NAME (Type/Print) HATTIE KIDWELL 20e. METHOD OF DISPOSITION 19(2) Burial 2 Compation 3 Removal 6 4 Donation 6 Other (Specify) 11. SIGNATURE OF FUNERAL SERVICE LICENSE 23. PART 1. Enter the disease, of comp
DIVISION OF VITAL RECORDS, P.O. BOX 68760, OCEPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, ANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the	E COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I, Sriffer the diseases, of comp shock, or heart failure. List of immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions con PART III. Other algnificant conditions con PART III. Other algnificant conditions con PART III. Other algnificant conditions con PART III. Other algnificant conditions con PART III. Other algnificant conditions con PART III. Other algnificant conditions con PART III. Other algnificant conditions con PART III. Other algnificant conditions con PART III. Other algnificant conditions con PART III. Other algnificant conditions con III. Other algnificant conditions con III. Other algnificant conditions con PART III. Other algnificant conditions con III. Other algnificant conditions con III. Other algnificant conditions con III. Other algnificant conditions con III. Other algnificant conditions con III. Other algnificant conditions con III. Other algnificant conditions con III. Other algnificant conditions con III. Other algnificant conditions con III. Other algnificant conditions con III. Other algnificant conditions con III. Other algnificant conditions con III. Other algnificant conditions.

2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH TEB EARL KIDWELL 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State of) HOURS DAYS 12 M 2 F 216-01-7273 82 11/2/1911 BALTO. MD 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH **9c. COUNTY OF DEATH** NORTHWEST HOSPITAL CENTER RANDALLSTOWN RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY VILLE 1 TES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21228 USA WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, OIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, atc. It yes, specify Cuban, Mexican, Puerto Rican, etc.)

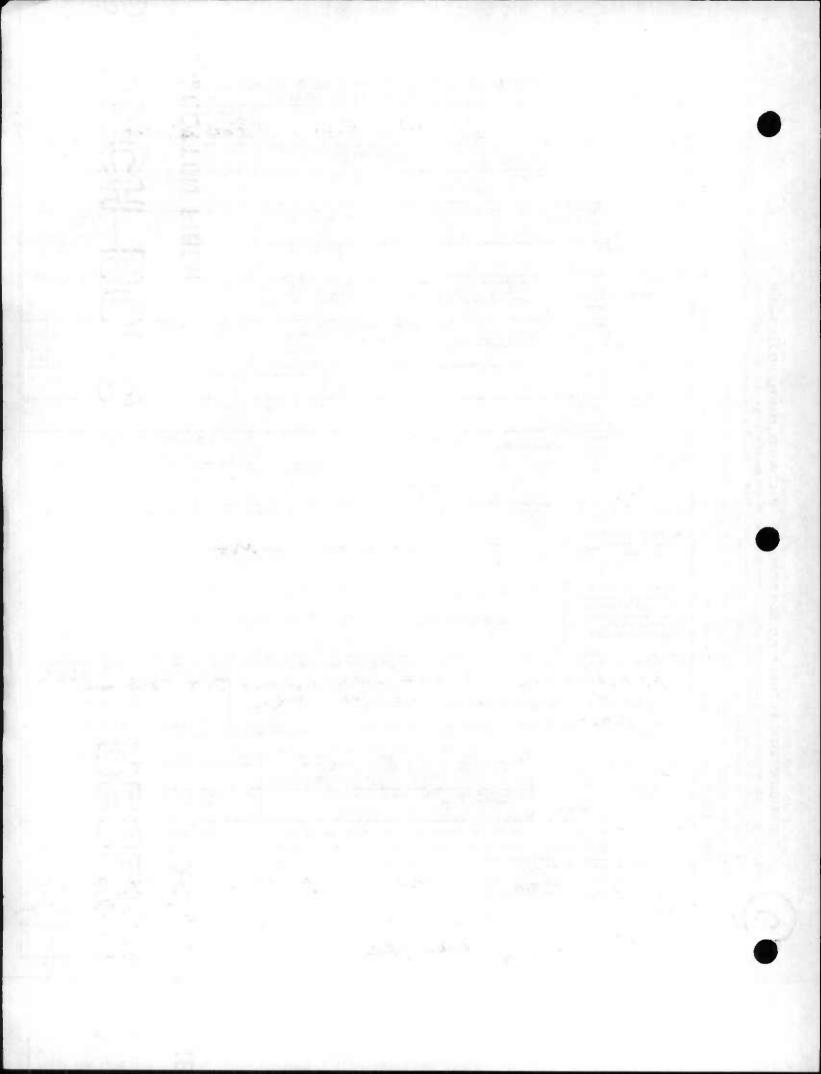
1 ☐ YES 2 ☑ NO Specify: Specify: Black 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY lege (1-4 or 5+) Federal Food Inspec. U.S. Government 18. MOTHER'S NAME (First, Middle, Maiden Surname) WELL ELIZA FULLER 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19 DUNBAR AVENUE CATONSVILLE, MD 21228 20b. PLACE AND DATE OF DISPOSITION (Name of 3/3/94 DAT cemestery, cremetory or other place)
GARRISON FOREST VET. CEM DATE 20c. LOCATION - City or Town, State rom State RANDALLSTOWN, MD 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 lications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, only one cause on each line. Interval Between Onset and Death HYPEROSMOLAR COM DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): ntributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY // PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE wint 1 YES 2 NO 26. PLACE OF DEATH (Check only one) SPITAL OTHER:
4 | Nursing Home 6 | Residence 6 | Other (Specify) tient 2 - ER/Outpetient 3 - DOA 28d. DESCRIBE HOW INJURY OCCURED 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c, INJURY AT WORK? 1 YES 2 NO 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. sels of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as atated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2 30. NAME AND ADDRESS OF PERSON WI PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ORIANDO CONAIXAN 31. DATE FILED (Month, Day, Year)

Julia triids

Nontotwes Town

DHMH-16 Rev 1/89



29		218-26-0653		1 🔀 M 2 🗆 F	78	YRS.	MONTHS		
3 should		9a. FACILITY NAME (If not in					9b. CITY,		
2, 3	뜅	Anne Arundel		cal Cente	er		Anr		
÷.	្ត	RESIDENCE OF DEC	10b. COUNTY	,					
- Page	DIRECTOR	MD		ne Arunde	el		y, town o		
ermit		10s. STREET AND NUMBER							
-0020 ing physician. the burial-transit permit. Pages 1, BY FUNERAL DIRECT		1258 West River Road							
o vician al-tra	S	11. MARITAL STATUS		12. WAS DECEDEN			13. \		
2 g g			Merried	FORCES? 1 IF YES, GIVE W		2 NO	1		
15-0 lending as the	ВУ	3 Widowed 4 Divo	rced	WWI]					
atter use a	Œ		EDENT'S EDUC y highest grade		16	Be. DECEDENT'S (Give kind of	work done o		
BALTIMORE, MARYLAND 21215-0020 ard death. Page 6 may be retained by the hospital or attending physician the furneral director, page 5 should be detached for use as the burial-trail examiner must be notified at once.	COMPLETED	Elementary/Secondary (0	12)	College (1-4 or 5 d		‰. Do NOT u: Safety 1			
N N stach	M	17. FATHER'S NAME (First, M	iddle, Last)						
ALA by the		Jacob Paul							
MAR retained 5 should notified	BE	19a. INFORMANT'S NAME (7				19b. MAILING	ADDRESS		
ALTIMORE, MARYLAN death. Page 6 may be retained by the hose funeral director, page 5 should be detach u. examiner must be notifiled at once.	2	Florence W				1258 W			
may b		200. METHOD OF DISPOSIT			20b. PL	ACE AND DATE	OF DISPOS		
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be a		1 Surial 2 Cremation 4 Donation 6 Other		oval from Stata	- Lake	emont C	ther place)		
TIN Pag		21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	11		22. 1		
ALT death. e funera		1 Jai	ruk	4 (hr	rold		Ha		
B after by the moval		23. PART I. Enter the di	seases, or 6	omplications the	t caused th	ne deeth. Do i	12		
68760 BA accuted with, fours after of and completely filled in by the st burial, cremation, or removal.		shock, or h	aart faiiura. I	List only one cau	sa on aach	ilina.			
the the		IMMEDIATE CAUSE (Fir disease or condition	iai		CHF				
writh plete crem		resulting in death)				ONSEQUENCE O	Fi:		
C 6876 executed and com o burial.	_					suffici			
U B TEE	CERTIFICATION	Sequantially list conditi if any, landing to imme-	ona,			ONSEQUENCE OF			
certificate be ding physiciar tyglene prior	8	cause. Entar UNDERLY! CAUSE (Disease or inju	NG	o					
orthe ph giene	띹	that initiated events		DUE TO	(OR AS A CO	ONSEQUENCE O	F):		
S, P.O. BOX death certificate be to a trending physician tental Hygiene prior to ury, or other traun	H	resulting in death) LAS	' L.	ı					
DS, the de the all d Ment		PART II. Other algoritica	nt condition	a contributing to	daath but	not reaulting	in tha un		
OR!	<u>S</u>	s/p Aortic							
RECORDS, P.O. BOX 68760 requires that the death cartificate be executed with then signed by the attending physician and complete. of Health and Mental Hygiene prior to burial, cremshows any Injury, or other traumatte event,	E I						-		
VITAL RECORDS, P.O. BOX 68760, IAN: The law requires that the death certificate be executed with rifficate has been signed by the attending obystician and compleme State Dept. of Health and Mental Hygiene prior to burial, crein or litem 23 shews any Injury, or other traumatic even	SICIAN: MEDICAL								
ITAL V: The law cate has the State Dept Item 23	CIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOODE					
CIAN: The State the State Cor Item	SIC	1 YES 2 NO		HOSPITAL:	ER/Outpatie	int 3 🗆 DOA	OTHER		
	PH	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIM	E OF		
NG PHY The Tits marked	ВУ		Pending Investigation				M		
ISION OF TENDING PAYSIC TOR After this ce offer death with it	ED		Could not be	26a. PLACE O building,	F INJURY — atc. (Specify)	At home, farm,	street, facto		
2 5 5 5 5	E		determined						
1 35	PL		TIFYING PHYSIC	CIAN: To the best of	my knowled	ga, death occurr	ed at the ti		
2 4 2	COMPLET	one) 2 MEDI	CAL EXAMINE	R: On the basis of a	ramination ar	nd/or investigation	in, in my o		
N 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BE C	29b. SIGNATURE AND WILE	OF CERTIFIER	1	P	/	11		
1 2 2 3 X	0	110	rue	11 -	SI	einfe	4		
7		30. NAME AND ADDRESS OF	indfel	Chady					
10							764		
		MAR () 1 1	994	32. REGISTRA	4-V-R	THE WALL			
- (-					- 1	77.4			

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				G. NO.	91.	05928	
	1. DECEDENT'S NAME (First, Middle, Lest) Paul V. King Sr					2. DATE OF DE	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH							a RIDTHO	LACE (State or Foreign	
	218–26–0653 9a. FACILITY NAME (If not institution, give	1 M 2 □ F 7.	8 YRS. MOI	NTHS DAYS	THE RESERVE OF THE PARTY OF THE	Sept. 22	2, 1915	Penr	nsylvania	
TOR	Anne Arundel Medi			Annapo		AIH		Anne Arundel		
DIRECTOR	10a. STATE 10b. COUNT	ne Arundel		own or Locat	ION				10d. INSIDE CITY LIMITS? 1 YES 2 1 NO	
FUNERAL	100. STREET AND NUMBER 1258 West River R	toad			. ZIP CODE 0764		10g. CIT	ZEN OF W	HAT COUNTRY?	
ž	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		ENDENT OF HISPAN	IC OBIGINS (So			- American indian,	
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WATOR D WWII	2 NO		cify Cuban, Maxican	n, Puarto Rican,		Black, Specify	White, etc.	
LED	15. DECEDENT'S EDU (Specify only highest grad	UCATION le completed)	16e. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mos	N st of working	16b. KIND	OF BUSINESS/IN	DUSTRY	- 12	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Safety Di				NASA		140	
	17. FATHER'S NAME (First, Middle, Last) Jacob Paul King				Mary Tu		Meiden Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street a	nd Number or Rural R		v or Town, State, Zia	a Code)		
2	Florence W. King	3			r Road,				64	
	20e. METHOD OF DISPOSITION 1	noval from State 20th	b. PLACE AND DATE OF DI metery, crematory or other in LKEMONT CEN	ISPOSITION (Na	me of		20c. LOCATION — Davidsor			
l	21. SIGNATURE OF FUNERAL SERVICE LY		//	22. NAME AN	D ADDRESS OF FAC	CILITY			0, 10	
	· Catruk	A Clandel	/_	12 Ric	ty Funer lgely Av	e. Ann	apolis,	MD 2	1401	
	23. PART i. Enter the diseases, or shock, or haart fallura.	complications that cause List only one cause on a	d the deeth. Do not o	enter the mo	de of dying, auch	aa cardiec o	r respiratory ar	reat,	Approximate Interval Batween	
	IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	CHF							Onset and Daath 3 yr +	
	The second of th		A CONSEQUENCE OF):							
S S	Sequentially list conditions, if any, leading to immediate		nsufficier A CONSEQUENCE OF):	ncy					3 yr +	
3	cause. Entar UNDERLYING CAUSE (Disease or injury	c								
HIFICALION	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):							
3	PART II. Other algorificant condition	DE contributing to death !	aut not requising in the	he underlying	cours about la l	Don't las	WAS AN AUTOPSY	1 5700		
CAL	s/p Aortic valve			na underrynig	cause given in i		PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE	
MEDIC							XII		OF DEATH?	
SICIAN	25. WAS CASE REFERRED TO MEDICAL									
2	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Che		-4.1			
	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	F 28c. INJI	JRY AT		E HOW INJURY OC	CURED		
2	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 Y						
E	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, atc. (Spec	Y — At home, farm, atree city)	t, factory, office		28f. LOCATION City or Town	(Street and Number n, State)	r or Rural Ro	oute Number,	
OMPLE		SICIAN: To the beat of my know ER: On the beals of examinatio							and manner as stated.	
	29b. SIGNATURE AND TILL OF CERTIFIE	11	teente	//	29c. LICENSE NUM		29d. DAT	E SIGNED (Month, Oky, Year)	
=	30. NAME AND ADDRESS OF PERSON WE Harvey Steinafe		e, MD 2076							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN								

		1 - STATE REGISTRAR	SIATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO		94 05929
		1. DECEDENT'S NAME (First, Middle, Last)	ONMAIE	R			2. DATE OF DEATH MONTH	26 1	YEAR 3. TIME OF GEATH
		4. SOCIAL SECURITY NUMBER 2 / 4 - 1 3 - 1397 1 9a. FACILITY NAME (If not institution, give street	SEX 6. AGE (In and number)	yrs. last hirthdey) #F YRS. Mod	UNDER 1 YEAR VITHS DAYS L CITY, TOWN O	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF D	7. DATE OF BIRTH (Mgoth/Day, Was)	25	B. SIRTNPLACE (State or Foreign Country) Maryland TY OF OEATN
	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	1ERI DI 41	10c. CITY, TO	B A		10RE		10d, INSIDE CITY LIMITS?
1	ERAL D	10e. STREET AND NUMBER 4300 ST	anwood Avenue	+0		7 MD ZIP CODE 212-0	10(=	10g. CITIZE	t □ YES 2 □ NO
1	By Pa	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	P. WAS DECEDENT EVER IN U. FORCES? 1 YES, GIVE WAR OR DATE	2 - NO	If yes, spe	ENDENT OF HISPAI ocity Cuban, Maxica 22/2/NO Specifi	NIC ORIGIN? (Specify Year, Puerio Rican, etc.)	a or No- 1	4. RACE – American Indian, Black, Whita, atc. Specify:
	MPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) 7th Grade	ION 1 npleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mos	st of working	16b. KIND OF BU		sinv mbing
	TO BE COMPL	17. FATNER'S NAME (First, Middle, Last) Gustav Kronma:	ier			16. MOTHER'S NA	AME (First, Middle, Maiden a.	Sumame)	
no moninon		JOhn E. Collins		19b. MAILING AD 4612	Parkwoo	nd Number or Rural od AVenu	Aoute Number, City or Tow Baltimor		
must		20e. METHOD OF DISPOSITION 1 Description 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	trom Stata cemen	place and date of diery. Crametory or other op lar Spr.	ings Ce	em.	3-1 Lis	sbon,H	oward Co.
a cyelliller		21. SIGNATURE OF FUNERAL SERVICE LICEN	1 Murshy		John (C. Mille	r, Inc. B	altimo	Elair Road ore,Md21206
		23. PART I. Enter the diseases, or com- abock, or haert fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	policetions that caused to only one cause on each	F PAI					Interval Between
	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that believed series)	DUE TO (OR AS A C	CONSEQUENCE OF):	OST	ATE			
	CERTI	that initiated events resulting in death) LAST			6, A	P-14	EUNA	TCA	
to enous out minut.	MEDICAL	PART II. Other significent conditions of	ontributing to death but	t not resulting in t	ne underlying	ceuse given in	Pert I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
	SICIAN:		OSPITAL: Inpatiant 2 ER/Outpat		FHER:	ACE OF DEATH (Ch	6 Other (Specify)		
incountry of	у РНУ	27. MANNER OF DEATN 1 Natural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	JRY AT	28d. DESCRIBE NOW	INJURY OCCU	PRED
\$1 07	TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28a. PLACE OF INJURY building, atc. (Specify	- At home, term, stree	t, tectory, office		26t, LOCATION (Street City or Town, State	and Number of	r Rural Route Number,
VT. If item	COMPLET		N: To the best of my knowled On the beels of examination a						i. Cause(a) and manner as stated,
IMPURIANT	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO C	Mutza OMPLETED CAUSE OF DEAT	MD.	16)	29c. LICENSE NUI	196 296	29d. DATE	SIGNED (Morith, Day, Year)
- 1			THE STATE OF THE PERI	trem art (1900, Phi	"/			- 1	MAN III

3009 EVERGREEN AVE

ביבו ווויכוור, וויכווו דעום	IN CONTRIBUTING PHYSICIAN: The law requires that the death certificate be executed within urs after death. Page 6 may be retained by the hos-	IN THE FUNCTION CONTROL OF CARTIFICATE HAS been signed by the attending physician and completely med in by the funeral director, page 5 should be detached to burial, cremation, or removal.	IMPORTANT If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	urs after deat	r nied in by the fun tion, or removal.	the medical exar
CHIEF THE THEORY TO THE THEORY	be executed within	to the studiest diffections after this certificate has been signed by the attending physician and completely med in by the factor to the prior to burlat, cremation, or removal.	traumatic event,
	e death certificat	Antal Hygiene p	lury, or other
urcoup.	requires that the	been signed by the t. of Health and I	shows any in
וער	rSICIAN: The law	certificate has	d, or Item 23
NOIS!A	R ATTENDING PHY	HECTOR: After this	ım 28 is marke
-	Dostine o	THE FUNERAL DI	PORTANT: If the
	8	9	3

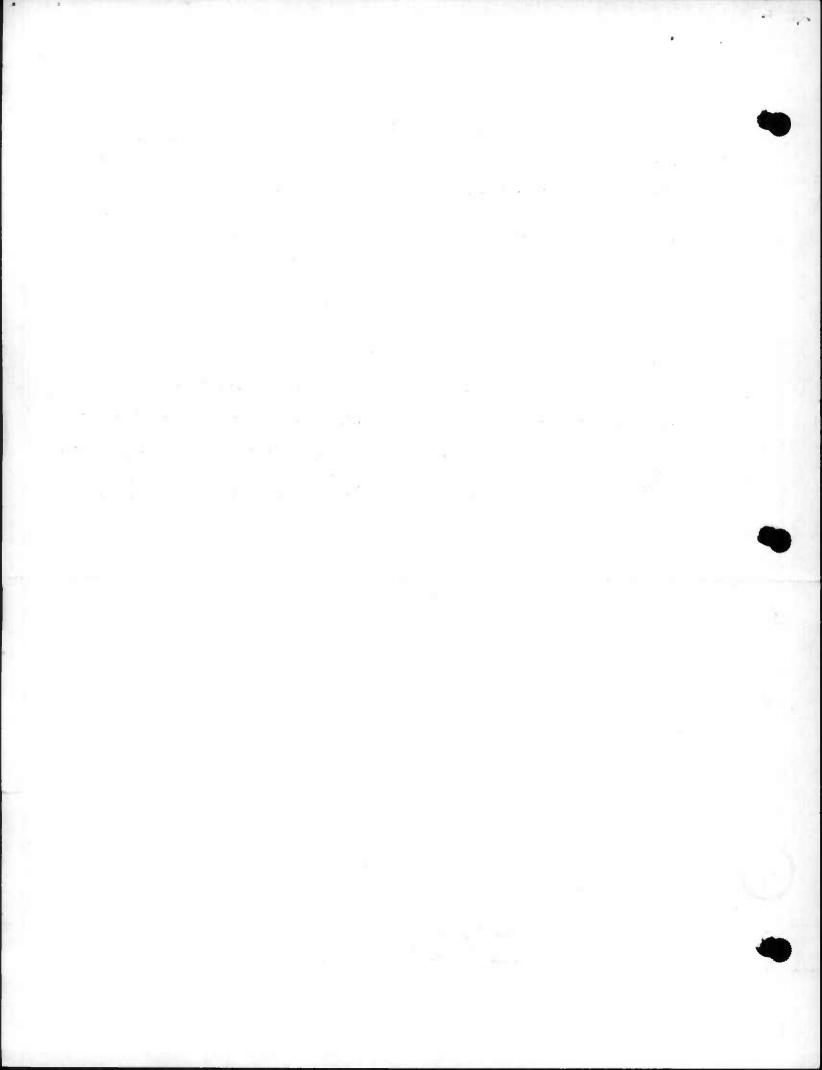
30. NAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, Year)

MAR 0 1 1994

	1 - STATE REGISTRAR			ENT OF HI	EALTH AND I DEATH		YGIENE EG. NO.	94 0593		
0.000	1. DECEDENT'S NAME (First, Middle, Lest)	KOKINDI	+ K	esa Be okinda	rtha	2. DATE OF I	2 DAY 24 9	SEAR 3. TIME OF DEATH		
ı y	4. SOCIAL SECURITY NUMBER 5. SE 216-12-5943 1 □	6. AGE (In yrs. lest 70		UNDER 1 YEAR	HOURS MIN.	7. DATE OF E (Month, Da 3/6/	v, Year)	BIRTHPLACE (State or Foreign Country) Maryland		
H L	90. FACILITY NAME (If not institution, give atreet an University of Mar			more Cit	EATH	9c. COUNTY OF DEATH NA				
	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Maryland Baltin		own or Locati	on (Englis	sh Cons	onsul) 10d. Inside CI				
FUNERAL	3011 Ohio Avenue,		10f.	ZIP CODE 2122	7	10g. CITIZEN OF WHAT COUNT USA				
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	MED IO		city Cuben, Maxica		a or No- 14. RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementery/Secondery (0-12) Coll 12th Grade	DUCATION ide completed) College (1-4 or 5+) College (1-5 or 5+) College (1-6 or 5+)			N t of working	18b. KIN	Housewife			
BE CO	17. FATHER'S NAME (First, Middle, Last) Arza J.	Maddrix			Anna	Ant		laddrix		
10	196. INFORMANT'S NAME (Type/Print) Mr. David Kokinda 196. MAILING ADDRESS (Street and Number or Flural Poute Number, City or Town, State, Zip Code) 3011 Ohio Avenue, Baltimore, Maryland 21227									
	20e. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Removal fr 4 Donalion 5 Other (Specify)	om Stale other pla	ece)	Cemete	etery, cremetory or ry 2/28		20c. LOCATION — CI Baltimo	ore, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	Kevin E. Eck	ker	McCu1	ly Fune Patap	ral Hor	me of Broomenue, Balt	oklyn to., Md. 21225		
	23. PART I. Ener the diseases, or complete the control of the cont	Illectione thet ceused the de- inly one ceuse on each line Madadala DUE TO (DR AS A CONSE	i e	/	etual			et, Approximete interval Between Onset and Death		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST									
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuee given in						24s. WAS AN AUTOPSY PERFORMED? 1 YES MANUAL DE COMPLETE DE DEATH 1 YES			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND Topptient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Revidence 6 Other (Specify)									
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? WORK? M 1 YES 2 ND							INJURY OCCURED		
TED BY	2 Accident Investigation 3 Suicide e Could not be determined 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)						281. LOCATION (Street end Number or Rural Route Number, City or Town, State)			
COMPLETED	TOTAL OTHY	To the best of my knowledge, de								
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Ama, MIL	2		29c. LICENSE NU	DMBER 280	29d. DATE	SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COM	APLETED CAUSE OF DEATH (ITE	M 27) (Type, Pri	nt)_	- 13	- 11-		1 11		

DHMH-18 Rev 1/89



BALLIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VILAE RECORDS, P.O. BOX 68760	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

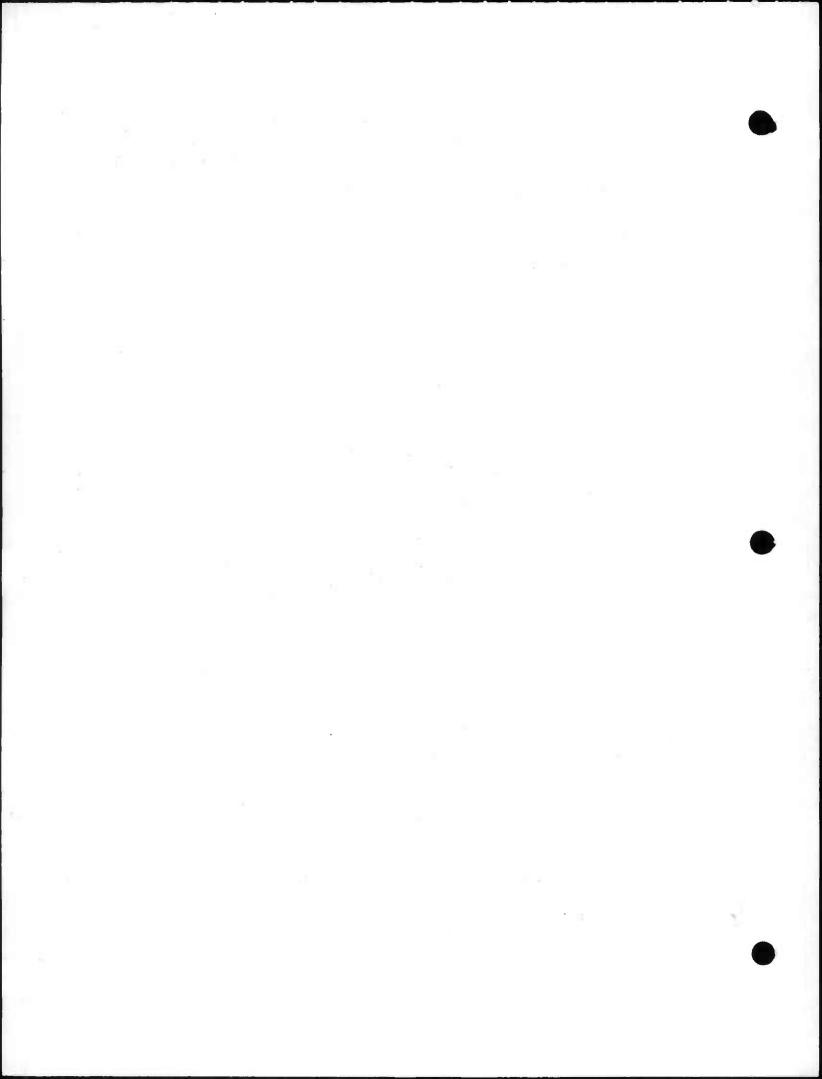
31. DATE FILED (Month, Day, Year)

MAR n 1

1994

	FOR 1 _ STATE	STATE OF N	ARYLAND A	DEPAF	ITMEN	T OF H	IEALTH	AND I	MENTAL H	IYGIENE	91	la (05931	
	REGISTRAR		C	ERTIF	ICAT	E OF	DEAT	ГН	T	REG. NO.	-		00001	
	1. DECEDENT'S NAME (First, Middle, Last) MARY	GERTI	DIIDE	1 AV	EZZA				2. DATE OF MONTH	DAY		YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		,	R 1 YEAR	IF UNDER	24 MDC	Feb.		1994		M PLACE (State or Foreign	
	216-46-8119	1 M 2 X F	93	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	ly: Year)	_	Country	y)	
	9a. FACILITY NAME (If not institution, give street and number)			79.11	9h CIT	Y TOWN C	R LOCATION	ON OF DE		1-190	900 MAryland			
Œ	Meridian Perring Parkway N.H. Parkvi													
1 5	RESIDENCE OF DECEDENT								,, с					
DIRECTOR	10a. STATE 10b. COUNT			1		OR LOCAT	LIMITS?					10d. INSIDE CITY LIMITS?		
	Maryland Bal	timore		M	nite	Mar							1 YES 2 NO	
RA	8567 Castlemill C	inclo				101	212:					U.S.A	WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AS	PMED	13	WAS DEC			IIC ORIGIN? (S	nooth Yes				
1 1	1 Never Married 2 Married		YES 2 X			It yes, sp		n, Maxicai	n, Puarto Rica		or No—	Black	t, White, atc.	
В	3 💢 Widowed 4 🗌 Divorced		AN ON DATES			I 🗌 TES	ZIANO	эресну	/i			Specif	White	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. Di	ECEDENT'S Give kind of a. Do NOT u	USUAL C	CCUPATIO	ON st of workin	a	16b. KIN	ID OF BUSI	NESS/INC	JUSTRY		
2	Elementary/Secondary (8-12)	College (1-4 or 5 a	·) life											
COMPLETED	6 yr's	-		Home	illake	1.								
	Frank	L	azzaro						me (First, Midd aela	le, Maiden S	iumame)	Sci	ala	
85	19a. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRES	S (Street a				City or Town	wn, State, Zip Code)			
٩	Mr. Joseph F. Lav	ezza, Sr				as #			Total Transco.	July 01 101111,	Olaro, Esp	, 5555)		
	20a, METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Ram		20b. PLACE	AND DATE	OF DISPO	SITION (Na	me of		DATE	20c. LOC	ATION —	City or Ton	wn, Stata	
	4 Donation 5 Other (Specify)	OVAIL ITOM STATE	cemetery, cre	ardei	ther place,	f Fa	ith 3	3/3/9	94	Ba	ltin	nore,	MD	
	21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE Paul 1	Hartso	ck,Jr.	22.	NAME AN	D ADDRES	S OF FAC	Ba	ltimo	ore.	MD	21214	
	+ toul 2 Ha	touch.	20			l_eon	ard .	J. Ri					ord Rd.	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reepiratory arrest, Approximate													
	A										Interval Between Onset and Death			
	resulting in death)	. Cau				w	He	u	ell	· Lag	7		yes	
_		an	OR AS A CONSE	OS	ele	2 7	25	C	alic	ins	al	2	8	
RTIFICATION	Sequentially list conditions, if any, leeding to immediate	bDUE TO	OR AS A CONSE	OUENCE O	F):				0	-				
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c						0	Wye	12	e			
E	thet initieted eventa resulting in death) LAST	DUE TO	OR AS A CONSE	OUENCE O	F):									
W	resulting in destri) LAS1	d												
LC	PART II. Other significent condition	a contributing to	desth but not	resulting	In the u	nderlying	ceuse g	lven in	Pert 1. 24	. WAS AN A		24b.	WERE AUTOPSY FINDINGS	
EDICAL									1	PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEC													OF DEATH?	
1 2 Natural 5 Pendina (Month, Day, Year) INJURY WORK?														
							me 5 Residence 6 Other (Specify)							
							SCRIBE HOW INJURY OCCURED							
2 Accident Investigation M 1 YES 2 NO														
GE	3 Suicide 6 Could not be 4 Homicide datarmined	building,	atc. (Specify)	urre, ielii,	⇒राक् कर, I BC	tory, office			City or To	on (Street an own, State)	id Number	or Rural R	roure Number,	
LET	290. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the hear of	one knowledge -	ath a	and and art	4			A 2 8 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2					
COMPL	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of R: On the besis of as) and manner so stated	
	29b. SIGNATURE AND SITUR OF CERTIFIES							NSE NUN		,, with				
BE	, VVVV	m	Ús.				008	-30	7		DAT	2/2	(Month, Day, Year)	
임	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITE	M AT CE	Delet		,	/	-1			10	0647	

1 CEPTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and main 2 _ MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurse at the time, data and place, and due to the cause(s) and many 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) <u>Gracito Patricio,</u> 8903 Harford Rd. M.D. 32. REGISTRAR'S SIGNATURE



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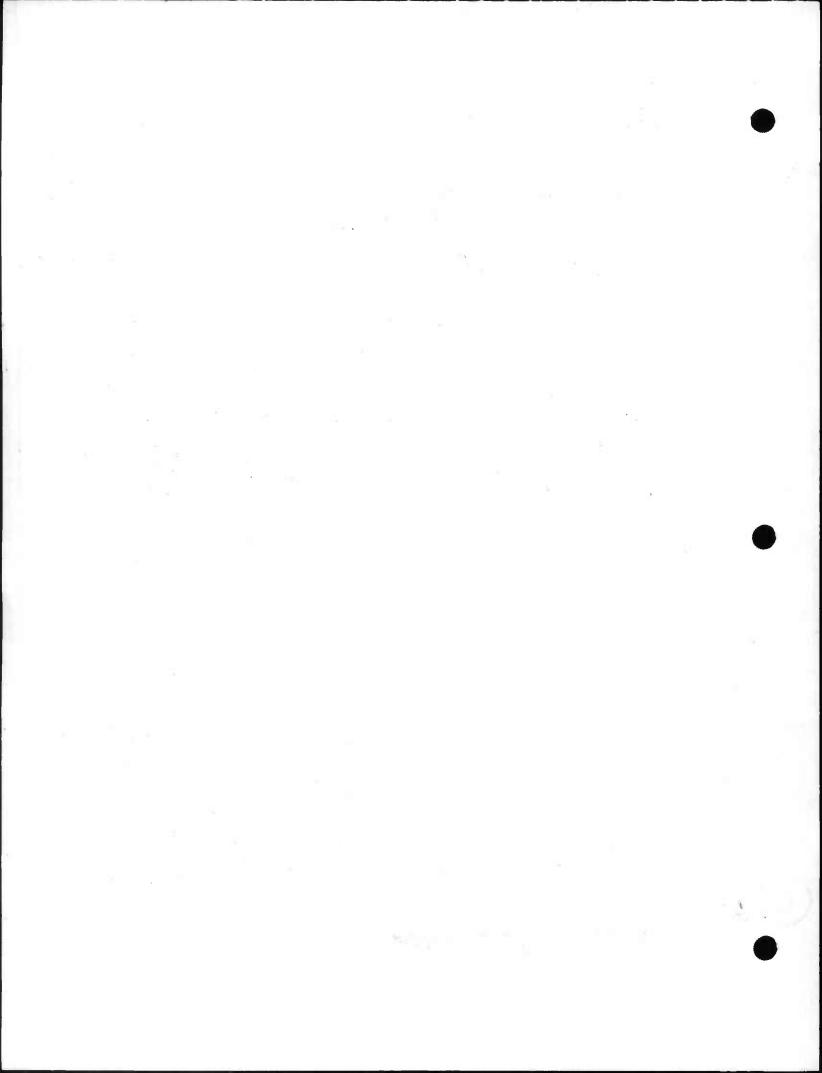
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE Q FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) YEAR SADIE LOWENTHAL FEB. 18, 1994 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) DAYS

3. TIME OF DEATH 5:30 AM 8. BIRTHPLACE (State or Foreign 1 - M 2 XF 94 577-84-0385 MAR. 7, 1899 N. CAROLINA 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PIKESVILLE BALTIMORE PIKESVILLE NURSING & CONVALESCENT CENTER 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21215 USA APT. 812 2500 W. BELVEDERE AVE 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify BY Specify: 3 🕅 Widowed 4 🗌 Divorced WHITE ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPLE 12 HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) WEISBERG BESSIE **JACOB** FELDMAN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 HERMAN LOWENTHAL 3631 FOREST HILL RD, BALTIMORE, MD 21207 20a. METHOD OF DISPOSITION 20c, LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 1 X Buriel 2 Cremation 3 R ARLINGTON OF THE NATIONAL CEMETERY 2/23/94 FT MYERS, VA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. luan 21215 6010 REISTERSTOWN RD; BALTO, MD 23. ART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximets shock, of heart failure. List pniy one cause on each line interval Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition resulting in deeth) Cardini arrest DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted eventa resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER 1 YES 2 100 1 | Inpellent 2 | ER/Outpellent 3 | DOA refing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e, DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO В Investigation 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the beele of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTURER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE un 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SIGNATURE GUILL SIGNATURE 31. DATE FILED (Month, Day, Year) MAR 0 1 1994



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	FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	TMEN ICAT	T OF H	EALTH DEAT	AND I	MENTA	L HYGIEI		94	0593
	1. OECEOENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATN
	ELLA F. LOWRI								2		4	94	9:00 a.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDE	R 1 YEAR	IF UNDER			OF BIRTN		8. BIRTNI	PLACE (State or Foreign
	216-01-0672	1 M 2 F	86	YRS.	WONTHS	DAYS	HOURE	MIN.		27-07		O O O O O O	Md
	9a. FACILITY NAME (If not institution, give str	eet and number)			9b. CIT	Y, TOWN C	R LOCATIO	ON OF DE	<u> </u>		9c. COU	NTY OF DE	111/4
E	524 N. Charles	Street	-		R	alti	mor	0 0	i + 37			N /	٨
5	RESIDENCE OF DECEDENT						Try			11/	A		
DIRECTOR	10a. STATE 10b. COUNTY	10c, CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?		
	Md.	I/A				mor	е						1 TYES 2 NO
FUNEHAL	10e. STREET AND NUMBER	Balt	imore,	Md.		101	ZIP CODE	E			10g. CITI	ZEN OF W	HAT COUNTRY?
<u> </u>	524 N. Charles	St.=7t	h Flr.	-Roc	om 5	710		2	120	1		II.	S. A.
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13.	WAS DEC	ENDENT O	F HISPAN	NIC ORIGI	N? (Specify Ye Rican, stc.)	s or No—	14. RACE	- American Indian, White, atc.
2	1 Never Married 2 Married 3 Widowed 4 X Olvorced		MAR OR DATES			1 YES				rtican, atc.)	- 1	Specif	
			I/A									Wh:	ite
COMPLEIED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(0	ECEDENT'S Give kind of v	work done	during mo	N st of workin	g	16	. KIND OF BU	SINESS/INC	USTRY	
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į	N/A	N/A		Ret	tire	ed				S	ecre	tary	V
3	17. FATHER'S NAME (First, Middle, Last)						18. MOTE	NER'S NA	ME (First,	Middle, Maider	Surname)		
	J. Frank Lo	wrev						Mar	v T.	Leo	nard		
2	19a. INFORMANT'S NAME (Type/Print)		tg	b. MAILING	ADDRES	S (Street a				ber, City or Tox		Code)	
	katny Lowrey			2 Be	exle	eigh	Ct	Pa	arkt	rille	. Md	2	1234
1	20a. METHOD OF DISPOSITION 1		20b. PLACE	AND DATE (OF DISPO	SITION (Na			DAT		CATION -		
	4 Donation 5 Other (Specify)	Val Irom Stata	New	Catr	ther place,	al	Cem	2.	_ D ×_	9.1	t reg	0	Ma
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	111011	000		NAME AN	D ADDRES	S OF FA	CILITY			,	
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-	G. Trumar	Schwa	ıb			Bal	timo	ore	Mo	21	229		
- 1	23. PART I. Enter the diseases, or co shock, or heart fallure. L	ist Dnly one car	at coused the do use on each line	eath. Dor a.	not enter	r the mo	de of dyi	ng, suc	h aa car	diac or reap	iratory an	est,	Approximate interval Between
	IMMEDIATE CAUSE (Final	01.			,								Onset and Dear
	disease or condition resulting in death)	Neto	Static	60	0/04	1 0	ance	57					
	(22) (80) (3)	DUE TO	(OR AS A CONSE	OUENCE OF	F):								
	b.												
	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE OF	F):								
5	CAUSE (Disease pr injury												
	that initiated events	DUE TO	(OR AS A CONSE	OUENCE OF	F):								
	resulting in death) LAST												
2	PART ii. Other aignificant conditions	contribution to	death but not	regulting i	in the m	-dodulos		street to	Don't I			1.00	
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	of weeks												1 - YES 2 - NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Ch	eck only o	ne)			
	1 YES 2 NAO		ER/Outpetient	DOA	OTHE 4 Nu		5 DAG	sidence	8 🗌 Oth	or (Specify)			
	27. MANNER OF DEATH	26a. DATE OF		26b. TIM		28c. INJ			28d. DE	SCRIBE HOW	INJURY OC	CURED	
	t Natural 5 Pending (Month, Day, Year) INJURY WORK? 1 Natural 5 Pending M t YES 2 NO												
	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE (OF INJURY — At he	ome, farm, a	street, fac	tory, office			28I. LO	CATION (Street	and Number	or Rural R	loute Number,
	4 Homicide datarmined	building	, atc. (Specify)							or Town, State			·
	29a. CERTIFIER											_	
	(Check only												
COMPLETE	2 MEDICAL EXAMINER	on the basis of a	examination and/or	Investigatio	on, In my	opinion, d	ath occur	ed at the	time, det	and place, a	nd due to th	e cause(s)	and manner as stated.
	200 SUBJECTION AND TITLE OF CERTIFIER	A	TRNDI	NG	-		29c. LICE	1.0			29d. DAT	E SIGNED	(Month, Day, Year)
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2	30. NAME AND ADDRESS OF BERSON WHO	COMPLETED CALL	SE OF DEATH (ITE		Deint)							1	-

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPO, PHINT)

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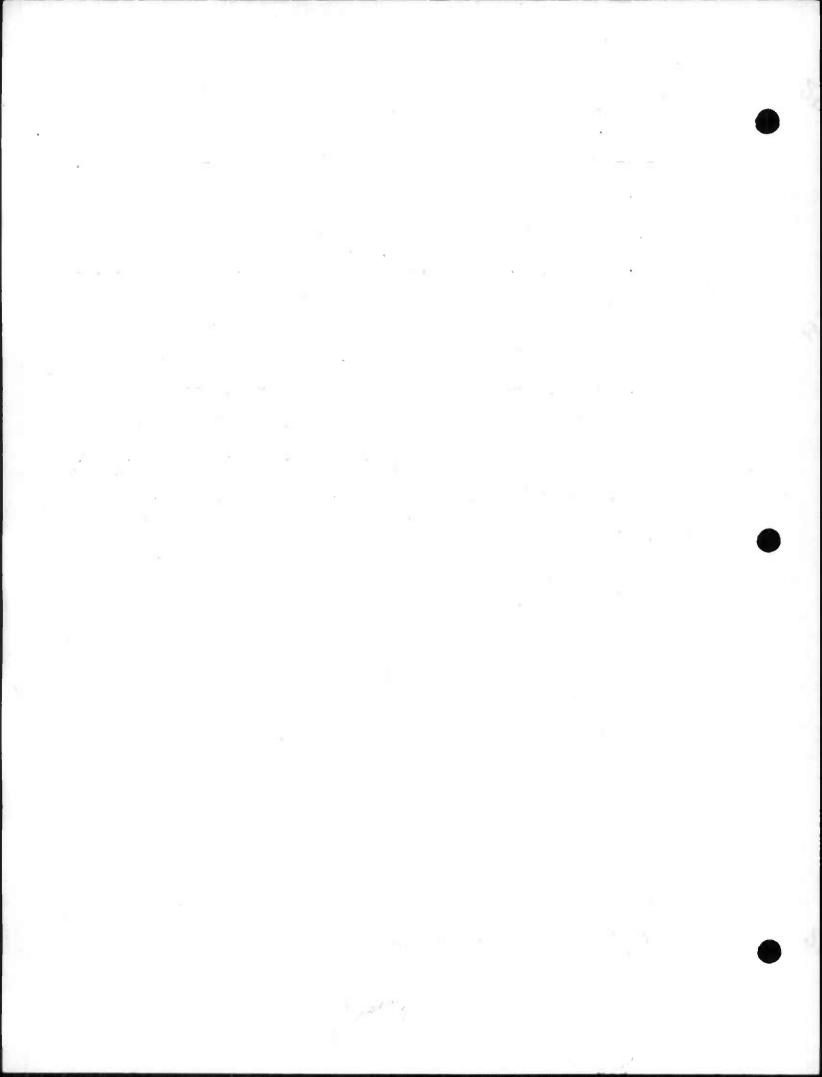
32 REGISTRAD'S SIGNATURE

JULIA MANUALANA PANDARE

1994

31. DATE FILED (MORRIT, Day, MAR 0 1

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D. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31, DATE FILED (Month, Day, Year)

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32. REGISTRAR'S SIGNATURE Julia Levida

BALTIMORE, MARYLAND 21215-0020	ICAN: The law requires that the death certificate be executed within flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
VITAL RECORDS, P.O. BOX 68760,	1. The law requires that the death certificate be executed w	certificate has been signed by the attending physician and completely filled in by the fi the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 23 shows any injury, or other traumatic eve
DIVISION OF VI	TO THE PERSONAL OR ATTENDING PHYSICIAN	TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the S	IMPORTANT: If item 28 is marked, or I

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH FEBRUARY 26,1994 CHARLES JR MURRAY 10:16 Au 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 11-27-56 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 219-66-7212 1 X M 2 - F 37 MARYLAND 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY
VAMITS?
1 YES 2 NO 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE MARYI AND n/a 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? STATES AVENUE 21213 UNITED 1621 N. MILTON 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF-YES, GIVE WAR OR DATES N/a 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indien, 1 Never Married 2 Narried BY Specify: BLACK 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY dary (0-12) College (1-4 or 5+) 11 n/a n/a 17. FATHER'S NAME (First, Middle, Last) CHARLES O. MURRAY SR. 16. MOTHER'S NAME (First, Middle, Meiden Sumeme) ROSETTA MURRAY - BROWN CHARLES O. MURRAY - SR. CHARLES O. MURRAY ROSETTA MURRAY - BROWN BE 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
3171 RAVENWOOD AVENUE, BALTIMORE, MD 21213 19a. INFORMANT'S NAME (Type/Print) 2 T. LEONA MURRAY 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE M K Burial 2 Cremation 3 Removal from State BALTIMORE CEMETERY 4 Donation 5 Other (Specify) 03-04 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 360 WM. C. MARCH FH.- 1101 E. NORTH AVENUE PLAV 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line. interval Batwe IMMEDIATE CAUSE (Final **Onset and Death** disease or condition CRITICISE MITERE STENOSIS resulting in death) DUE TO (OR AS A CONSEQUENCE OF BACTERIM ENDICARDI

DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING MEAVENOUS CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a WAS AN AUTOPSY MEDICAL 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident M 1 YES 2 NO BY 29e. PLACE OF INJURY — At home, term, street, fectory, office building, stc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER (Check only CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 94 2

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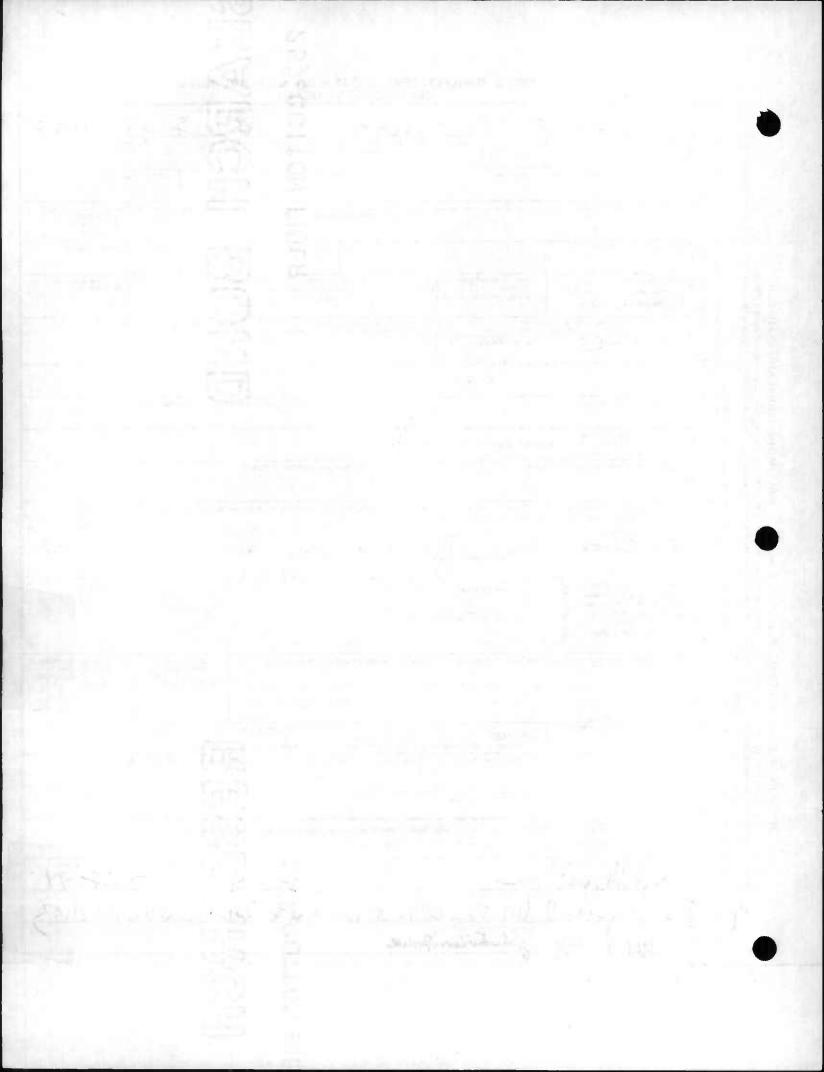






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	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday) IF UND	ER 1 YEAR IF UNDER 24 HRS	(3.4s) (3.		8. BIRTHP Country)	LACE (State o
	212-22-1886 9s. FACILITY NAME (If not institution	1 M 2	21	86 YRS.	TY, TOWN OR LOCATION OF	01-1	9-08		S.C.
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DIRECTOR	RESIDENCE OF DECEDE	COUNTY	2 23 21	10c. CITY, TOWN		1.1.1.1			10d. INSIDE
	MD				BALTIMORE				LIMITS?
FUNERAL	1804 N. CH	प्रकारम	m		101. ZIP CODE	1.0	10g. Ci	TIZEN OF WI	
UNE	11. MARITAL STATUS	12. WAS DE	CEDENT EVER IN U	I.S. ARMED 15	212:	PANIC ORIGIN? (S		U.S.	- American
BY F	1 Never Married 2 Merrie 3 X Widowed 4 Divorced	od IF YES,	37 1 YES GIVE WAR OR DATE	ZX_NO ES	If yes, specify Cubsn, Mex 1 YES 2 NO Spe		n, etc.)	Specify	
ED		T'S EDUCATION est grade completed)	10	6s. DECEDENT'S USUAL	OCCUPATION e during most of working	16b. KII	ND OF BUSINESS/IN		ACK
LET	Elementary/Secondary (0-12)	College (1-	4 or 6+)	UNEMPTO	.)	19.3			
COMPL	17. FATHER'S NAME (First, Middle,	Last)		ONEMPLO		NAME (First, Midd	lle, Maiden Surname)	-	
BE C	WILL MCI	NTOSH			LULA		SHOLM		41.
70	194. INFORMANT'S NAME (Type/Pr LULA HUNT	int)			SS (Street and Number or Rur				
	20s. METHOD OF DISPOSITION			LACEAND DATE OF DISPO		DATE	20c. LOCATION -		
	1 N Burisi 2 Cremation 3 4 Donation 5 Other (Spec	13/3	BALTI	MORF	MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
		IVICE LICENSEE		25	2. NAME AND ADDRESS OF	FACILITY			, IVIII
	BETTS F 23. PART I. Enter the disease shock, or heert to	WICE LICENSEE UNERAL F	HOME	he deeth. Do not ento	2. NAME AND ADDRESS OF 1129 N. CA BALTIMORE,	ROLINI MARY	E ST.	1213	Appro
FICATION	▶ BETTS F	UNERAL Fee, or complication fellure. List only or	HOME	the deeth. Do not enter hillne. ONSEQUENCE OF): ONSEQUENCE OF):	2. NAME AND ADDRESS OF 1129 N. CA BALTIMORE,	ROLINI MARY	E ST.	1213	Appro
ERTIFICATION	BETTS F 23. PART I. Enter the disease shock, or heart immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	UNERAL Fee, or complication fellure. List only or	HOME ne that coused to ne cause on asci	the deeth. Do not enter hillne. ONSEQUENCE OF): ONSEQUENCE OF):	2. NAME AND ADDRESS OF 1129 N. CA BALTIMORE,	ROLINI MARY	E ST.	1213	Appro
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If sny, leading to immediate cause. Enter UNDERLYING

ITEM: 1. PER F.H. FILM G-709 3/1/94 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 59 CERTIFICATE OF DEATH REG. NO. 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) MORTON J. MILLER 2. DATE OF GEATH 1994 MORTON JOSEPH MILLER FEB 23, 11:55 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Fornia) 76 219-22-3350 1 X M 2 - F YRS. JUNE 8, 1917 MARYLAND 9a. FACILITY NAME (If not institution, give street and numbe 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE SINAI HOSPITAL RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 - YES 2 X NO 10e. STREET AND NUMBER 101. ZIP CODE 21208 10g. CITIZEN OF WHAT COUNTRY? 3605 GARDENVIEW RD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 3 Widowed 4 Divorced 1 YES 2 NO Specify WII WHITE 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Sp College (1-4 or 5+) PROPRIETOR **FURS** 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MICHAEL MILLER IDA **GOLDBERG** 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) LAWRENCE A MILLER 4209 LOWELL DR BALTIMORE METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 4 Donation BETH TEILOH 2/25/94 BALTIMORE FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO, MD Lenter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or reapiratory arrest, shock, or heart failure. List only one cause on each line. **Approximate** Interval Between Onset and Death IMMEDIATE CAUSE (Fine) disesse or condition resulting in death)

CAUSE (Disesse Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not recuiting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNSA OF OEATH 28a. DATE OF INJURY 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural

1 YES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

DUE TO (OR AS A CONSEQUENCE OF):

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2 MEDICAL EXAMINER: On/the basis of examination

/				The state of the s	I mine, date end prece, end	doe to the causa(a) and manker as stated
nen syb	NATUR	ANOTIFIED	in & MIN	29c. LICENSE NU	MBER	29d. DATE SIGNED (Month, Day, Year)

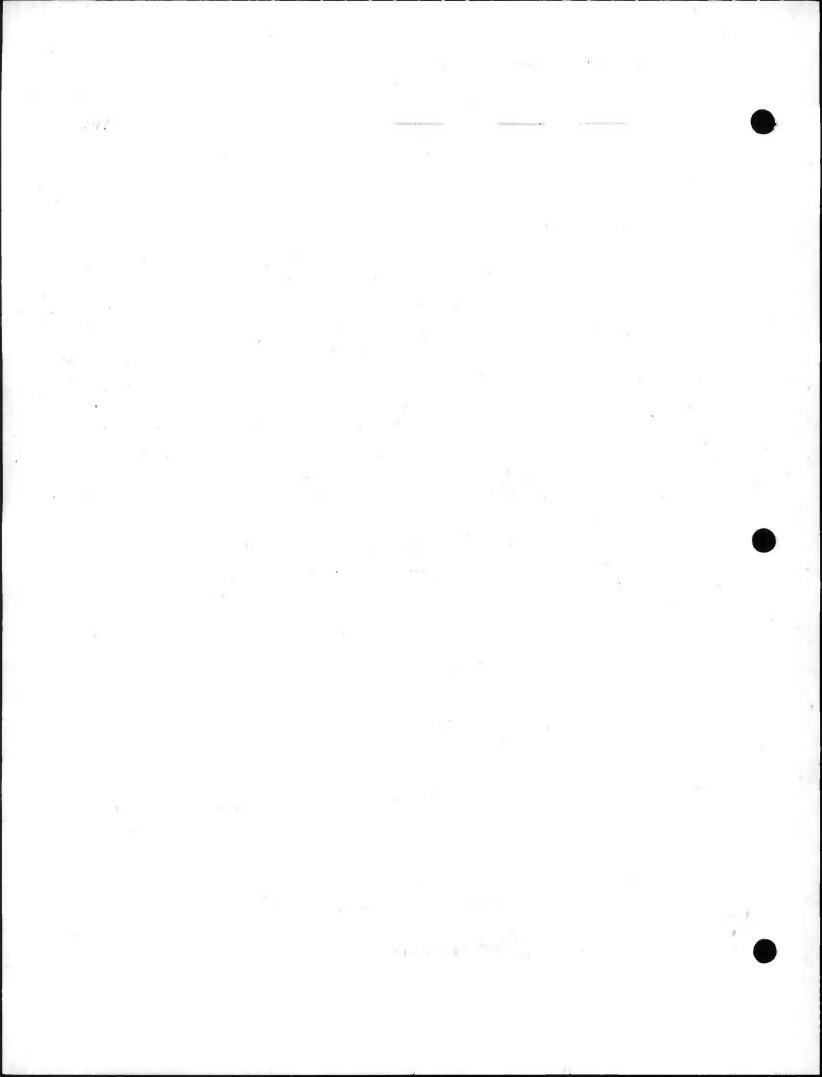
30. NAME AND ADDRESS OF PERSON TED CAUSE OF DEATH (ITEM 27) (Type, Print) 4000

31. DATE FILED (Month, Day, Year)

Investigation

8 Could not be

DHMH-18 Rev 1/89

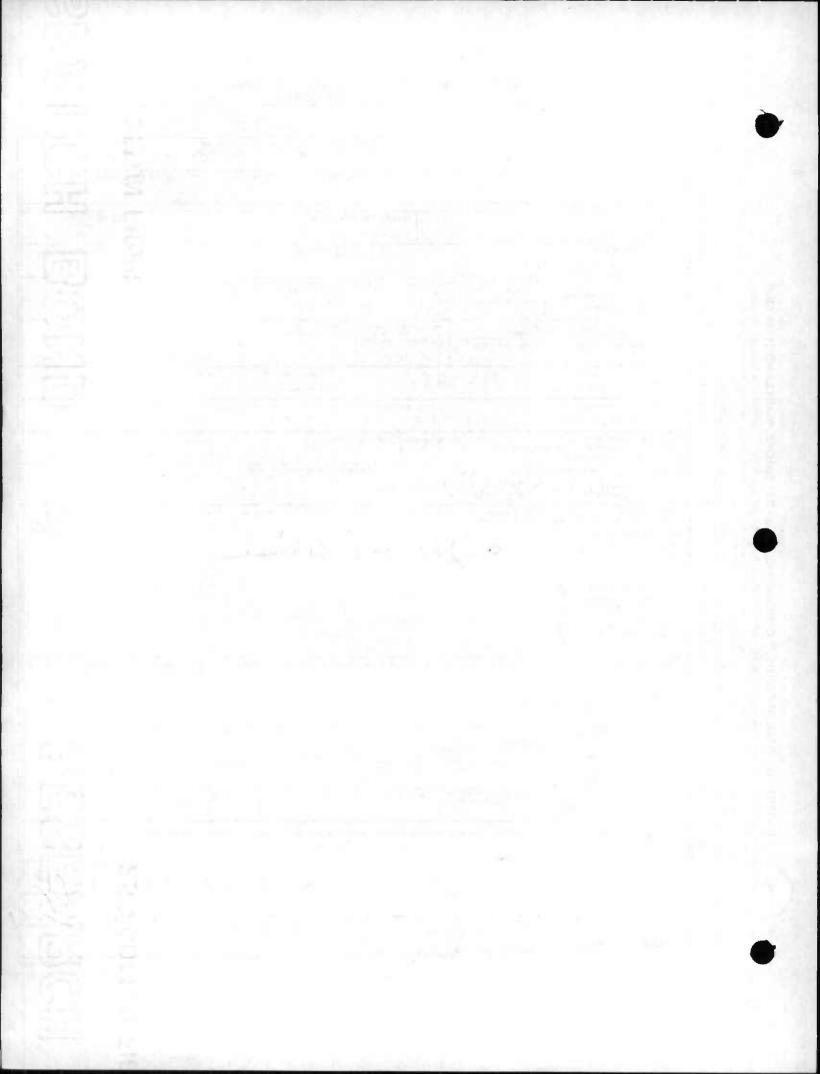


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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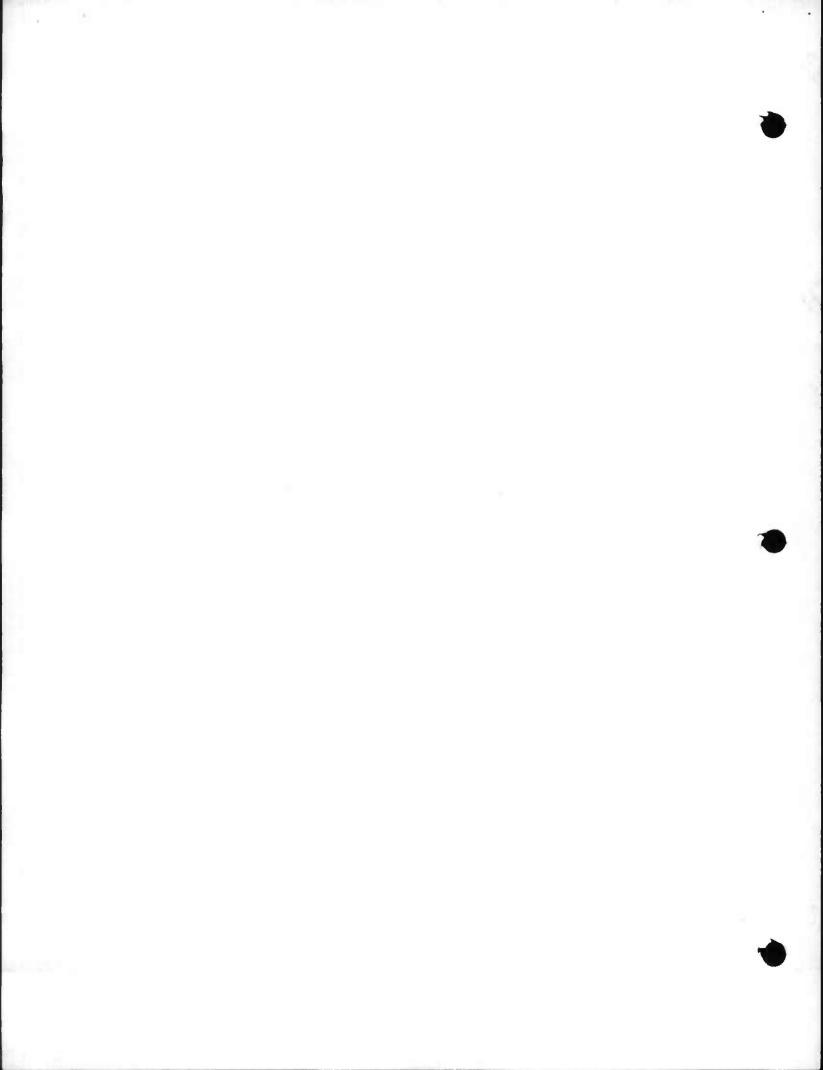
3	1. DECEDENT'S NAME (First, Middle, La Clau		cInnes		2. DATE OF DEATH MONTH FEB 22	1994	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign		
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DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. IP								
	MD Ans	ne Arundel	Pas	adena		1 YES 2 NO			
FUNERAL	91 Milburn	Circle		101. ZIP CODE 21122			SA		
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 JNO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Specify	an, Puerto Rican, etc.)	Bla	ACE — American Indian, ack, White, atc. ocity: White		
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COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		1 Agent	Real-	Est- 1	Estate		
	17. FATHER'S NAME (First, Middle, Last) Claud H. Boy			16. MOTHER'S NA	AME (First, Middle, Maiden S Helen St		n		
TO BE	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and Number or Rural	Route Number, City or Town,	State, Zip Code)			
Ĕ	James C. Mac.			ilburn Circle			21122		
	1 Donation 5 Other (Specify)	Removal from State com	netery, crematory or oth	FDISPOSITION (Name of er place) National Cemete		ATION — City or	noton, VA		
	21. SIGNATURE OF FUNERAL SERVICE		N. A.	22. NAME AND ADDRESS OF FA	CILITY				
	MCCully Funeral Home of Pas 3204 Mountain Rd. Pasadena 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest,								
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E COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent conditions are substantially leading in the substantial limits and substantial limits are substantially leading in the substantial limits and substantial limits are substantially limits and substantial limits are substantial limits and substantial limit	a. OUE TO (OR AS A b. DUE TO (OR AS A c. DUE TO (OR AS A d	a CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not resulting in petient 3 DOA 28b. Time INJU (— At home, term, str city) At home, term, str city and/or investigation	28. PLACE OF DEATH (COTHER: 4 Nurshig Home 5 Residence OF 28c. INJURY AT WORK? M 29c. INJURY AT WORK? 1 YES 2 NO reet, factory, office	Part I. 24e. WAS AN A PERFORM 1 VES 2 (Theck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN. 28t. LOCATION (Street en. City or Town, State) e to the cause(e) and manner time, data and place, and	JURY OCCURED No No No No No No No No No No No No No N	Interval Betwee Onset and Des Onset and Des Onset and Des Onset and Des Onset		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	_	REGISTRAR	CE	HITHCALE OF	DEATH	REG. NO		
		1. DECEDENT'S NAME (First, Middle, Last) EVELYN McCOY				2. DATE OF DEATH DOWNTH DO	and .	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last	birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	19 9	BIRTHPLACE (State or Foreign
9		218-10-66006	1 D M 2 D F 84	YRS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 5/9/09		Country
3 should		99 FACILITY NAME (If not institution, give st		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
1, 2,	CTOR	RESIDENCE OF DECEDENT	ical Center	120	4170		<u> </u>	
Pages	DIRE	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCA	TION	_		10d. PUSIDE CITY AMMITS?
permit.		109, STREET AND NUMBER	1) () ()	10	I. ZIP CODE		10n CITIZEN	1 A YES 2 NO
TSit	FUNERAL	3403 (ed.	ardale Kd	_	212	115	u	. S. H
1 2 P	¥	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 TYES 2 N IF YES, GIVE WAR OR DATES	O If yes, ap		NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	or No 14.	RACE — American Indian, Black, White stc.; Specify: Black
r attend		15. DECEDENT'S EDUC (Specify only highest grade	completed) (Gh	CEDENT'S USUAL OCCUPATION WE kind of work done during me		16b. KIND OF BU	SINESS/INDUST	TRY
2 5	APLET	Elementary/Spedindary (0-12)	College (1-4 or 5 +)	Do NOT use retired.) Un Kno	411			
	at once.	TATHER'S NAME (First, Middle, Last)	adday			ME (First, Middle, Meiden	Surname)	
should	TO BE	19a INEOPMANT'S NAME (Type/Print)	01 199	MAILING ADDRESS Street	and Number or Rural	Route Number City or Tow	n Stelle, Zig Cpc	(to) 2 1121 2
ay be	2	202 METHOD OF DISPOSITION	Chase J	1403 CO	0 00.	DATE / 200 10	CATION T CHY	pr Town, State
I IMORE, . Page 6 may b ral director, page	er must	1 Surial 2 Cremation 3 Remote Donation 5 Other (Specify)	- ININ	metory of other paces of	D ADDRESS OF H	225AV	anda	Ustown, md
AL fune	examiner	Kala	March	Mag	ch fil	tabash	Ave	
1 4 a	medical	23-PART I. Enter the diseases, or c shock, or heert failure. I	omplications that caused the det list only one ceuse on each line.	ath. Do not enter tha mo	de of dying, suc	h aa cardiac or reep	ratory arrest	Approximate interval Between
N = NO	the state of	IMMEDIATE CAUSE (Final disease or condition	Reservations	1. and				Onset and Desth
thed within 24 to completely fille fall, cremation,	event,	resulting in death)	DUE TO (OR AS A CONSEQ	UENCE OF):				
A P P		Sequentially list conditions,	Sep 515 OUE TO (OR AS A CONSEQ	NIENOE OG				
or to	traumatic	if any, leading to immediate cause. Enter UNDERLYING	neumoma	NUENCE OF):				
	ry, or other traumatic	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQ	UENCE OF):				
by, P.O. he death certified attending Memtal Hygle	CER OF	resorting in deathy Exist						
of the C	3 .	PART II. Other algolificent conditions	e contributing to death but not re	esulting in the Underlyin	g cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ires tha	eDICAL					1 _ YES 2	12-110	COMPLETION OF CAUSE OF GEATH?
1 3	\$ ≥					_		1 TES 2 NO
SICIAN: The law requestificate has been the State Dept. of	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	11000171		ACE OF DEATH (Ch	eck only one)		
ICIAN: The	VSI P	1 TYES 2 THO	HOSPITAL: 1 Department 2 ER/Outpatient 3		e 5 🗆 Residence	6 Other (Specify)		
PHYSII OF THIS CA		27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)		URY AT PRK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCUR	EO
OR ATTENDING DIRECTOR: After hours after death		2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY — At hon building, atc. (Specify)			261. LOCATION (Street of City or Town, State)	and Number or F	Bural Route Number,
OR ATTEN DIRECTOR: hours after	ETE	4 Homicide determined						
TO THE HOSPITAL OR TO THE FUNERAL DIRE be filed within 72 houn	ANT: It Item 28 is COMPLETED		CIAN: To the best of my knowledge, dea R: On the basis of examination end/or in					ouse(e) end manner ee atated.
THE H	PS H	29b. SIGNATURE AND TITLE OF CERTIFIER	wo		29c. LICENSE NUI	406 3	29d. DATE SK	GNED (Month, Day, Year)
E E S	₹ 2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM					
2		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	CY MEPKA	- CENT	c pi		
		MAR 0 1 1994	John Keigher Books	9				
								DUMAN SE Day 1/80

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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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31. DATE FILEO (Month, Day,

BE

1994

William . T. McRobie February 27,1994 4. SOCIAL SECURITY NUMBER 5, SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In vrs. last birthday) DAYS HOURS 221 18 6560 1 X M 2 | F 63 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF 8243 Forest Glen Dr. Pasadena DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION Maryland Anne Arundel Pas 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 8243 Forest Glen Dr. 21 **burial-transit** urs after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HIS If yes, specify Cuban, Mei 1 YES 2 XNO Sp 1 Never Married 2X Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced detached for use as the COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete tary/Secondary (0-12) College (1-4 or 5+) Crane Operator notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S Harry H. McRobie page 5 should be Cora BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Ru 0 Bettie A. McRobie 8243 Forest Glen pe 20a. METHOD OF DISPOSITION
1 X Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must completely filled in by the funeral director, Meadowridge Memorial Par medical examiner 21. SIGNATURE OF NUNERAL SERVICE LICENSEE McCully F 3204 Moun 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, a shock, or heart failure. List only one cause on each line. cremation, or IMMEDIATE CAUSE (Final other traumatic event, the disease or condition Lyno C resulting in death) DUE TO (OR AS A CONSEQUENCE OF): burial, CERTIFICATION and Sequentielly list conditions, prior to if eny, leeding to immediate cause. Enter UNDERLYING attending physician CAUSE (Diseese or Injury that initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 Mental Injury, the PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given MEDICAL Health and signed by shows any PHYSICIAN: Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH or Item EXAMINER? certificate HOSPITAL: 1 🗆 Inpatient 2 🗆 ER/Outpatient 3 🗀 DOA 4 - Nursing Home 5 & Residen with the 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? is marked, this 1 Natural 5 Pending 1 YES 2 NO BY death 2 Accident IN THE PHERAL DIRECTOR: After Health 72 hours after death IMPORTANT: If Item 28 is man 28e. PLACE OF INJURY — Al home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 6 Could not be determined COMPLETED

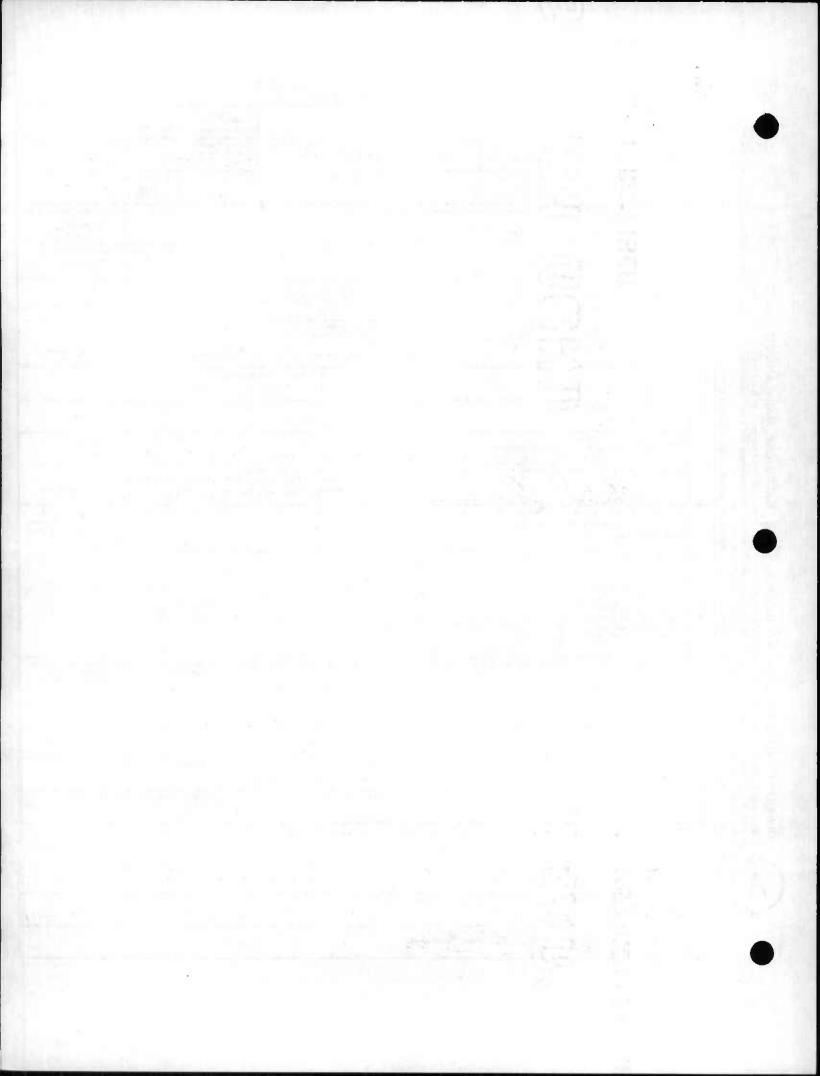
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

221 18 656		1 X M 2 F	63	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan. 10	Ybar)	Countr	PLACE (State or Foreign ry) rvland
90. FACILITY NAME (If not 8243 Fore					9b. CITY		or Locati			9c. CO	UNTY OF D	4
RESIDENCE OF DE	CEDENT											
Maryland	106. COUNT	ne Arunde	21	10c. CIT	pe. city, town on Location Pasadena							10d. INSIDE CITY LIMITS? 1 YES 2 NO
8243 Fores		Dr.				10	1. ZIP COD	211:	22			States
11. MARITAL STATUS 1 Never Married 2X 3 Widowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AR YES 2 XI WAR OR DATES	MED	13.	WAS DEC	CENDENT Concept Cube	OF HISPA in, Mexico Special	NIC ORIGIN? (Spenn, Puerto Ricen, o	city Yes or No	14. RACI Black Speci	E — American Indian, t, White, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)				ive kind of a Do NOT us	usual of work done se retired.)	during m	ost of worldi	ng		of Business/III		ocal #37
17. FATHER'S NAME (First, II Harry H.		e							M. Bown			
190. INFORMANT'S NAME (Bettie A.		ie	191	_	_				Aoute Number, City			21122
20a METHOD OF DISPOSI 1 M Burlel 2 Cremeti 4 Donation 5 Other	on 3 🗆 Ren		20b. PLACE / cametery, cre	matory or o	ther place!			ark	3/1/94	Elkr	idge,	
21. SIGNATURE OF WINER	AL SERVICE LI	CENSEE				MC MC	ND ADDRE	ss of Fu		ome of	Pasad	ena MD 21122
Sequentially list conditions, leading to immeass. Enter UNDERLY CAUSE (Disease or Injustitional interesting in death) LAS	ediate riNG ury	DUE TO	(OR AS A CONSEC	DUENCE O	f):				1 (/ 0			
PART II. Other aignific	ant condition	na contributing to	deeth but not r	eauiting	in the ur	nderlyin	g cause	given in		MAS AN AUTOPS PERFORMED? YES 2 NO	7 24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	ER/Outpatient 3	[] DOA	OTHES	₹:	1/		neck only one) 6 Other (Spec	#.4		
27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation Could not be	28s. DATE OF (Month, E	INJURY Iny, Year) OF INJURY — Al ho	28b. TIN	IE OF JURY M	28c. IN. W	JURY AT DRK? YES 2 [NO	28d. DESCRIBE 28f. LOCATION	HOW INJURY O		Route Number,
4 Homicide 29a. CERTIFIER (Check only	determined	SICIAN: To the bast of								ind manner as st		i) and manner as stated,
296. SIGNATURE AND TITL	E OF CERTIFIE	R 80	out	- 0	40		29c. LIC	ENSE NU	MBER	29d. D/	2 /	Month, Day, Year) 28//Y
30. NAME AND ADDRESS O	OF PERSON WI	OSaTS	SE OF OEATH (ITE	M 27) (Type	g G	06	0.7	-/	21.6	(ea B	arne	e, MD 21061



Pages 1, 2, 3 should DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b, COUNTY ARVIAND permit. FUNERAL STREET AND NUMBER 3 funeral director, page 5 should be detached for use as the burial-transit BINC Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 2 Merried 1 Never Merried BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION ecify only highest grade complete (Spe ndary (0-12) 12th Ph.D. once. 17. FATHER'S NAME (First, Middle, Last) RIMO Ħ BE notified 19e, INFORMANT'S NAME (Type/Print) 2 NNA pe Burlel 2 Cremation 3 must ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF SUNERAL SERVICE LICENSEE death. n and completely filled in by the to burial, cremation, or removal. hours after medical shock, or heart fall IMMEDIATE CAUSE (Final the disease or condition event. resulting in death) SIONOF VITAL RECORDS, P.O. BOX 68760 the death certificate be executed traumatic CERTIFICATION Sequentially jist conditions. if any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Diseese or Injury other that initiated events reaulting in deeth) LAST 0 c of Health Sed Mental MEDICAL repuires t of a PHYSICIAN: has b Dept A 23 25. WAS CASE REFERRED TO MEDICAL ä certificate to the State HOSPITAL: 1 X YES 2 NO PHYSICIAN 1 Inpatient 2 ER/Outpatient 3 DOA 2 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) this a marked. 1XXNatural BY DIRECTOR: After 1 hours after death 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 10 COMPLETED 8 Could not be 4 Homicide 28 8 29e. CERTIFIER FUNERAL I HOSPITAL. = TO THE HUGHTA
TO THE FUNERA
De filed within 72
IMPORTANT. II 29h BE 2 30. Margarita Korell M.D.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FEB 26 1994 1310 MICHAEL LOUIS MELLINI 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 3-24-1958 178-48-8034 HOURS 1 M 2 F 35 Pa 9e. FACILITY NAME (If not institution, give street and number) 96, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FREDERICK FREDERICK 1013 COLUMBINE DRIVE-APARTMENT 2-A 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO 10f. ZIP CODE 10a, CITIZEN OF WHAT COUNTRY? 21701 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No — If yes, specify Cuben, Mexican, Puerto Rican, etc.) RACE — American Indian, Black, White, etc. IF YES, GIVE WAR OR DATES TYES 2 TONO Specify: White 16e. DECEDENT'S USUAL OCCUPATION

1721- blind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY DynCorp College (1-4 or 5+) Biochemist Program Resources Inc. 18. MOTHER'S NAME (First, Middle. ELLIN, 0 end Number or Rural Route Number, City or Town, Sta 8018 RICK 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Italian Cem. Johns Jeggup, NAME AND AODRESS OF FACILITY JOSEPH N. ZANNINO JR. FUNERAL HOME 21224 263 S. Conkling St. Balto, Md. lications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, List only one ceuse on each line. Interval Between Onset and Death HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CHRONIC RENAL FAILURE COMPLETION OF CAUSE OF GEATH? 1 X YES 2 NO 1 TYES 2 NO 26. PLACE OF DEATH (Check only one) OTHER:

28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

28d. OESCRIBE HOW INJURY OCCURED

6 Other (Specify)

1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated.

м

28b. TIME OF

nation end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(e) end manner ee stated.

28c. INJURY AT WORK?

1 YES

	29c. LICENSE NUMBER	29d: DATE SIGNED (Month, Day, Year)
Mayore me youl	O.C.M.E.	▶ FEB. 27, 1994
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Sing Print)		

111 Penn Street, Baltimore, Maryland 21201

2 NO

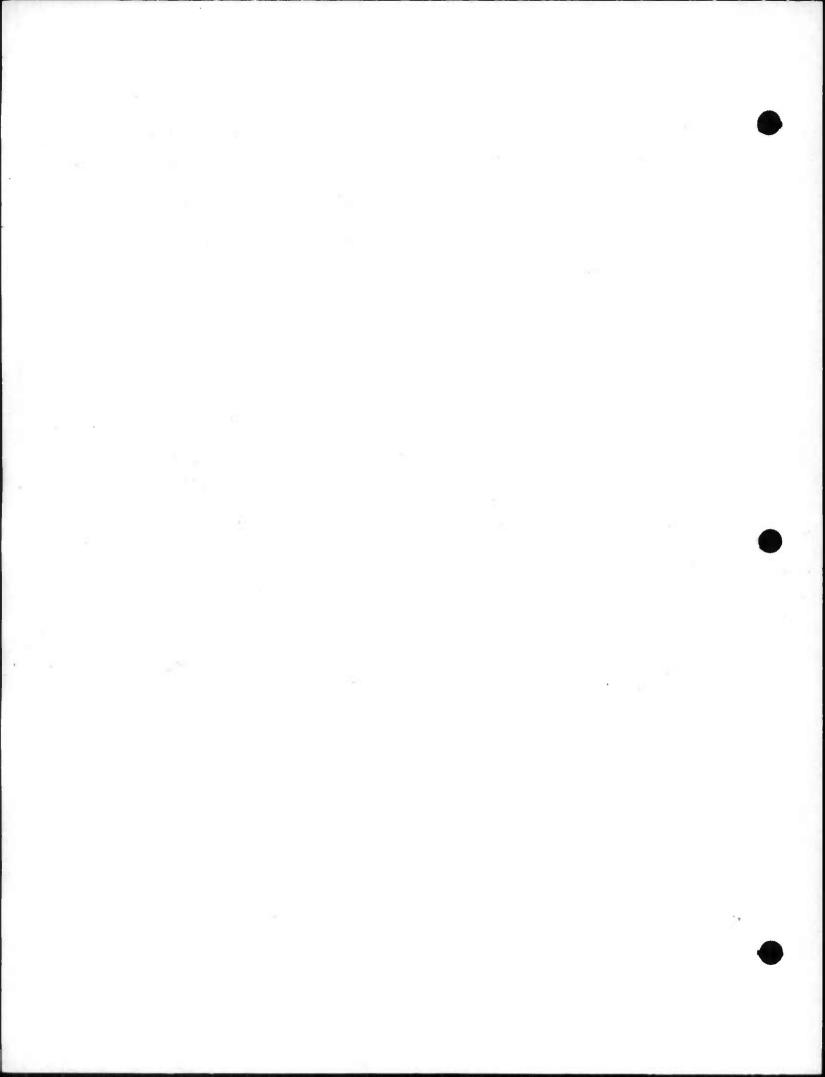
32. REGISTRAR'S SIGNATURE

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on restriction of the series o 2.22

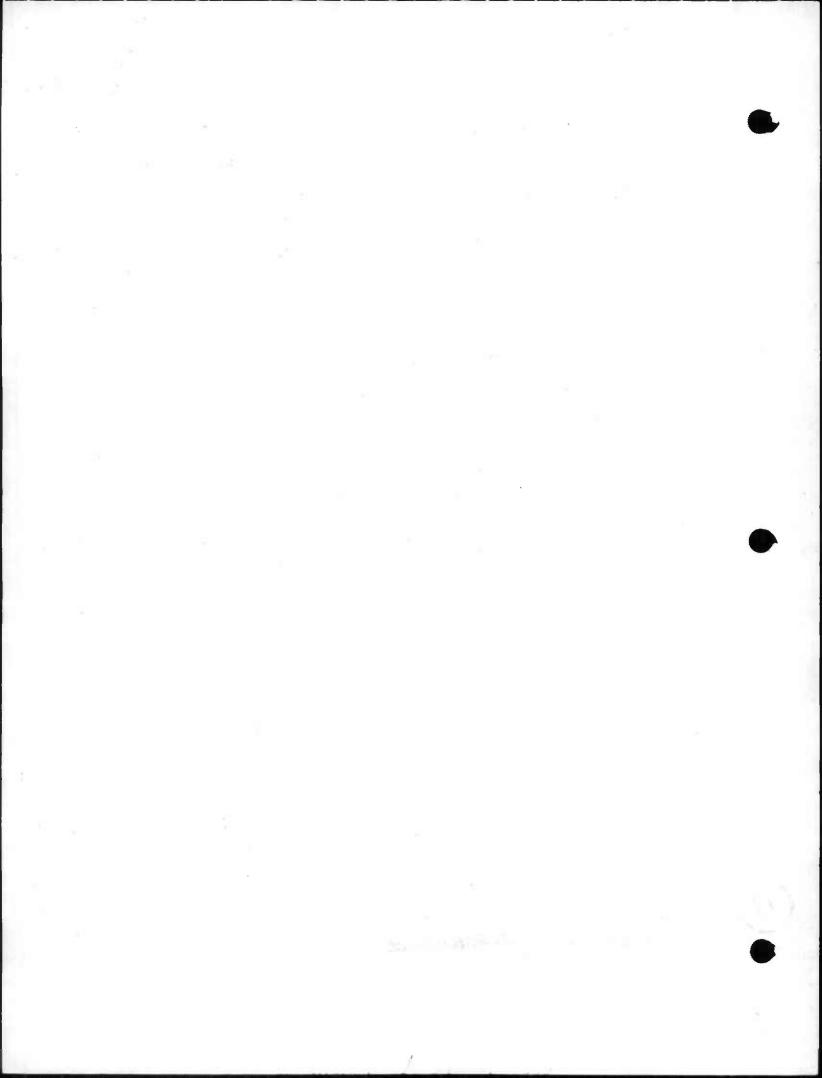
BALTIMORE, MARYLAND 21215-0020	SIGIAN: The law requires that the death certificate be executed within winours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Memal Hygiene prior to buriat, cremation, or removal.	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HIS ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within The	THE FLACERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fun- more within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAI	ND / DEPA					MENTA	L HYGIE REG. N		94	05941
	1. DECEDENT'S NAME (First	, Middle, Last)									OF DEATN			3. TIME OF DEATN
	MARI(ON	HINDS	McC(ORMICK					Feb	ruary	27, 19	994 AR	3:35 A. M
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	8. AGE (/n	yrs. lest birthda				R 24 HRS.	7. DATE	OF BIRTH		a. BIRTHI	PLACE (State or Foreign
	220-44-4736	5	1 🗆 M 2 💢F	95	yrs.	MONTHS	DAYS	HOURS	MIN.	Octo	ber 6,	1898	Country	yland
	9a. FACILITY NAME (If not in	stitution, give :	street and number)			9b. CIT	r, TOWN	OR LOCAT	ION OF DE				INTY OF DE	
DIRECTOR	Roland Park	Plac	e		···		Ba1	timo	re					
Ä	10a. STATE	10b. COUNT	Υ		10c. C	TY, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
	Maryland					В	alti	more	Cit	У				1 X YES 2 NO
AL.	10e. STREET AND NUMBER						101	ZIP COD	E			10g. CIT	TIZEN OF W	HAT COUNTRY?
HE I	830 W. 40tl	n. Str	eet						2121	1			U.S	S.A.
FUNERAL	11. MARITAL STATUS		12. WAS DECEDER	T EVER IN U	I.S. ARMEO						N? (Specify) Rican, etc.)	ee or No-	14. RACE	- American Indian, Whita, atc.
BY	1 Never Married 2 3 Widowed 4 2 Divo		IF YES, GIVE						Specifi		riican, etc.)		Specif	y: _
		EDENT'S EDU	I CATION	- 1									<u> </u>	white
	(Specify onl	y highest grade	completed)		6a. DECEDENT (Give kind o	work done	during mo		ing	16	b. KINO OF B	USINESS/IN	DUSTRY	
12	Elementary/Secondary (6	0-12)	college (1-4 or 5 2 years	+)										
COMPLETED	17. FATHER'S NAME (First, M	liciclin Last)	Z years			omema	Ker	10 MOT	NED'C NA	ME (El-)	Middle, Maide	on Company		
EC	Harry T.								Rose			m Surname)		
0	19a, INFORMANT'S NAME (195 MAILU	VG ACORES	S /Street s	_		_	LEWS	num Cteta 7	(a Carta)	
2	Rosalie Wel	l gh												and 21212
	20a. METHOD OF DISPOSIT			20h B	LACE AND DAT				ROA	Q L		OLE, .		
1 1	1 Buriel 2X Crematic		noval from Stata	cemete	ery, cremetory of en Mot	other place	* omo	+027		2/2				
1	21. SIGNATURE OF FUNERA	L SERVICE LI		TOLE	ell Hot	-	NAME A	ND ADDRE	SS OF FA	CILITY			more,	Maryland
			verse				Mit	chel	1-Wi	edef	eld H			
			Ferrarse			6	500	York	Roa	d E	altim	ore,	Maryl	and 21212
	23. PART i. Enter the d ahock, or h IMMEDIATE CAUSE (in disease or condition resulting in desth)	eert failure.	e. Pru	use on eec	h line.							piratory sr	rrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentistly list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated eventa resulting in death) LAS	diate ING Iry	c	OH AS A C	ONSEQUENCE	OF):	rrn	yr-	nia	>, 1	M			
MEDICAL	PART II. Other signification of the part o	ent condition	ns contributing to	death but	not resultin	g in the u	nderlyin	g couse	given in	Part i.	24a. WAS A PERFO	ORMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATIN? 1 YES 2 NO
5	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			ОТНЕ		ACE OF E	DEATH (Ch	eck only o	ne)			
PHYSICIAN:	1 D YES 2 NO		1 Inpstient 2			4 🗆 Nu	rsing Nor	\rightarrow	asidenca	6 🗆 Oth	er (Specify)			
표	27. MANNER OF DEATN 1 X Natural 5	Pending	28a. OATE Of (Month, I	F INJURY Day, Year)	26b. T	IME OF NJURY	WC	URY AT		28d. DE	SCRIBE HOV	INJURY OC	CCURED	
B		Investigation				М		YES 2 [NO					
8		Could not be determined	28e. PLACE (building	OF INJURY — , etc. (Specify	At home, fam	i, street, fac	tory, offic	А		261. LO C/t)	CATION (Street or Town, Sta	et and Numbe te)	er or Rurel R	oute Number,
COMPLET			ICIAN: To the best of											and manner as stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	R					-	ENSE NUI			29d. DA	TE SIGNED	(Month, Day, Year)
유	30. NAME AND ADDRESS O	F PERSON WI	O COMPLETED CAL	SE OF DEAT	N (ITEM 27) (7)	pe, Print)	1. C	ha		S+.,	Ste	8/3	n(b>	on MD
	MAR 0 1	1994	A ST. REGISTR	TE SPORT	UBRALL					/			T	21219



	1 - STATE REGISTRAR	STATE OF MARY			OF HEALTH OF DEAT		NTAL HYGIEN REG. NO	_	94 0596
	1. DECEDENT'S NAME (First, Middle, Lest)	-					DATE OF DEATH	MY	3. TIME OF DEATH
	Patricia Ann	McCormick					bruary 2		94 9:15 A.
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 Y	YEAR IF UNDER	24 HRS. 7. 1	DATE OF BIRTH		BIRTHPLACE (State or Foreign
	214-38-4896	1 □ M 2χ□ F	55 YRS.	MONTHS E	DAYS HOURS	mitt.	(Month, Day, Year)	0 10	Country)
	9a. FACILITY NAME (If not institution, give s	itreet and number)	33_	9b. CITY. TO	OWN OR LOCATION		eptember		38 Maryland
E .									
CTOR	2301 Chetwoo	d Circle Ap	t. 301	1 1	<u> Pimoniur</u>	<u>m</u>			Balto.
) H	10a. STATE 10b. COUNT	Υ	10c. CI	TY, TOWN OR	LOCATION				10d. INSIDE CITY
DIRE	Maryland	Balto.		Tin	nonium				1 YES 2 KNO
닐	10e. STREET AND NUMBER				10f. ZIP CODE	Ε		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	2301 Chetwood	Cinala 3ab	201		27.0	0.3			
3	11. MARITAL STATUS	Circle Apt	R IN U.S. ARMED	13. WA	S DECENDENT O		RIGIN? (Specify Ye		S.A.
	1 Never Married 2 Married	FORCES? 1 YI	ES 2 NO	If y	es, specify Cuba	n, Mexican, Pu	erto Rican, etc.)		4. RACE — American Indian, Black, White, etc.
BY	3 🙀 Widowed 4 🗌 Divorced		, on Ed	1 ''	YES 2 NO	эрвспу.			Specify: White
8	15. DECEDENT'S EDU		16a. DECEDENT				16b. KIND OF BU	SINESS/INDU	
III.	(Specify only highest grade	College (1-4 or 5+)	life. Do NOT	work done duri use retired.)	ing most of workin	g			
<u>_</u>		2	Offic	e Mana	ager		Filter	Speci	alist Co.
COMPLET	17. FATHER'S NAME (First, Middle, Lest)		VIII	CHAIR		HER'S NAME (First, Middle, Maider		arrae co.
111	Thomas Lin	+00							
1 10	19a. INFORMANT'S NAME (Type/Print)	1.019	19b. MAILIN	G ADDRESS (S		Marie	Conne Number, City or Tox		ode)
TO BE	Mark J. Fischer						Arm , N		
			20b. PLACE AND DATE	· · · · · · · · · · · · · · · · · · ·		Grein			by or Town, State
	20a. METHOD OF DISPOSITION 1 Burlel 2 Gremation 3 Rem 4 Donation 5 Other (Specify)		cemetary, crematory or	other place)		0 (0 4 (
	#1. BIGNATURE OF FUNERAL SERVICE LIC		Hilltop S		ME AND ADDRES			owson	. Ma.
	1/11/6	1///		22. 194	ME AND ADDRES	SS OF PACILIT		York :	Rd. 21204
	Totald (- o	lettele s	(Ruc	k Tows	on Fun	eral Hon	ne. In	c.
	23. PART I. Enter the diseases, one	complicatione that cau	sed the death. Do	not enter th	e mode of dyl	ng, such ss	cardiac or rasp	Iratory arres	
	ahock, or heert failure. IMMEDIATE CAUSE (Finel	List only Die cause Di	each line.						Interval Betwee
	diseese or condition	Motos	Fatic (W)	0 101	weer la	m - Sma	11 0011 4)	~ 2 month
1	resulting in death)	DUE TO (OR A	S A CONSEQUENCE	DIE)	ice (N	OIL DITT	or con	714	and the state of
2								,	
은	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE	OF):					
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	c							
臣	that initieted events	DUE TO (OR A	S A CONSEQUENCE	OF):					
띪	resulting in desth) LAST	d							
ᄓ	PART II. Other eignificent condition	e contribution to do at	h had med as suddles	In the condi	1-1				
CAL	TATE II. Other agrillostic condition	s continuating to death	n but not resulting	in the unde	riying ceuse g	liven in Part	I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
	1						1 TYES	2 🗌 NO	COMPLETION OF CAUSE DF DEATH?
MEDI									1 TYES 2 NO
Z									
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		T	26. PLACE OF DE	EATH (Check or	nly one)		
ZS	1 TES 2 NO	1 Inpatient 2 ER/O	Outpatient 3 DOA	OTHER:	g Home 5 Re	eldence 6 🗆	Other (Specify)		
РНҮ	27. MANNER OF DEATH	28a. DATE OF INJUF (Month, Day, Yea		ME OF 28	Ic. INJURY AT WORK?	26d	. DESCRIBE HOW	INJURY OCCU	RED
ВУ	1 Netural 5 Pending 2 Accident Investigation				1 YES 2] NO			
	3 Suicide 6 Could not be	26a. PLACE OF INJU- building, atc. (S	JRY — Al home, ferm,	street, fectory.	offica	281,	LOCATION (Street	and Number or	Rural Route Number,
ETE	4 Homicide determined	summing, sic. (3					City or Town, State	,	
12	29a, CERTIFIER CERTIFYING PHYSI	CIAN: To the best of my kn	owledge death occur	rad at the time	dete and place	and due to th			
COMPL	0.000								cause(a) end manner sa stated.
TO'BE CON									
띪	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICE	NSE NUMBER	7	29d. DATE :	SIGNED (Month, Day, Year)
TO'BE	(land)	leng got			D	1078		- 0	123/94
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLEYED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)					
	Dr. Paul Chang	Suite 107		naritar	n Hospi	tal- B	alto. Mo	1. 212	39
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SI	CNATURE						
	MAR 0 1 1994	10. 10.	on-Rando						

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		the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
		permit
020	physician.	burial-transit
15-00	ending	as the
212	il or at	for use
AND	e hospita	etached
7	y th	be d
MAR	retained t	pinous s
Щ	y be	page (
BALTIMORE, MARYLAND 21215-0020	tter death. Page 6 may be retained by the hospital or attending phystolan	director, 1
ALTI	Jeath. P.	funeral
8	ther (the

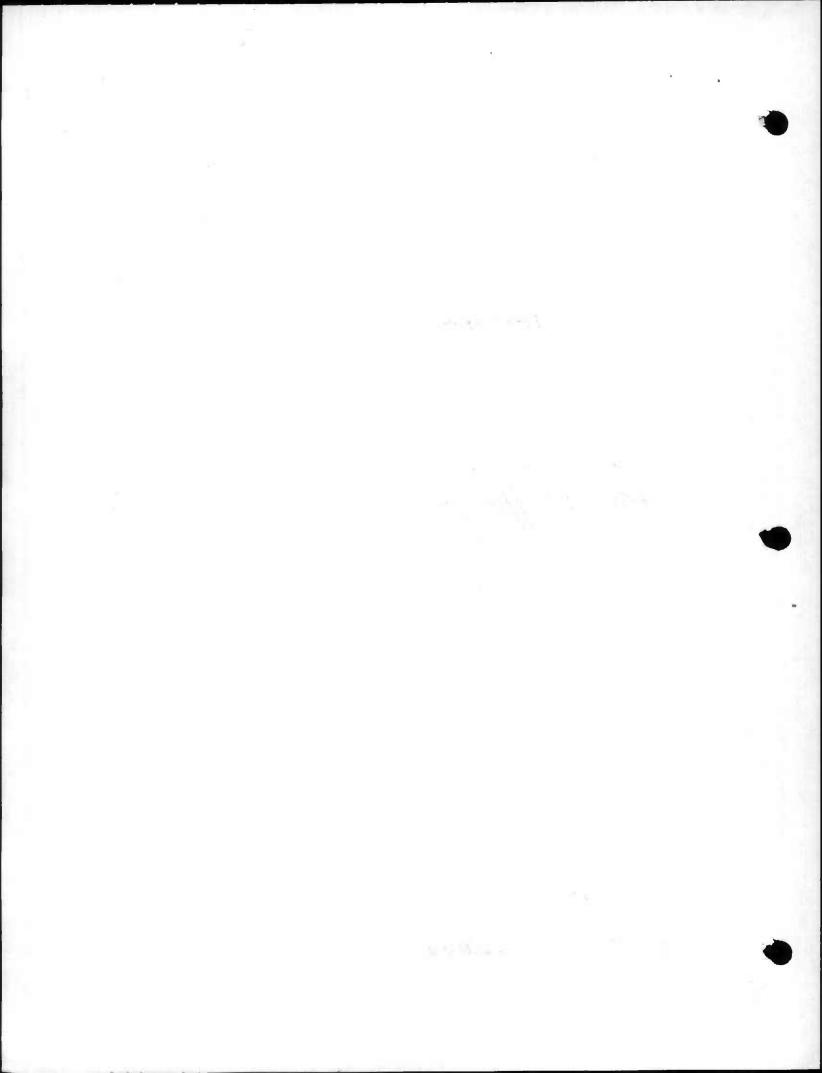
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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within purs after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e law requires that the	has been signed by the	Dept. of Health and M	n 23 shows any inju
NDING PHYSICIAN: TR	1: After this certificate	if death with the State	is marked, or iter
HE HOSPITAL OR ATTE	HE FUNERAL DIRECTOF	ed within 72 hours afte	DRTANT: If item 28
E	101	De fi	IMP

	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND I	MENTAL HYGIE	NE G	14 (05943
	1. DECEDENT'S NAME (First, Middle, Las	ut)				2. DATE OF DEATN		3 70	ME OF DEATN
,	Henry	Jackson Myers	, Sr.			MONTH February	23,19	54	М
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE	E (State or Foreign
	212-20-4893	1 x M 2 □ F 68	YRS.	MONTHS DAYS	HOURS MIN.	May 27,		Maryl	and
-	9e. FACILITY NAME (If not institution, giv	,	İ		OR LOCATION OF DE			OF DEATN	
DIRECTOR	RESIDENCE OF DECEDENT	Gate Circle		Ço	ckeysvill	e 	ва.	ltimor	re
	10e. STATE 10b. COUL	NTY	10c. CITY	, TOWN OR LOC	ATION			t0d.	INSIDE CITY
5	Maryland Bal	timore		Cockeys	ville				LIMITS? YES 2 X XNO
4	10e. STREET AND NUMBER				Of. ZIP CODE	-	10g. CITIZE	N OF WHAT	
UNERAL	1105 Dula	ney Gate Circ	ele		21030		U.S.	.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS DE	CENDENT OF NISPAN	IC ORIGIN? (Specify Y	ee or No— 14	. RACE — Ar	mericen Indien,
	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X YES	2 NO		S 2 X NO Specify			Black, White Specify:	White
ED	15. DECEDENT'S E (Specify only highest gra	ide completed)	(Give kind of w	ork done during r	TION nost of working	16b, KIND OF B	USINESS/INDUS	TRY	
OMPLE	Elementery/Secondery (0-12)	College (1-4 or 5+) 5+		nployed		Acc	ountant	=	
1	17. FATHER'S NAME (First, Middle, Last)	31			44 4405115010 1111				
ון כ	Arthur L. Mye	rs, Sr.			Ada M	ME (First, Middle, Maide arie Lau	mann		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	end Number or Rural F	Anuta Number City or T	un State Zin Co	ade)	
2	Mrs Doris N. My	ers		e As #1		cote Nomber, Oily or a	wii, 31010, 210 Ot	,	
1	200. METHOD OF DISPOSITION	20	b. PLACE AND DATE O	F DISPOSITION (Vame of	DATE 20c. L	OCATION — CII	y or Town, St	ate
	1 Burlet 2 Cremetion 3 Re 4 Donation 5 TOther (Specify)	Entombment D	metery, crematory or oth Ulaney Va	alley M	aus. 2-26	-94 Tim	onium,		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME	AND ADDRESS OF FAC	CILITY			
	> Wolla	ce S Bu	relea.		Towson F				
-	23. PART i. Enter the diseases, o			ot enter the m	York Roa	d. Towson	Md.	21204	Approximate
- 1	shock, or heart fellur	e. List only one cause on e	each line.		,		arcico, rentoc	"	interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	PROSTR	TE CAN	CLR (VIT4 ME	\sim			Onset and Death
	resulting in death)		A CONSEQUENCE OF						
	A cest a success extraord	- b							
ENTINGENOR	Sequentially liet conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	A CONCEOUS OF						
	that initiated eventa resulting in deeth) LAST	DUE TO (OH AS	A CONSEQUENCE OF);				i	
		_ d						1	
	PART II. Other significant conditi				ng cause given in		N AUTOPSY ORMED?		AUTOPSY FINDINGS ABLE PRIOR TO
3		MULTIPLE	MYELD	174		1 □ YES		COME	PLETION OF CAUSE
MEDIC						_			YES 2 NO
SICIOIS.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. OTHER:	PLACE OF DEATH (Che	ack only one)			
2	1 VES 2 NO	1 Inpatient 2 ER/Out		4 - Nuraing Ho	me 5 🗆 Reeldence				
3	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJI	URY	VURY AT	28d. DESCRIBE HOW	INJURY OCCUI	RED	
	2 Accident Investigation		V 44 hama 4aan a		YES 2 NO				
3	3 Suicide 8 Could not t 4 Nomicide determined		r — At nome, term, s ecify)	treet, rectory, on	ice	City or Town, State	t end Number or (e)	Rural Route N	lumber,
	29e. CERTIFIER								
	(Check only	YSICIAN: To the best of my know							construction and the second
5		INER: On the beele of exemination	on end/or investigation	n, in my opinion,	death occured at the	lime, date and piece,	end due to the t	euse(a) end	manner ee stated.
	296. SKINATURE AND TITLE OF CERTIF	10 // / r	1.0		29c. LICENSE NUN		29d. DATE S	GNED (Nont	h, Pay, Year)
	-1/	(m)),	NO/18		1033	639	1 2	<>//]
	30. NAME AND ADDRESS OF PERSON	clihy , M.D. 6			Baltimore	Marulan	d 2121	2	
	31. DATE FILED (Month, Day, Year)	32 AFGISTPARIS SIGI	MATURE	Noau,	Parchilore	, Haryran			
	MAR 0 1 1994	32 DEGISTRAD'S SIGN	m-Randell						
	millio I 100		- Marines				- 0		DHMH-16 Rev 1/89

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Ats after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	The	rte h	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	E
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1. OECEDENT'S NAME (First, Ang		Catherine	e MER	RKLE					MON	E OF DEATH	DAY 1	994	3. TIME OF OEATH
4. SOCIAL SECURITY NUMB		5. SEX		yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	02	OF BIOTH)]		8:20 A
219-44-6062		1 🗌 M 2 💹 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	10/	th, Day, Year) 27/191	.6	Countr	v) land
9a. FACILITY NAME (If not in:							R LOCATION	ON OF DE	ATH		9c. COU	NTY OF O	EATH
MedBridge R		lation			KO	SSV	iire				Ba1	Ltimo	ore
10a. STATE	10b. COUNTY				TY, TOWN O		ION						10d. INSIDE CITY LIMITS?
MD	Balt:	more		Li	nover								1 X YES 2 NO
100. STREET AND NUMBER 4235 FOW	ler Av	7en11e				101	21P CODE						VHAT COUNTRY?
11. MARITAL STATUS	TEI A	12. WAS DECEDEN	IT EVER IN U	S. ARMEO	13 1	WAS DEC			IIC OBIGI	IN? (Specify Ye		S.A.	
1 Never Married 2		FORCES? 1	X YES	2 NO	1 1	If yes, spe	ecify Cuba	n, Mexica	n, Puarto	Rican, etc.)	a or No-	Black Speci	— American Indian, t, White, atc.
3 X Widowed 4 Divor		1942-	194	5			Λ	5,000.				Spec.	White
(Specify only	highest grade	completed)		6a. DECEDENT'S (Give kind of life. Do NOT u	S USUAL OC work done ouse natired.)	during mo	ON st of workin	ng	16	b. KIND OF BU	SINESS/INO	USTRY	
Elementary/Secondary (0-	-12)	College (1-4 or 5 -	+)	Nurse						Balto	Co So	choo	1 System
17. FATHER'S NAME (First, Mi	iddle, Lest)						18. MOTH	HER'S NA	_	Middle, Malden			- J
Anton Le		wski						heri			nown)		
David Montal										nber, City or Tow			
Paul Merkle 200. METHOD OF DISPOSITION	ON		206 0	3/24 I				Ba		more,			
1X Burial 2 Cremation 4 Donation 5 Qther	n 3 🗆 Reme	oval from State	cemete	Dulaney	other place	1ev	me or Mem	2		94 Coc.			
21. SIGNATURE OF FUNERAL													
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	110				O ADDRES		W ITY				
23. PART I. Enter the disabook, or he	seases, or c	Sell		he deeth Do	22. 1	7110	Be1	ss of FAC	Road	Dippel d Balt	Fune	ral . MD	Home, Inc.
23. PARTA. Enter the dis	seasys, or carty allure.	ompliestons that List only one cau Respir Due to Chroni	atory (OR AS A CO COBS (OR AS A CO COBS (OR AS A CO COBS (OR AS A CO	Insuffice of tructive on second or the contract of the contrac	not anter ficie: OF): Ve LUI	711C the mod	Bel	air	Road	Dippel d Balt	Fune	ral . MD	Home, Inc. 21206
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H	27. MANNER OF DEATH	28e. DATE OF INJ	URY	28b. TIME (OF 28c. IN	NJURY AT	6 Other (Specify) 28d. DESCRIBE HOW	V INJURY OCCL	JRED	
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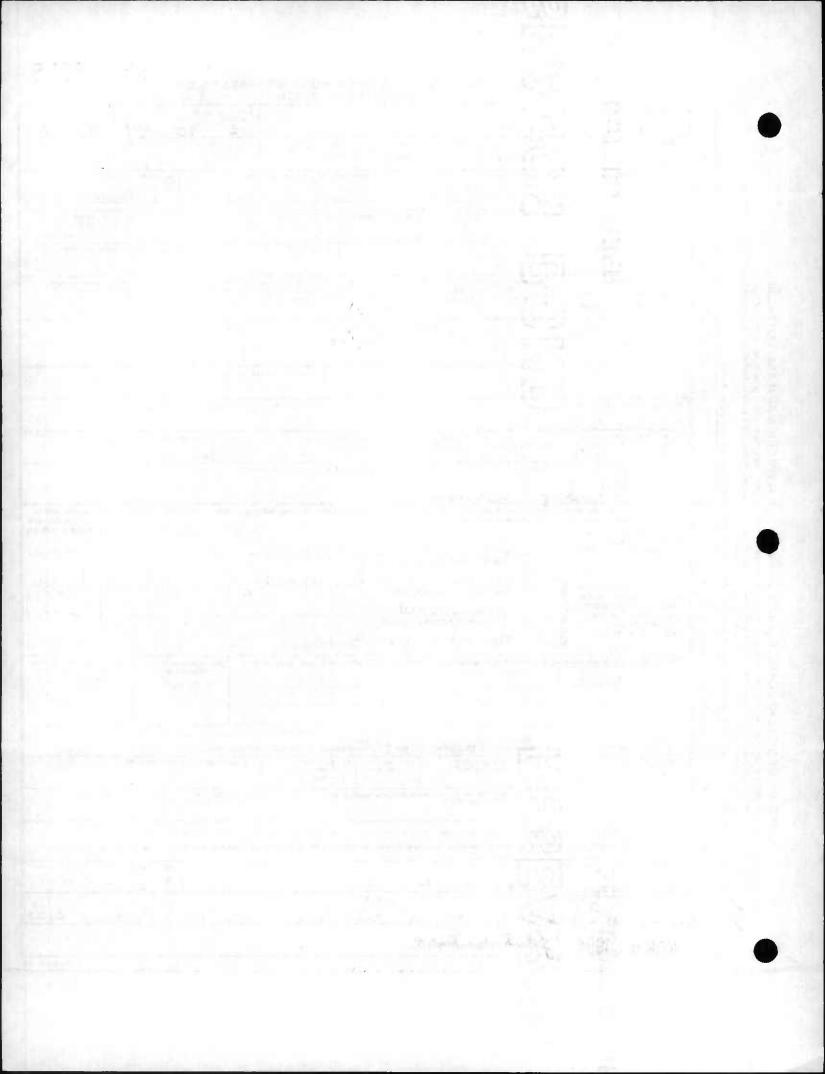
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32. REGISTRAR'S SIGNATURE

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G PHYSICIAN: The law requires that the death certificate be executed with	er this certificate has been signed by the attending physician and comple	ith with the State Dept. of Health and Mental Hygiene prior to burial, cre-
DING PHYSICIAN: The law requires that the death certificate be executed within Tours after death. Page 6 may be retained by the hospital or attending it	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the I	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH (PHILIP F. POTTS) hilip 28-94 5. SEX 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 06-09-12 705-12-3246 DAYS HOURS 1 M 2 | F YRS. 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN **VETERANS** HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION MARYLAND BALTIMORE CITY 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8616 SAINT PAUL STREET 21218 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES NO Specify: 1XXNever Merried 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced WORLD WAR II 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) SHIP **FORMAN** 12 YEARS 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) ROBERT POTTS E. FLORENCE V. KUEBERTH 19s. tNFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MICHAEL POTTS (BROTHER) 315 E.BELCREST RD., BEL AIR, MARYLAND 20a. METHOD OF DISPOSITION
1 ☐ Burlel X X Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE GREEN MOUNT CREMATORY 3-2 BALTO., MD. 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY R.M. HENRY W. JENKINS 4905 YORK ROAD, BALTIMORE, MD. 21212 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Liet only one ceuse on sech line. IMMEDIATE CAUSE (Final diseese or condition ardiac Arres resulting in death) DUE TO (OR AS A CONSEQUENCE OF): severe ard Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate cause. Enter UNDERLYING assive CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST

PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 6 | Residence 6 | Other (Specify) 1 Nonpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATN 26e, DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 26d, DESCRIBE NOW INJURY OCCURED 1 Natural 6 Pending 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 🔲 Homicide

Check only	1 CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
one)	2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occursed at the time, date and place, and due to the cause(a) and me

296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

O. NAME AN	O ADORES	S OF PERSON WHO CO	MPLETED CAU	BE OF OEATN (ITEM 27) (Type	, Print)		
22	S.	Dreene	SF	Proting	mli	MD	21208

3. REGISTRAR'S SIGNATURE 31. DATE FILEO (Month, Day, Year) MAR 0 1 1994 The Levidson

2/28/94

94 05946

3. TIME OF DEATH

8. BIRTNPLACE (State or Foreign

MARYLAND

10d. INSIDE CITY

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14. RACE — American Indian, Black, White, atc.

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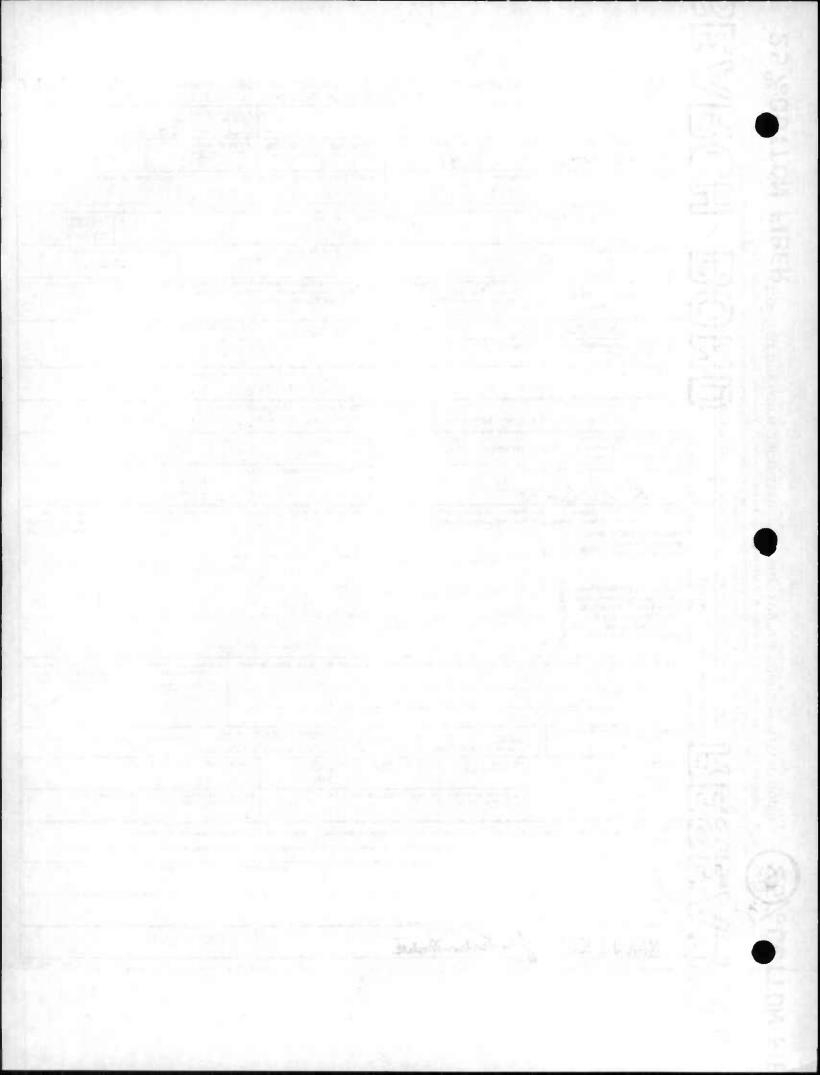
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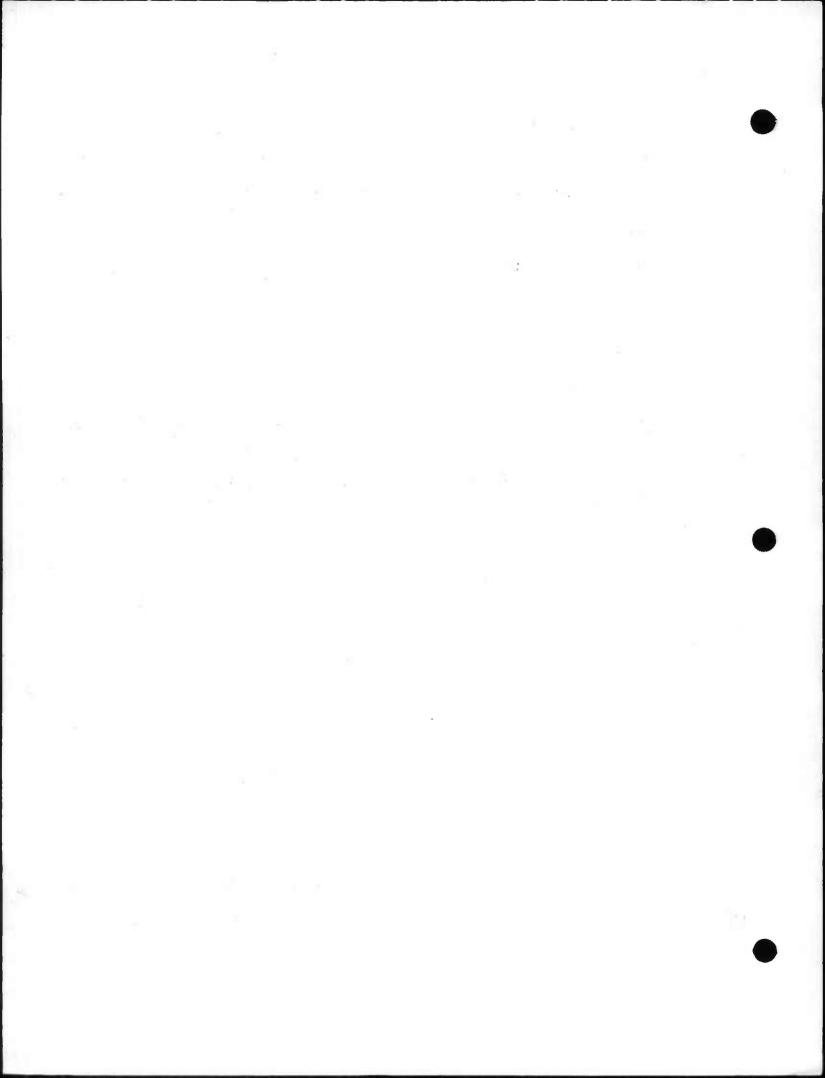


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TRAIDE ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
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	MERAL DIRECTOR: After this certificate has been signed by the attending physician an	The Torses after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	INT. If them 28 is marked, or item 23 shows any injury, or other trauma	
	TOTHER	To the	IMPORT	

	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	TMENT OF HI			GIENE 3. NO.	34 (15947
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH		TIME OF DEATH
	Mildred A. Pa	arr				FEB	28	94	0145 M
1	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	TH (bar)	8. BIRTHPLA Country)	CE (State or Foreign
	216-46-7172	1 M 2 X F	93 YRS.			09 28	1900	MARY	LAND
œ.	9e. FACILITY NAME (If not institution, give			9b. CITY, TOWN OF	re City	EATH	9c. COU	NTY OF DEATH	1
DIRECTOR	Union Memorial	HOSPITAL		рателио	te city				
	10e. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCATION	DN			100	. INSIDE CITY LIMITS?
- 11	MARYLAND			BALTI	MORE			1 (XYES 2 NO
₹	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITI	ZEN OF WHAT	COUNTRY?
FUNERAL	838 WEST 36th				21211			USA	
	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O			NDENT OF HISPAN oily Cuban, Mexica			14. RACE — A Black, Wi	American Indian, lite, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES**	1 TYES	NO Specify	y.		Specify:	WHITE
	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed	16a. DECEDENT'S	USUAL OCCUPATION	N of working	16b. KIND	OF BUSINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	or working				
볼	8TH		H	OUSEWIFE			<u>,</u>		
_	17. FATHER'S NAME (First, Middle, Last) LOUIS ERMOLD				18. MOTHER'S NA				
BE	19a. INFORMANT'S NAME (Type/Print)		105 MAII INC	ADDRESS (Street an		GUSTA M		0.71	
ᄋᆘ	CHARLOTTE KAKEL	,	I .	PICCADILI					1204
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION (Nen	ne of		Oc. LOCATION —		
	1 N Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	ioval from State	LOUDON P.	ARK CEMET	TERY 3/	2/94	BALTIMO	RE, MA	RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			ADDRESS OF FA	CILITY			
	· M. Allar	1 Seck	N		LAN SEIT ROLAND				21211
	23. PART I. Enter the diseases, pr shock, pr heert fellure.	complications that cau	sed the deeth. Do s	not enter the mod	e of dying, auc	h as cardiac or	respiratory an	reat,	Approximata
	IMMEDIATE CAUSE (Final	List billy bile cease bi	eech line.					İ	Interval Between Onset and Death
ŀ	diseese or condition resulting in death)	· Seps	AS A CONSEQUENCE OF						4 days
		DUE TO (OR A	A CONSEQUENCE OF	F):				100	(
HTIFICATION	Sequentielly list conditions,	DUE TO (OR A	IS A CONSEQUENCE OF	ef cul					4 days
¥	If any, leading to immediate cause. Enter UNDERLYING			,					l
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF	F):					
CE H	resulting in deeth) LAST	d							
C	PART II. Other significent condition	na contributing to deat	h but not resulting	In the underlying	ceuse given in	Part I. 24e. V	AS AN AUTOPSY	24b. WEI	RE AUTOPSY FINDINGS
\$	Anemia			07		F	ERFORMED?	COI	LABLE PRIOR TO APLETION OF CAUSE
MEDIC	Digoxin +	oxicity				_ ' '	YES 2/19 NO		DEATH? YES 2-LINO
	Nitral vi	alve ODI	Slase						A
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			CE OF DEATH (Ch	eck only one)			
PHYSICIAN:	1 TYES 2 PRIO	Inpetient 2 ER/C		OTHER: 4 - Nursing Home	5 Realdence	6 Other (Spec	fy)		
	27. MANNER OF DEATH 1. Netural 5 Pending	26a. DATE OF INJUI (Month, Day, Yea		URY WOR	K?	26d. DEŞCRIBE	HOW INJURY OC	CURED	
2 Accident Investigation 28 PLACE OF IN HIBY At home from plant forting and a contribution of the contribu							or Rosel Bento	Alumbas	
3 Suicide 4 Homicide 5 Could not be detarmined 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause of the cause						or norm nouse	TVUTTILIBRE,		
۱۳	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the heat of my tr	nowledge death ecou-	ad at the time date of			4		
E I		ER: On the best of my ki							I menner ea stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI			E SIGNED (Mo	
B	(Xford	1 MID			ATJUR	8946	DAIL DAIL	3 7	294
2	30. NAME AND ADDRESS OF PERSON WI		DEATH (ITEM 27) (Type	, Print)	11.570	- /		0 1 0	
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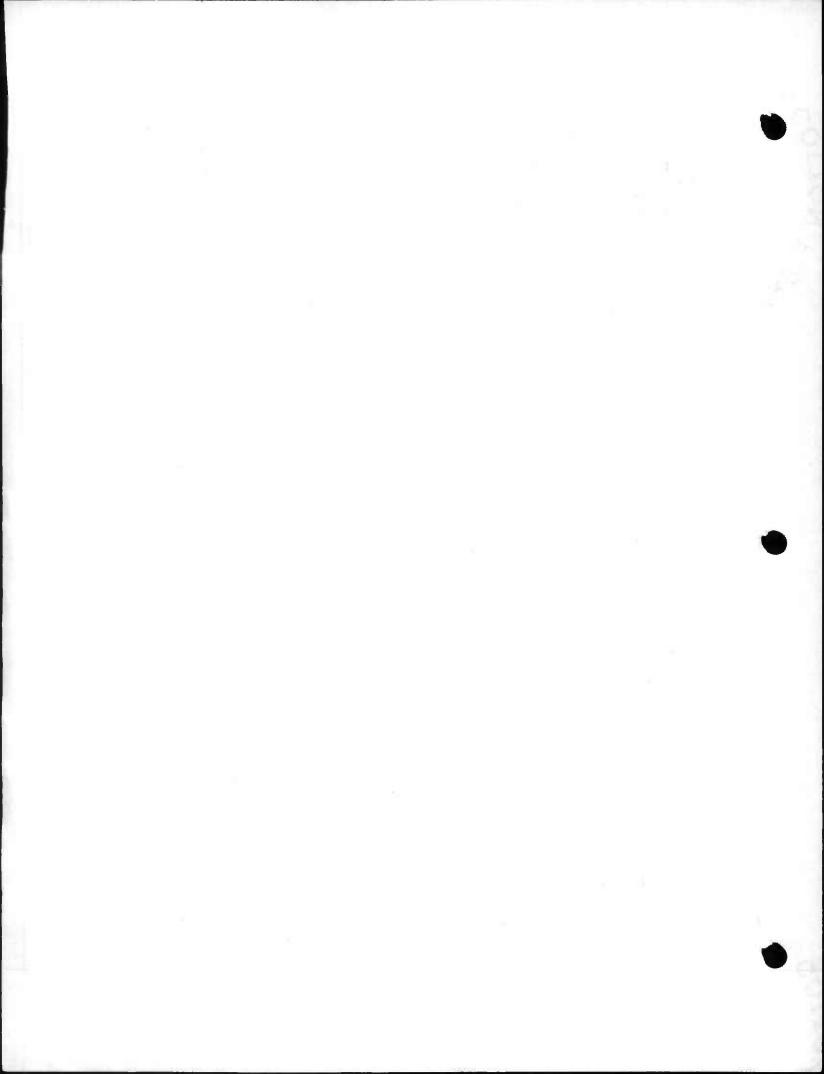
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

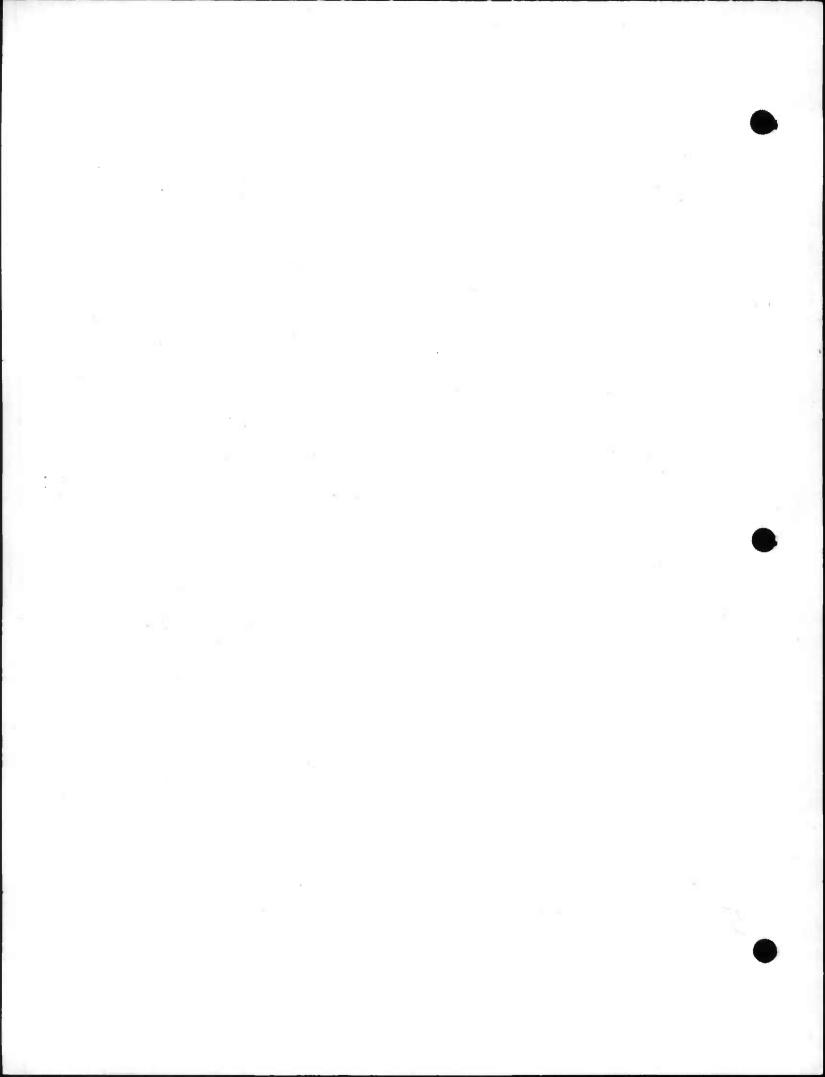
		RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE 9 REG. NO.	4 05948
	1. DECEDENT'S NAME (First, Middle, Last) ROBERT ROSS 4. SOCIAL SECURITY NUMBER 272 246382 1 M 2 F 6. AGE (In yrs. last birthde) 272 VRS.	(f) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	2. DATE OF DEATH BOYEN 19 199 7. DATE OF BIRTH (Month, Day, Year)	3. TIME OF DEATH 3! 25 P BIRTHPLACE (State or Foreign Country)
стов	Se FACILITY NAME (If not institution, give street and number) VETCANS Advin Street on Center RESIDENCE OF DECEDENT	Bat timere		Y OF DEATH
DIRE	10e. STREET AND NUMBER	TTY, TOWN OR LOCATION Balto 101, ZIP CODE		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	30 N. MOYLEY ST. 11. MARITAL STATUS 12. WAS DECEDENT EFFER IN U.S. ARMED	2/229	NIC ORIGIN? (Specify Yes or No 1	N OF WHAT COUNTRY? S + + . RACE - American Indian,
ED BY F	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 15. DECEDENT'S EDUCATION 168. OECEDENT	If yes, specify ofban, Mexica 1 YES 2 NO Specif		Specify: Black
COMPLET	Elementary Secondary (0-12) College (1-4 or 5+)	of work done during most of working use retired.)		
BE BE	17. FATHER'S NAME (First, Middle, Last) 10. INFORMANT'S NAME (Type/Print) 190-MARLII 190-MARLII	IS ADDRESS (Street end Number or Rural	ME (First, Middle, Meideh Surneme) VI C KOSS Route, Number, City or Town, State, Zip C	ode) Å
TO TO	20s, METHOD OF DISPOSITION 1) Burlai 2 Cremetton 3 Removal from State Complete Company of the Complete Compl	N. Mor e.	SF Salto, 1	nd 21229 by or Town, State
examiner m	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Hwest Ave	gus Mills, M	
event, the medical	23. PART I. Enter the diseases, or complications that caused the death. Do ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE	Pawreatic	h as cardiac or respiratory arres	Approximate interval Betw. Onset and De
or other traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE of the consequence of the consequen			
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, O BE COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting LLES (ella Bactering)	g in the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
r Item 23 s SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	26. PLACE OF OEATH (Ch OTHER: 4 □ Nursing Home 5 □ Residence		
BY PHY	27. MANNER OF DEATH 1	IME OF NJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	REO
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm building, etc. (Specify)		281. LOCATION (Street end Number or City or Town, State)	Rural Route Number,
ANT: If Item	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occur one) 2 MEDICAL EXAMPLES: On the basis of examination end/or investigation.			
TO BE CO	290. SIGNATURE AND FOLE OF MINISPERS AND AND AND AND AND AND AND AND AND AND	29c. LICENSE NUI	MBER 29d. DATES	SIGNED (Month, Day, Year)
		N. Greene Street	, Baltimore 1	ND 51501
	MARKED (Month 934)			



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The properties of the properti	000		1				AME (First, Middle, Malden	Surneme)	
196 MALINGA DIRECTOR and Manager and Number or Name Research American Cry or Serving State Committed Committ	tu l		desTo					GA	
20. PLACE AND DATE OF DISPOSITION 20. PLACE AND DATE OF DISPOSITION Name of the property of the place o	2	1		19b. MAILING	at a				
21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. SART I. Enter the diseases, or symplications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, abock, or hear felture List only one cause on each line. IMMEDIATE CAUSE (Finel diseases or condition presulting in death) DUE TO (OR AS A CONSCOUENCE OF): The subject of the single list conditions, if any, isasing to immediate cause. Enter INDERINING CAUSE (Disease or injury that inhitiated events: Enter UNDERINING CAUSE (Disease or injury that inhitiated events: Enter UNDERINING CAUSE (Disease or injury that inhitiated events: Enter UNDERINING CAUSE (Disease or injury that inhitiated events: Enter UNDERINING CAUSE (Disease or injury that inhitiated events: Enter UNDERINING CAUSE (Disease or injury that inhitiated events: Enter UNDERINING CAUSE (Disease or injury that inhitiated events: Enter UNDERINING CAUSE (Disease or injury that inhitiated events: Enter UNDERINING CAUSE (Disease or injury that inhitiated events: Enter UNDERINING CAUSE (Disease or injury that inhitiated events: Enter UNDERINING CAUSE (Disease or injury that inhitiated events: Enter UNDERINING CAUSE (Disease or injury that inhitiated events: Enter UNDERINING CAUSE (Disease or injury that inhitiated events: Enter UNDERINING CAUSE (Disease or injury that inhitiated events: Enter UNDERINING CAUSE (Disease or injury that inhitiated events: Enter UNDERINING CAUSE (Disease or injury that inhitiated events: Enter UNDERINING CAUSE (Disease or injury to COURED Injury A) in position, desit occurred in the time, date and place, and due to the cause(a) and manner as attend. 250. SIGNATURE AND ATITLE OF CERTITIES OF CERTITIES IN AUGUST (Page, Parti) 251. DATE FILED (Mown), Dr., West) 251. DATE FILED (Mown), Dr., West) 252. MARCA EREPRENEY COURT (Dr. West) 253. DATE FILED (Mown), Dr., West) 254. DATE SIGNATURE (DR.) 255. DATE SIGNATURE (DR.) 256. SIGNATURE AND ATITLE OF CERTITIES (DR.) 257. DATE SIGNATURE (DR.) 258. SIGNATURE AND ATITLE OF CERTITIES (DR.) 259		20e. METHOD OF DISPOSITION	201	. PLACE AND DATE O	E DISPOSITION /N	ame of			
22. SIAMA NO ADDRESS OF PACILITY 23. SAME AND ADDRESS OF PACILITY 24. SAME AND ADDRESS OF PACILITY 25. SAME AND ADDRESS OF PACILITY 26.3 5. CONKLING 54. 2/224 Approximate shock, or heer felluralist only one couse on eech line. 14. SAME DIATE CAUSE (Finel diseases, or condition or resulting in oseth) 25. Sequentielly list conditions, if any, isseling to immediate cause. Finel UNDERTING Control of the second c			I from State cen	netery, cremetory or att	13/AUS	Cem	3/4/44/ BA1	to MD.	
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NONE TO LOW AS A CONSCOURNCE OF):		23. PART i. Enter the diseeees, or con shock, or heert fellure Lis	nplications that cause it only one cause on a	the death. Do no	ot enter the mo	ode of dylng, suc	th as cerdisc or resp	iratory arree	
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29c. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE		(Check only 1 CERTIFYING PHYSICIA	N: To the best of my know	rledge, death occurre	d at the time, date	and place, and due	to the cause(s) and ma	nner as atated.	
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		MAR 0 1 1994	32. REGISTRAR'S SIGN	ATURE		/			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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	DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	
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OR ATTENDING PRINCIPAL. The law requires that the death certificate be executed within exhours after death. Page 6 may be retained by the hospital or attending physician.	T TES	The second of th
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 05950 1 -**CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 2 3. TIME OF DEATH TR 16 ATUSO 830 M 6. AGE (In yrs. lest birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF SIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 465-2146 1 0 M 2 | F DAYS HOURS YRS. 2-30 MARYLAND Da. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH to WARD HOWARD COUNTY GENERAL HOSPITTAR OLUMBI MD RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY. TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 VES 2-NO MARYLAND HOWARD COLUMBIA 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2534 MELBA ROAD U.S.A 21042 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 1 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. H yes, specify Cuban, Mexican, Puerto Rican, atc.)
1 ☐ YES 2 ☒ NO Specify: FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried Specify: 3 Widowed 4 Divorced WHITE 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 8+) 11 SELF EMPLOYED GROCERY GROCER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Sumame) DOMENICO RIGATUSO GUISEPPINA CICALA 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) HELEN RIGATUSO 2534 MELBA ROAD ELLICOTT CITY, MARYLAND (WIFE) 20e. METHOD OF DISPOSITION

1 Special 2 Cremation 3 Removal from State
4 Departion 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata VEW CATHEDRAL CEMETERY 02/26/94 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SETWICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOMES cella. 1630 EDMONDSON AVENUE CATONSVILLE MARYLAND 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one ceuse on sech line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition 1012 our Summen 3 love resulting in death) DUE TO (OR AS A CONSEQUENCE OF) luni Nespuk uni Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING Ub I hater CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events. resulting in death) LAST PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a, WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOBBITAL **EXAMINER?** OTHER: 1 TES 2 NO itlent 2 ER/Outpetlent 3 DOA g Home 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF 1 Watural 5 Pending 1 YES 2 NO investigation 2 🗋 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 🔲 Homicide 29a. CERTIFIER

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1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and my 29b. SIGNATIONE AND TITLE OF O HYSFIR 29c. LICENSE NUMBER

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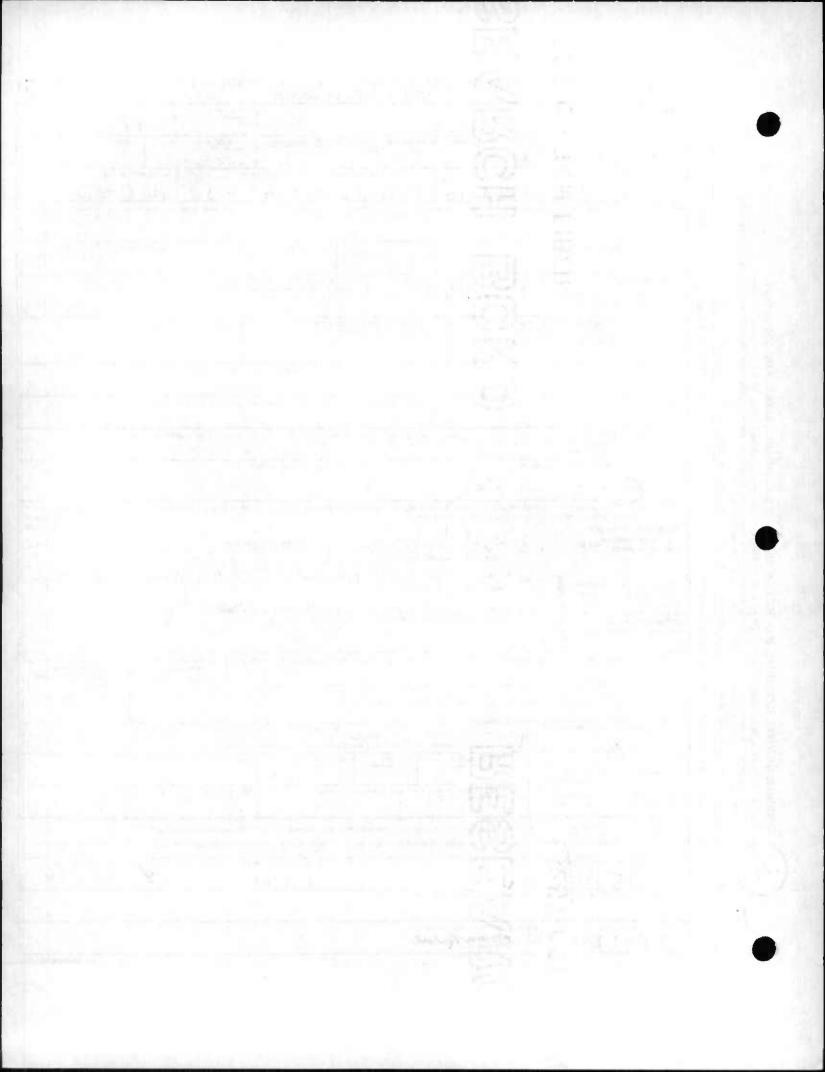
31. DATE FILED (Month, Day, Year) MAR 0 1 1994

30. NAME AND ADDRESS OF PE

32. REGISTRAR'S SIGNATURE Sinder Kulell

SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

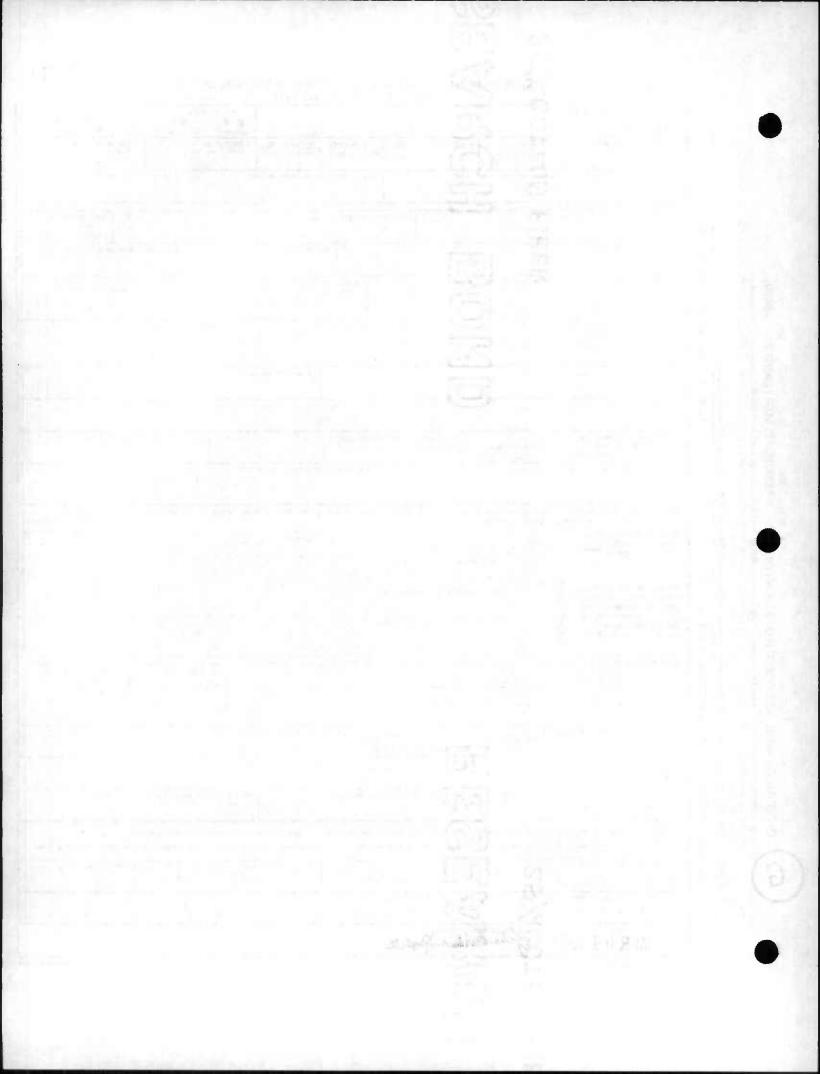
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1 - STATE REGISTRAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

18	1. DECEDENT'S NAME (First, Middle, Leet)	Ö ;	m) -	R:	osv	PP	2. DATE	OF DEATH	FAN ()	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-18-4052	5. SEX 1 M 2 F	6. AGE (In yes. 71	lest birthday) YRS.		DAYS HOURS MIN	10-2	OF BIRTH 5, Day, Year) 29-1922	Cou	THPLACE (State or For
OR	9a. FACILITY NAME (If not institution, give Church Home Hosp	etreet and number)			Balt	imore Cit	y Y	9c.	COUNTY OF	DEATH
DIRECTOR	10a. STATE 10b. COUNTY Maryland	TY		111111111111111111111111111111111111111	Y, TOWN OR	LOCATION TE CIty				10d. INSIDE CITY LIMITS? 1 YES 2 I
ERAL	100. STREET AND NUMBER 2215 Eastern Ave	nue	73			101. ZIP CODE 2123	1			States
BY FUN	11. MARITAL STATUS 1. Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN	NT EVER IN U.S. A	ARMED NO	If y	S DECENDENT OF HIS NOS, specify Cuban, Man YES XX NO Specify	PANIC ORIGIN	? (Specify Yes or No	- 14. RA	CE — American India ack, White, atc.
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12			(Glue kind of a	usual occ work done du se retired.)	not most of working	16b.	KIND OF BUSINESS	S/INDUSTRY	
E COMP	17. FATHER'S NAME (First, Middle, Lest) Sebastian Riesne:	r				a. MOTHER'S NAME (First, Middle, Melden Surneme) Anna Seitz				
TO B	196. INFORMANT'S NAME (Type/Print) Rita Schoene					Street and Number or Ru				146
	20e. METHOD OF DISPOSITION 1A Burlel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	commetter, prematery of other (Specify)								Town, State
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE So	Pina	6:	22. NA	ly & Zeil Lastern	FACILITY er, IN	lc. Funer	al Ho	me
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infiltated events resulting in death) LAST	s. Pour to	gullic (OR AS A CONS	SEQUENCE OF	Heare Peare	ut Fai				Approximal Interval Be Onset and Clary
MEDICAL	PART II. Other significant condition	ns contributing to	deeth but not	t resulting	in the und	erlying cause given	In Part I.	24a. WAS AN AUTO PERFORMED? 1 YES 2 N		4b. WERE AUTOPSY FII AWAILABLE PRIOR 1 COMPLETION OF C OF DEATH? 1 YES 2 N
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLACE OF DEATH	(Check only on	10)		
Y PHYSICI	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 I		26b. TIM	4 🗆 Nursin	g Home 5 Residen 8c. INJURY AT WORK? 1 YES 2 NO	_	r (Specify) SCRIBE HOW INJURY	Y OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street and Number or Rural Route Number of Town, Street							I Route Number,		
COMPLE	299. CERTIFIER (Check only one) 1 CERTIFYING PHYS					e, data and place, and only death occurred at				e(s) and manner se st
TO BE	30-NAME AND ADDRESS OF PERSON W	W ME	d - Fr	ecio	list	D GO	354	29d.	DATE SIGN	EO (Month, Day, Year)
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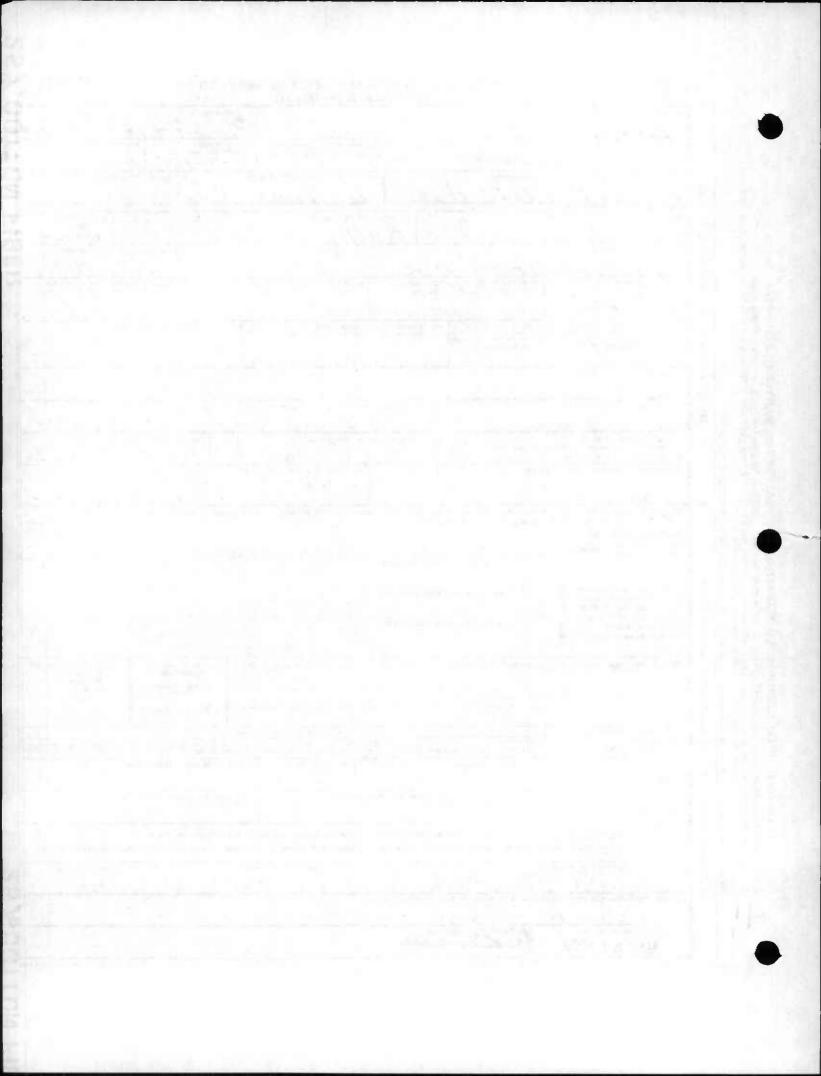
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Exhibits after death. Page 6 may be retained by the bloopial or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once. TO BE COMPLETED BY FUNERAL DIRECTOR 8 TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT OF		MENTA	L HYGIENE 9	4 05952								
1. DECEDENT'S NAME (First, Middle, Laet)	1 401/4	SMAK	et	2. DATE	OF DEATH DAY -9	3. TIME OF DEATHY								
4. SOCIAL SECURITY NUMBER 216-28-9919	5. SEX 8. AGE (In yrs. In	YRS. IF UNDER 1 YEA		(Montt	OF BIRTH 1, Day, Year) 7-1932	BIRTHPLACE (State of Foreign Country)								
126 N, Bel	Nord Aug		or Location of D	EATH (CITY 80. COUNT	Y OF DEATH								
10a. STATE 10b. COUNT	Υ	10c. CITY, TOWN OR LO	CATION		V	10d. INSIDE CITY LIMPS? 1 YES 2 NO								
100. STREET AND NUMBER	looped A	16.	101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?								
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Ovorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 7 YES 2 1 IF YES, GIVE WAR OR DATES	NO If yes,	DECENDENT OF HISPA apocity Cuban, Mexic (ES 2 NO Speci	en, Puerto I	17 (Specify Yee or No — 16 Ricen, etc.)	t. RACE — American Indian, Black, White, etc.								
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8 +) 17. FAT FIER'S NAME (First, Middle, Leel) 18. MOTHER'S NAME (First, Middle, Leel) 19. INFOBMANT'S NAME (First, Middle, Leel) 19. INFOBMANT'S NAME (First, Middle, Leel) 20. METHOD OF DISPOSITION 19 Payred 2 Cremetton 3 Removal from State 20 Donation 5 Other (Specify) 18. DECEDENT'S USUAL OCCUPATION (Ghe kind of work done during most of working life. Do NOT use miting.) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 19. MAILING ADDRESS (Street and Number or Rural Boute Number, City or Town, State, Zip Cody) 20. METHOD OF DISPOSITION 19 Payred 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify)														
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							23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	disease or condition						
							Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE						
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3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)					Rural Route Number,									
	ICIAN: To the best of my knowledge, d IR: On the beele of examination end/or													
PM, SHONATURE AND TITLE OF CERTIFIE	ten mo		D44	MBER 161	4 29d. DATE :	SIGNED (Morth, Day, Year)								
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31. DATE FILED (Month, Dey, Year) WAR 0 1 1994	fall Dander fort	and a												



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mounts after death. Page 6 m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, he filed within 72 hours after death with the State Dect. of Health and Mental Horiene prior to burlal cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must
	certificate	ding phys	other
5	he death	the atten Mental H	njury, o
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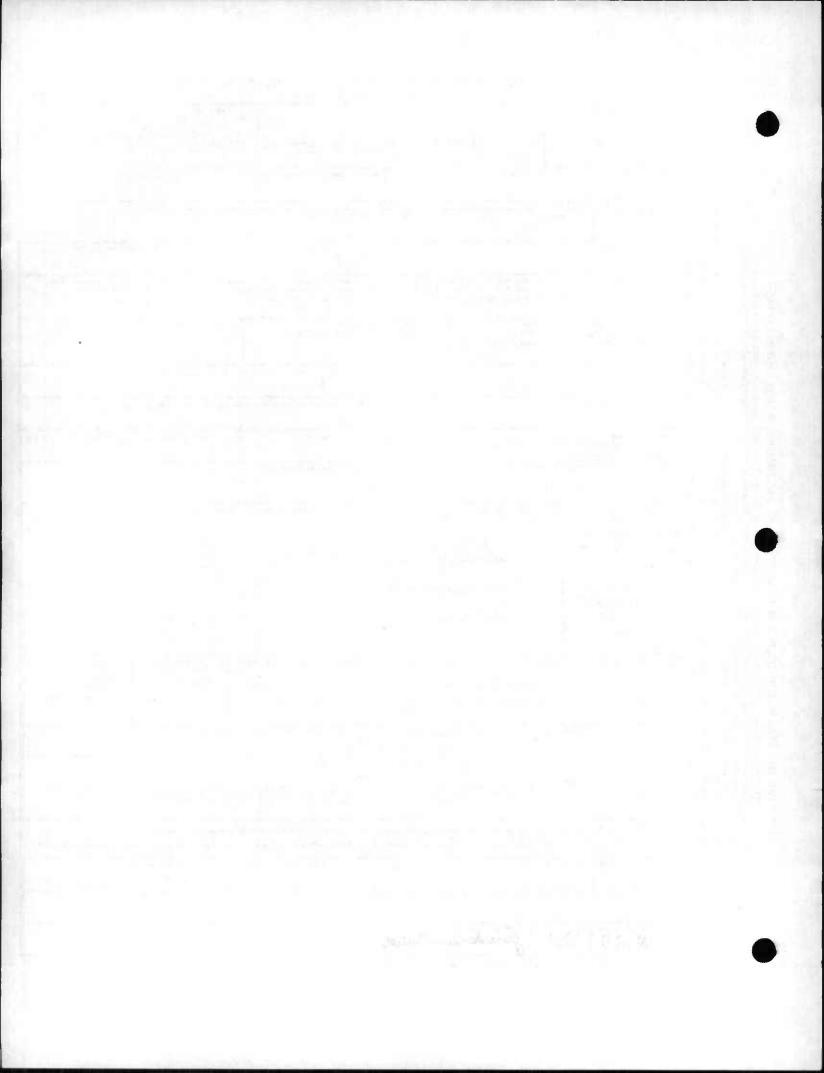
1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last. 2. DATE OF DEATH Feb 24, 1994 Mary H. Stein 11:50 A 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 F 60 219-30-4917 Jan 16, 1934 Maryland Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR University Hospital Baltimore City Baltimore City RESIDENCE OF DECEDENT 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4252 Shamrock Ave. 21206 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-II yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, While, etc. FORCES? 1 YES 27 1 Never Married 2 Married 1 TYES 2 NO NO Specify BY 3 Widowed 4 Divorced White COMPLETED 15. OECEDENT'S EOUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 years Office Manager Diplomat Shop 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Sumame) notified at Joseph Turek BE Mary Mahacek 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Stanley Ingalsbe 3149 Spring Dr. Westminster, MD pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must cemetary, crematory or other place)
Crestlawn Cemetery 2-26 W. Friendship, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD medical 23. PART (Enter the diseases, or complication) that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failura. List only one interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition DUE TO (OR AS A CONSCOUENCE OF): event, resulting in death) preumothorax traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING OPD CAUSE (Disease or injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF GEATH? 1 TYES 2 NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) **EXAMINER?** HQSPITAL: OTHER 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending investigation м 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 28 4 Homicide Item 29a. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) OSAMOND

OHMH-16 Rev 1/89

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4. SOCIAL SECURITY NUMBER 5. SE	M 2 F	(In yrs. lest birthdey)		IF UNDER 24 HRS. 7. DAT (Mo	24 19 E OF BIRTN nth, Dey, Year) -06-46	3. TIME OF DEA 9 4 5 30 B. BIRTHPLACE (State or F. Country)
4. SOCIAL SECURITY NUMBER 218-44-5397 90. FACILITY NAME (If not institution, give street end 1610 E. MONUMENT RESIDENCE OF DECEMENT 100. COUNTY MD.	X 8. AGE (M 2 F	47 YRS.	9b. CITY, TOWN	IF UNDER 24 HRS. 7. DAT (Mo	e of Birth oth, Day, Year) -06-46	B. BIRTHPLACE (State or Fi Country)
9e. FACILITY NAME (If not institution, give etreet end 1610 E. MONUMENT RESIDENCE OF DECEDENT 10e. STATE MD.	d number)	4/	9b. CITY, TOWN	11.	nth, Day, Year) -06-46	Country)
9e. FACILITY NAME (# not institution, give street end 1610 E MONUMENT RESIDENCE OF DECEDENT 10e. STATE MD .						IVI ()
10a. STATE 10b. COUNTY MD .	ST. APT	B 8	DATES			TY OF DEATH
10a. STATE 10b. COUNTY MD .			DALI	MORE		
MD.		100 CIT	Y, TOWN OR LOCA			Last mains are
10e. STREET AND NUMBER		100.011	BALTIM			10d. INSIDE CIT LIMITS? 1 X YES 2
			10	H. ZIP CODE	10g. CITIZI	EN OF WHAT COUNTRY?
1610 E. MONUMENT	ST. APT	B-8		21213		U.S.A.
11. MARITAL STATUS 12. W	AS DECEDENT EVER II	NIIS ADMED		CENDENT OF NISPANIC ORIG	IN? (Specify Yee or No- 1	14. RACE — American Ind Black, White, etc.
	YES, GIVE WAR OR D	ATES			o Hican, etc.)	Specify:
		16e. DECEDENT'S	USUAL OCCUPATE	ON Is	LL KIND OF BUSINESS/INDU	BLACK
(Specify only highest grade complete	(ed)	(Give kind of a	work done during mo se retired.)	ost of working	ou. Killo or books 23/Mbo	31111
		LA	ABORER		INDUST	RY
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME (First		
ROBERT	DORSEY			AUDREY	SHIV	
19e. INFORMANT'S NAME (Type/Print)						-
1 Buriel 2 ☐ Cremation 3 ☐ Removal fro	om State carr	netery, crematory or o	ther place)			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE		ALTIMOF			A BALTI	MORE, MD.
בגרסומוזם בהשפט	ПОМЕ				AROLINE ST	
				BALTIMORE	MARYLAND	21213
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Lenal DUE TO (OR AS A Hepata	Failure Failur	es Pi:			4 mar
resulting in death) LAST	HILDS					
PART II. Other aignificent conditions cont	ributing to death b	out not resulting	in the underlyin	ig cause given in Part I.	24s. WAS AN AUTOPSY	24b. WERE AUTOPSY
Cryphinceals M	reringit	5			1 PERFORMED?	MAILABLE PRIO COMPLETION OF OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF OEATH (Check only	one)	
		patient 3 DOA	OTHER:			
	(Month, Day, Year)		E OF 28c. IN.			JREO
1 Natural 5 Pending			M 1 🗆	YES 2 NO		
2 Accident Investigation	Be. PLACE OF INJURY	— At home, term,	street, factory, offic	201, LC	OCATION (Street end Number of ty or Town, State)	r Rural Route Number,
3 Suicide 6 Could not be	building, etc. (Spec	J. 197				
3 Suicide 6 Could not be 4 Nomicide determined	building, etc. (Spec					
3 Suicide 6 Could not be	to the best of my know	riedge, death occum				
3 Suicide 4 Nomicide 6 Could not be determined 29e. CERTIFIER Check only	to the best of my know	riedge, death occum			ite end place, end due to the	ceuse(e) end menner ee
3 Suicide 4 Nomicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On 19	to the best of my know	riedge, death occum		death occured at the time, da	ite end place, end due to the	
3 Suicide 4 Nomicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On 19	to the best of my know the basic of examination	riedge, death occum n and/or investigatio	on, in my opinion, o	death occured at the time, da	ite end place, end due to the	ceuse(e) end menner ee
3 Soleide 4 Nomicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On 19 29b. SIGNATURE AND TITLE OF CERTIFIER	to the best of my know the beste of examination	riedge, death occum n and/or investigatio	on, in my opinion, o	death occured at the time, da	ite end place, end due to the	ceuse(e) end menner ee
	1 Never Married 2 Merried 3 Method 1 Never Married 2 Merried 3 Method 4 Never Married 3 Method 4 Never Merried 3 Method 4 Never Method 15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Seconds (C-12) Colld 17. FATHER'S NAME (First, Middle, Lest) ROBERT 190. INFORMANT'S NAME (Type/Print) AUDREY HILL 200. METHOD OF DISPOSITION 170 Burlet 2 Cremation 3 Removal for 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE BETTS FUNERAL 23. PART I. Enter the diseases, or complisations, or heert failure. List of immediate CAUSE (Final disease or condition resulting in death) a Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d PART II. Other algnificent conditions continued the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d PART II. Other algnificent conditions continued the cause of the cause	1 Never Married 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondar (6-12) 17. FATHER'S NAME (First, Middle, Last) ROBERT 19e. INFORMANT'S NAME (First, Middle, Last) AUDREY HILL 20a. METHOD OF DISPOSITION 12 Burlet 2 Cremetton 3 Removal from State 2 Can burlet 2 Cremetton 3 Removal from State 2 State 2 Can burlet 2 Can book, or heart fallure. List only one cause on earlier in disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) PART II. Other algnificent conditions contributing to death a cause of the cau	1 Never Married 2 Merried 3 Merried 3 Middle FORCES? 1 YES GIVE WAR OR DATES 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Give kind of illie. Decedent's (Give kind of illie. De NOT use. Decedent illie. De NOT use. Decedent illie. De NOT use. Decedent illie. De Not use. Decedent illie. De Not use. Decedent illie. De Not use. Decedent illie. De Not use. Decedent illie. De Not use. Decedent illie. De Not use. Decedent illie. De Not use. Decedent illie. De Not use. Decedent illie. De Not use. Decedent illie. De Not use. Decedent illie. De Not use. Decedent illie. De Not use. Decedent illie. De Not use. Decedent illie. Decedent illie. De Not use. Decedent illie. De Not use. Decedent illie. De Not use. Decedent illie. De Not use. Decedent illie. Decedent illie. De Not use. Decedent illie. Decedent illie. Decedent illie. Decedent illie. Decedent illie. Decedent illie. Decedent illie. Decedent illie. Decedent illie. Decedent illie. Deced	1 Never Married 2 Merried 3 Merried 3 Middwed 4 Middwed 4 Middwed 4 Middwed 4 Middwed 4 Middwed 4 Middwed 4 Middwed 4 Middwed 4 Middwed 4 Middwed 4 Middwed 4 Middwed 4 Middwed 4 Middwed 4 Middwed 4 Middwed 4 Middwed 1 Middwed	FORCES? YES Z NO NO If yes, specify Cuben, Mexican, Pearling of the process of the pro	Never Married 2 Merried FORCES? STON FYES, GIVE WAR OR DATES

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

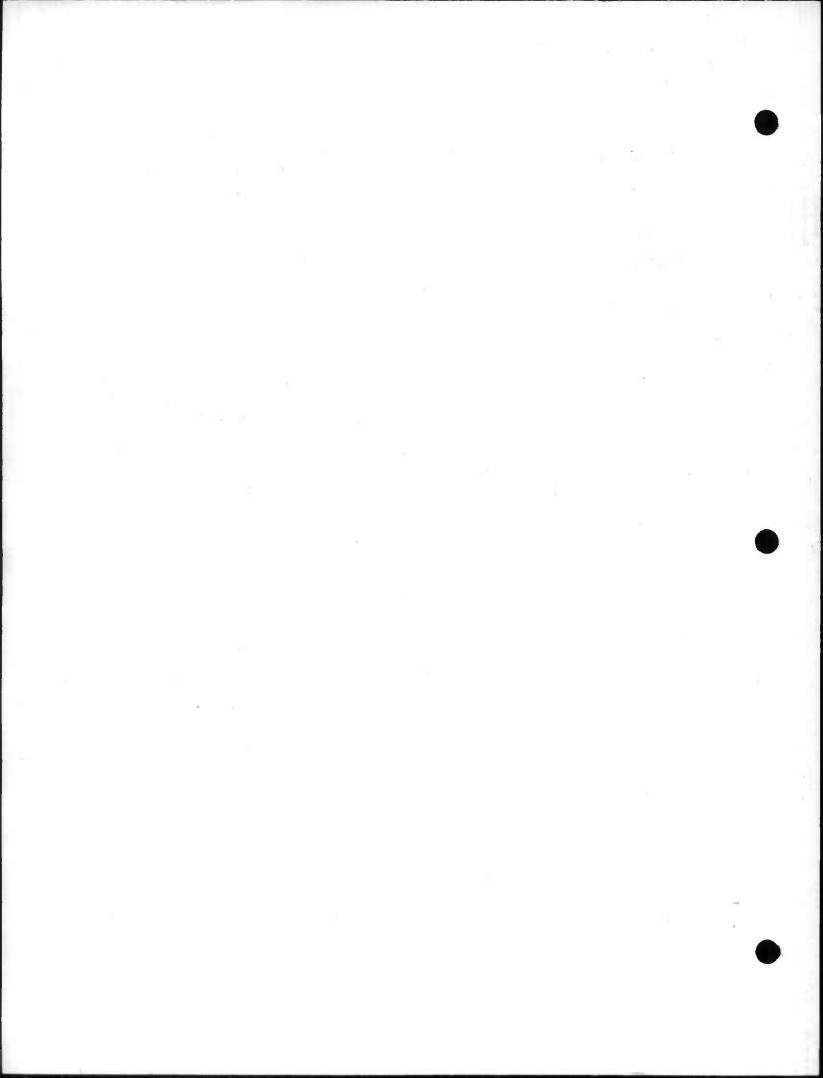
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIAIE UF I	MARYLAND / CE						MENIA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH							3. TIME OF DEATN					
1	Tda M	AE.	Sch	ulte	,				Feb		MY 1.O	YEAR Q1	1430 M
	4. SOCIAL SECURITY HUMBER	5. SEX	6. AGE (In yrs. last	st birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE	OF BIRTH		0. BIRTHP	LACE (State or Foreign		
	212-52-8543	1 🗆 M 2 💢 F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	FEB.	1, Day, Year)	1906	MAR	/LAND
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CIT	Y, TOWH C	OR LOCATION			,		HTY OF DE	
8	3606 Gibbons Ave	enue			Ba	altin	ore						
ᇈ	RESIDENCE OF DECEDENT 100. STATE 100. COUNT	~		40. 047									
DIRECTOR	MARYLAND				10c. CITY, TOWN OR LOCATION BALTIMORE				- u			10d. INSIDE CITY LIMITS? 1 V YES 2 NO	
4	10e. STREET AND NUMBER				101. ZIP CODE				10g. CITIZEN OF WHAT				
FUNERAL	3606 GIBBONS AVENUE				21214				USA			SA	
To the date and th					7 (Specify Ye	s or Ho—	14. RACE - Black.	- American Indian, White, etc.					
					Specify								
60	15. DECEDENT'S EDU	JCATIOH	16a DEC	CEDENT'S	IISHAL (OCCUPATION)N		166	. KIHD OF BU	CINECO (INC		WHITE
	(Specify only highest grade Elementary/Secondary (0-12)		(GH	ve kind of		during mo	st of working	g	100	. KIND OF BU	OINESS/INL	JOSINI	
COMPLET	12	College (1-4 or 5	*)	H	DUSE	WIFE					AT HO)ME	
g	17. FATHER'S HAME (First, Middle, Last)		1400						ME (First, I	Middle, Malder	Sumame)	DI	1546.057.57
BE (JOSEPH		KEN	INED	Y		ID/	V				Rl	JMMEY
P	19a. IHFORMAHT'S HAME (Type/Print)	מד עם								MORE,			5
	GILBERT F. KENNE	DI, JK.	20b. PLACE A					ם שאנ					
	1 N Buriel 2 Cremetion 3 Rem		NEW YORK	THE				3	3/3/9	4 BAL		City or Tow	
	21. SIGHATURE OF FUHERAL SERVICE LI	CENSEE DAIN I	HADTSO	JCK	22	HAME AN	D ADDRES	SS OF FAC	CILITY			,	
	+ Paul & D	auto ml	IIAKISK	JUK			ARD J				TMODE	- Mn	. 21214
	23. PART i. Enter the diseasea, or	complications the	it caused tha dea	ath, Do	not anta	r tha mo	de of dy	ng, such	aa care	liec or reap	iratory an	rest,	Approximata
	shock, or heert feilure. iMMEDIATE CAUSE (Finel	List only one cer	uee Dn eech line.								4		Intervel Between Onset and Death
8	disease or condition resulting in death)	. DTHAN	LAR CUST	1770	G	00	OVA	110	SIN	- DIV	1000		
	disease or condition resulting in death) a. DTHENGUENOTU CONIUNSWAN DIJENSE DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentielly liet conditions, b. Dur 70 co. as a course where a												
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A COHSEQ	NENCE O	F):								
5	CAUSE (Diseese or injury that initieted events	c. DUE TO	(OR AS A CONSEC	UENCE O	F):								
토	resulting in death) LAST	4			.*								1
		u,											1
CAL	PART ii. Other significent condition	ns contributing to	deeth but not re	esuiting	in the u	nderlyin	g cause (jiven in f	Pert i.	24a. WAS AF PERFO		/	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO
EDIC									_	1 TYES	2 NO		COMPLETION OF CAUSE OF DEATH?
2									- 1	1110	Jon.	1	YES 2 HO
AN	25. WAS CASE REFERRED TO MEDICAL			_		00.00	105.05.0			Degi	ON NO		
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpetient 3		ОТНЕ	R:	ACE OF D						
¥	27. MAHHER OF DEATN	28a. DATE OF		28b. TIN		28c. IHJ	o 5 ∭ Re	sidence (r (Specify)	H-IURY OC	CUBED	
	1 Hetural 5 Pending	(Month, E	Day, Year)		JURY	WO	RK?	но				CONLD	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE C	OF IHJURY — At hor	me, farm,	Street, fac	tory, offic			28f. LOC	ATIOH (Street	and Number	or Rural Ro	ute Number,
ETEI	4 Homicide datarmined	bullang,	atc. (Specify)						City	or Town, State)		
2	29a. CERTIFIER (Check only 1 CERTIFYING PNYS	ICIAH: To the best of	t my knowledge, des	eth occur	ed at the	time, data	and place	and due t	to the cau	rse(a) and ma	nner es sta	ted.	
29a. CERTIFFIER 1 CERTIFFIER 1 CERTIFFIER 1 CERTIFFIER 1 CERTIFFIER 2 CROSS AND 1 CONTROL OF CONTRO						ne cause(a)	and manner as stated.						
l w l	296. SIGNATURE AND TITLE OF CERTIFIE	R 0/	٨٥				29c. LICE	HSE HUM	BER		29d. DAT	E SIGNED (Month, Day, Year)
0 8	Marite 18	of None					0.0	C.M.F	Ξ		Fe	eb 26	1994
-	30. HAME AND ADDRESS OF PERSON WE	10 COMPLETED CAU	SE DF DEATH (ITEN	1 27) (Type	, Print)								
	31. DATE FILED (Month, Day, Year)	With	11	1 Pe	nn S	tree	t. B	altin	nore	Mary	land	2120	1
	MAR 0 1 1994	James Dand	AR'S SIGNATURE	L									
	MAR () 1 1934												



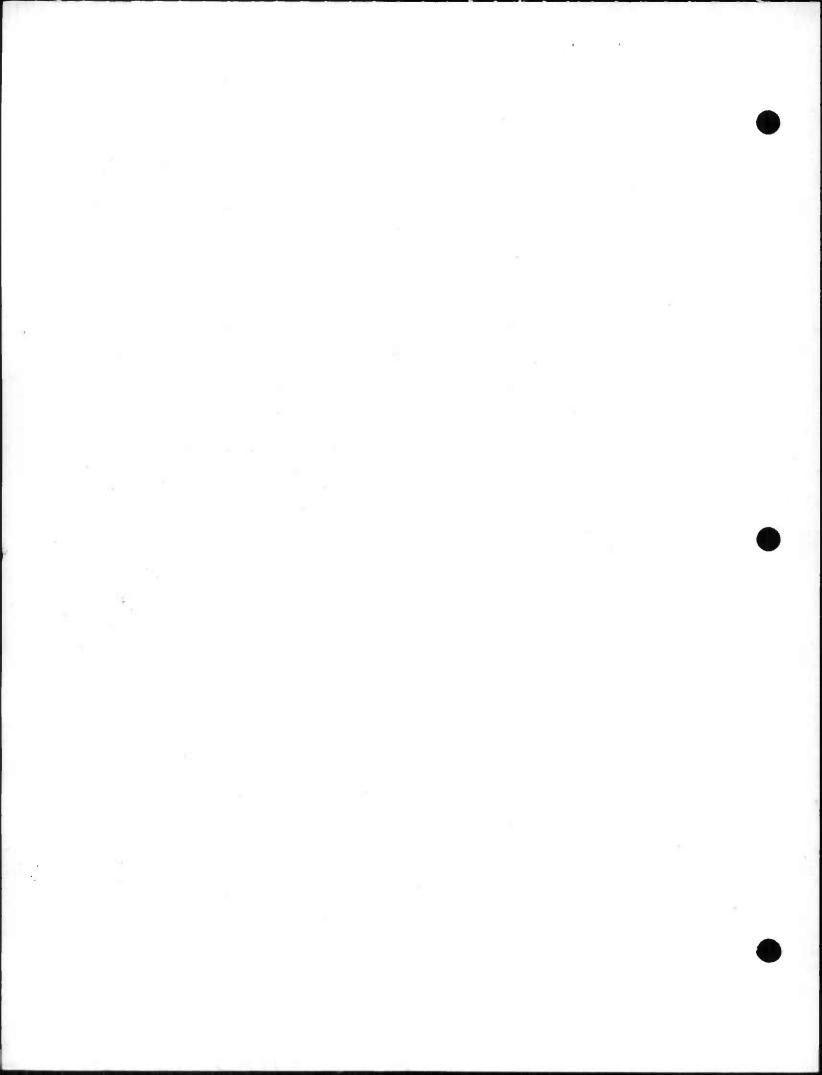
0002	TO THE HORDITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate he executed within 35 hours after death. Done 6 may be retained by the breather or strends.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE STATE OF MARYLANG				EALTH AND N DEATH	MENTAL HYGIEN REG. NO.		L,	059	56
	1. DECEDENT'S NAME (First, Middle, Last) HAZEL ELIZABETH	S	nin	ТН		2. DATE OF DEATH DATE OF BRUARY		FAR	. TIME OF DEAT	Рм
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs 1 M 2 1/2 77	s. lest birthde YRS	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN,	AUG 24,19	16 h	BIRTHPL Country) IASH I	ACE (Store or Fo INGTON	D.C.
TOR	99. FACILITY NAME (If not institution, give street end number) GOOD SAMARITAN HOSPITAL RESIDENCE OF DECEDENT		96. COUNTY OF DEATH BALTIMORE					гн		
DIRECTOR	MARYLAND 106. COUNTY		10c. CITY, TOWN OR LOCATION BALTIMORE						LIMITS?	
BY FUNERAL	4007 WHITE AVENUE APT. C-3		10f. ZIP CODE 21206			10g. CITIZEN OF			IT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If yee, specify Cuben, Mexican,			can, Puerto Rican, etc.) Black, White, etc.			White, etc.	en,	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) 12 1	8a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refred.) NURSE			N it of working	NURSING				
BE CON	17. FATHER'S NAME (First, Middle, Last) WAYLAND BLAIR CLARK				LILLIAN		WI	LLIS	3	
10	PATRICIA A. SMITH		19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 4007 WHITE AVENUE Apt. C-3 BALTIMORE, MD. 21206					5		
	1 XBuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)		VALLE	Y CE	M. 3	3/4/94 TOW		D.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOHN E. DOLAN 22. NAME AND ADDRESS OF FACILITY INC. 5305 HARFORD ROAD BA								. 21214	ļ
	23. PAPT I. Enter the diseases, or complications that caused the abook, or heert feliure. Liet only one ceuse on each IMMEDIATE CAUSE (Final disease or condition	line.	o not enter	the mod	de of dying, such	aa cardlac or reapi	ratory arrest	i,	Approximatinterval Boonset and	etween d Death
	resulting in death) a. Neumon	NSEQUENCE	OFI:						3000	7

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa Due to (or as a consequence of):									
	PART II. Other algnificant condition	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO							
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	heck only one)									
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28e. OATE OF INJURY 28b. TIME OF 28c, INJURY AT 28d. OF				ESCRIBE HOW INJURY OCCURED				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At 1 building, etc. (Specify)	nome, ferm, street, fa	281. LOCATION (Sin City or Town, Si	OCATION (Street and Number or Rural Route Number, ty or Town, State)						
	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYS 2 MEDICAL EXAMINI			1. ceuse(e) end menner ee stated.							
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Was Changes, M.D. 29c. LICENSE NUMBER PO7610 PEBRVARY 28, 1994										

The second examination around investigation, in my opinion, o	seath occurse at the time, date end place, en	or due to the couse(e) and menner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIER Man Changlen, M.D.	PO7610	PEBRUARY 28, 1994

31. DATE FILED (Month,	Daly, "Yeller)"	22 REGISTRAR'S	SIGNATURE
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60,	withil
(687	executed
\hat{a}	2
.O. BC	certificate
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2	that
REC	requires
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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
	BC
_	PITAL

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH ELIZABETH SCHWARTZ February 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 149-36-9773 DAYS HOURS 82 1 M 25 F YRS. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH Stella Maris Hospice DIRECTOR Towson RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION Maryland **Baltimore** Towson permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 302 E. Joppa Rd. funeral director, page 5 should be detached for use as the burial-transit 21204 er death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried It yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 TES 2 NO Specify BY 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complet Elementary/Secondary (0-12) College (1-4 or 5+) 4 yrs. TEACHER 17. FATHER'S NAME (First, Middle, Last) Carl D. Kautter BE notified 19e. INFORMANT'S NAME (Type/Print) William C.Schwartz pe 20a. METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 4 Donetion 5 XX ther (Specify) Mausoleum Ocean County Mem. Cons. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Item 23 shows any injury, or other traumatic event, the medical examiner 22. NAME AND ADDRESS OF FACILITY Robert M. Kratz Krah n by the fremoval. filled in by the ahock, or heart failure. List only one cause on each line. 6 IMMEDIATE CAUSE (Final cremation, and completely fi bunial, cremation disease or condition resulting in death) DUE TO (OF AS A CONSEQUENCE OF) Cancer CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 9 if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initisted eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL signed by the PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, certificate h HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 HO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? this c marked, 1 Netural м 1 YES 2 NO After the BY 2 Accident 28e. PLACE OF INJURY — At home, lerm, street, fectory, office building, etc. (Specify) 80 3 Suicide 6 Could not be COMPLETED DIRECTOR: hours after 200 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If item 2

94 7. DATE OF BIRTH (Month, Day, Year) July 17,1911 8. BIRTHPLACE (State or Foreign New York 9c. COUNTY OF OFATH Baltimore 10d. INSIDE CITY 1 TES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. White 166. KIND OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Maiden Surname) Hattie Beherendt 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) 30 Robin Ridge Ct. Baltimore,Md. 21234 20c. LOCATION - City or Town, State Toms River, New Jersey Mitchell-Wiedefeld Home Inc. 6500 York Rd. Baltimore Md. 23. PART I. Enter the diseases, or complications that caused the death To not enter the mode of dying, such as cardiac or respiratory errest, Approximate Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 NO OF DEATH? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 261, LOCATION (Street end Number or Rural Route Number, City or Town, State) 29e. CERTIFIER
(Check ank)

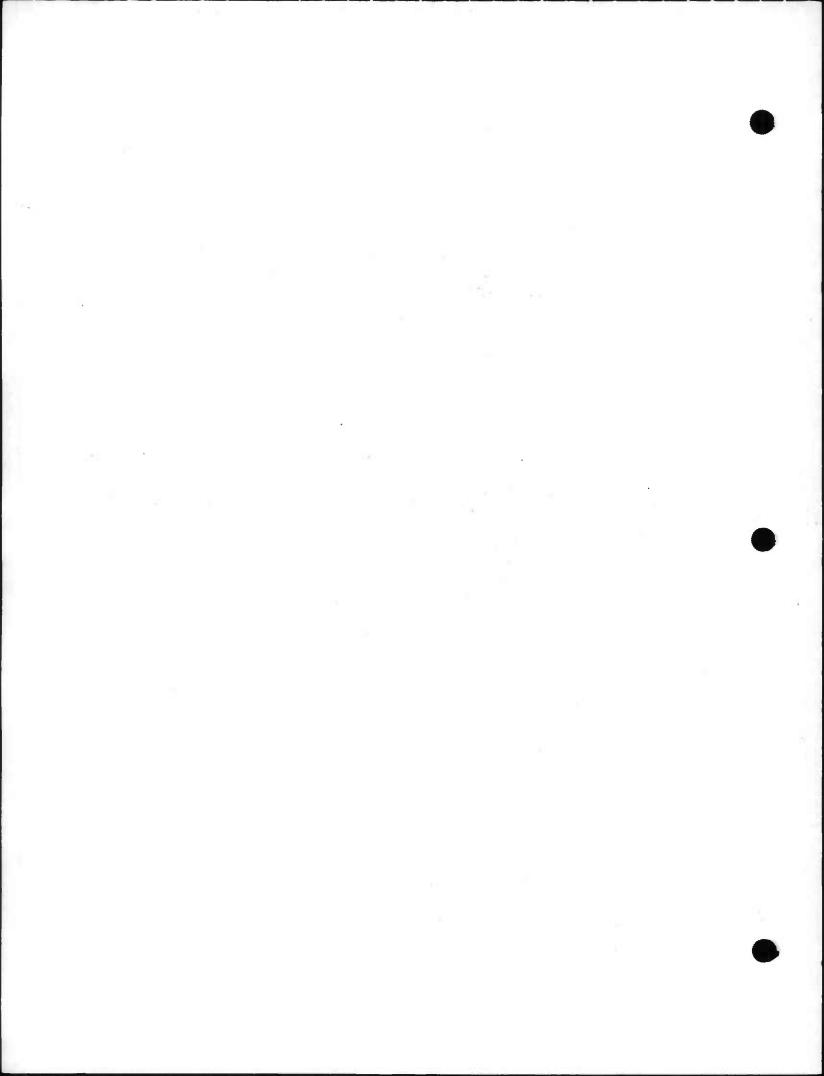
1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurad at the time, date end place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE 3254 2/28/94 much Mp 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR. Mark R. Stromberg 7505 Osler Dr. Towson, Maryland 21204 32. REGISTRAN'S SIGNATURE 31. DATE FILED (Month, Day, Year) MAR 0 1 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

94 05957

YEAR

3. TIME OF DEATH



THE INVENTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

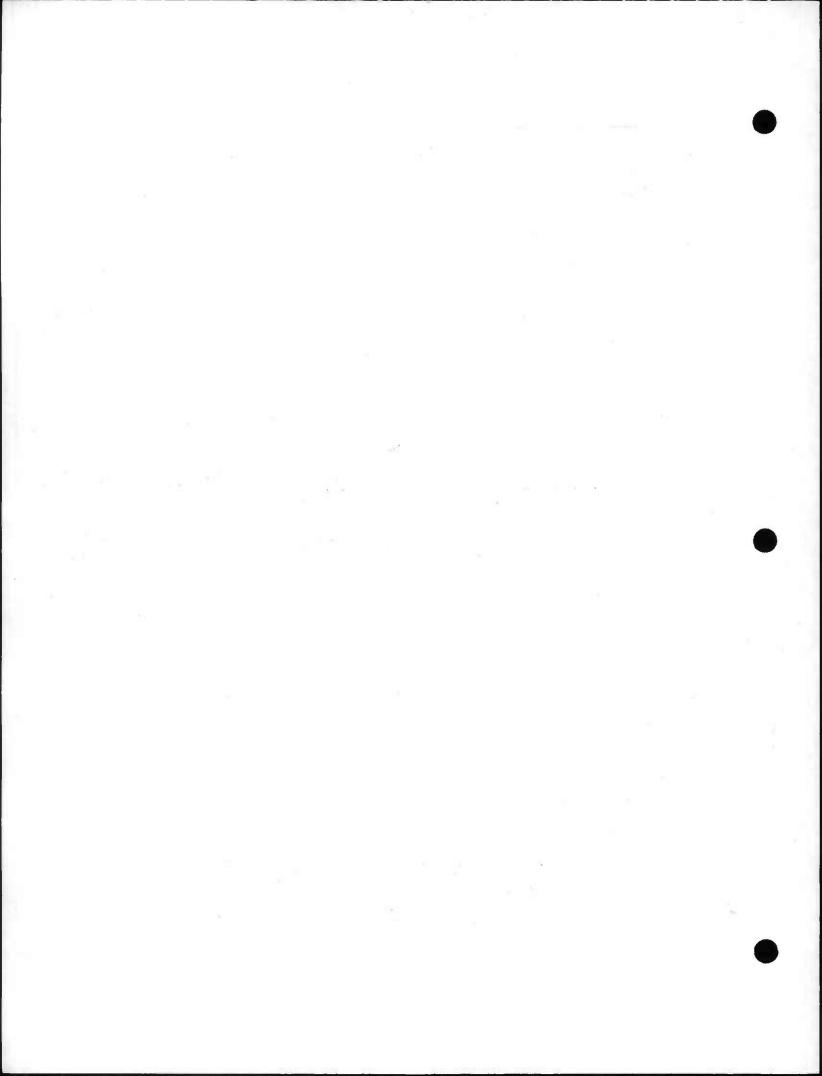
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

94 05958

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	ONG HEE SHIN				2. DATE OF DEATH		3. TIME OF DEATH				
	Bong Lee Sh					02 DA	26-94	12:39 Pm				
			'in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a, BIR	THPLACE (State or Foreign				
	None			ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 09/10/	1911 K	orea				
	9e. FACILITY NAME (If not institution, give stree			b, CITY, TOWN C	OR LOCATION OF DE		9c. COUNTY OF					
Œ	1906 Cedar Ci				nsville			imore				
СТОВ	RESIDENCE OF DECEDENT	TCIE DIIV		Cato	nsville		Dait	THOLE				
REC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY				
1 2	MD Bal	timore		Catons	ville			LIMITS? V				
	10e. STREET AND NUMBER			101	ZIP CODE		10a, CITIZEN O	F WHAT COUNTRY?				
18	1906 Cedar Ci	rolo Driv	0		21228			rea				
FUNERAL		2. WAS DECEDENT EVER IF		13 WAS DEC		IC ORIGIN? (Specify Yes		I. E.a.				
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuben, Mexice	n, Puerto Rican, etc.)	Bi	ack, White, etc.				
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DI	AIES	1 U YES	2 NO Specify	7	Sp	Oriental				
8	15. DECEDENT'S EDUCAT		16a, DECEDENT'S U	SUAL OCCUPATION	ON .	16b, KIND OF BUS	INESS/INDUSTRY					
H	(Specify only highest grade cor Elementary/Secondary (0-12)		(Give kind of wo	rk done during mo retired.)	st of working							
P	6	College (1-4 or 5 +)	Нот	emaker		Dom	estic					
TO BE COMPLET	17. FATHER'S NAME (First, Middle, Last)		110111	CHAREL	18. MOTHER'S NA	ME (First, Middle, Maiden						
m C	Sung Jae Shi	n			THE RESERVED IN	n Im Kim						
m	19e. INFORMANT'S NAME (Type/Print)	11	19h MAN ING A	DDDESS (Street o		Toute Number, City or Town	State 7to Code					
2	Jean Kye							ville, 212				
	20g, METHOD OF DISPOSITION	1 200	PLACE AND DATE OF			OATE 20c. LOC						
	1 [A Burlel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	il from State cem	netery, crematory or other	r plece)		1	-					
	21. SHINATURE OF PUNERAL SERVICE LICEN	use //	Dul	aney V	alley	2/28/94 T	imoniu	m. MD				
	22. NAME AND ADDRESS OF FACILITY Witzke, Funeral Home 1630 Edmondson Ave., Catonsville,											
	Lusseuch	right	MD. 21228									
CATION	immediate Cause (Fine) disease or condition resulting in death) Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of):											
ERTIFIC	that initiated events resulting in death) LAST	DOE TO (OR AS A	CONSEQUENCE OF):									
CEF	d											
	PART ii. Other significant conditions of	contributing to deeth b	ut not resulting in	the underlying	g cause given in			4b. WERE AUTOPSY FINDINGS				
EDICAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
								OF DEATH? 1 YES 2 NO				
Ψ.								1 123 2 1 10				
AN: MEC	25. WAS CASE REFERRED TO MEDICAL			26 01	ACE OF DEATH (Ch	ock anticone)						
SICIAN:	EXAMINER?	1OSPITAL:		OTHER:	. /							
PHYS	27. MANNEN OF DEATH	28e. OATE OF INJURY	265. TIME		6 5 Residence	6 ☐ Other (Specify) 28d. DESCRIBE HOW II	I II IDV OCCUPES					
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	RY WO	PRK?	280. DESCHIBE HOW IF	AJOHY OCCURED					
ED	3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)										
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (CARNINER: (Check only one) 2 MEDICAL EXAMINER: (Check only one)	N. To the bast of my know.						e(s) and manner as stated.				
ш	29b. SIGNATURE AND TITLE OF CERTIFIED	N-7 1	/	ma	29c. LICENSE NUM			EO (Month, Day, Year)				
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	30. NAME AND ADDRESS OF PERSON WHO LET CRAIN //	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, F	trint)	np	210	61	1				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	TURE				1					
	MAR 0 1 1994 a											



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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	9 h
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MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S HAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ARI AMELIA 34 OA STRATHEARN 94 FEB 25 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year) DAYS HOURS 1 M 2 F 089-12-2391 05-27-22 NEW YORK 9a. FACILITY HAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR DEATON HOSPITAL CENTER BALTIMORE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. IHSIDE CITY HOWARD COLUMBIA MARYLAND 1 TYES 2 7 HO FUNERAL 10e STREET AND HUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5018 WEST RUNNING BROOK ROAD 21044 U.S.A. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 1 HO IF YES, GIVE WAR OR DATES 13. WAS OECENOENT OF HISPANIC ORIGIN? (Specify Yea or No—If yee, specify Cuban, Maxican, Puerto Rican, etc.)

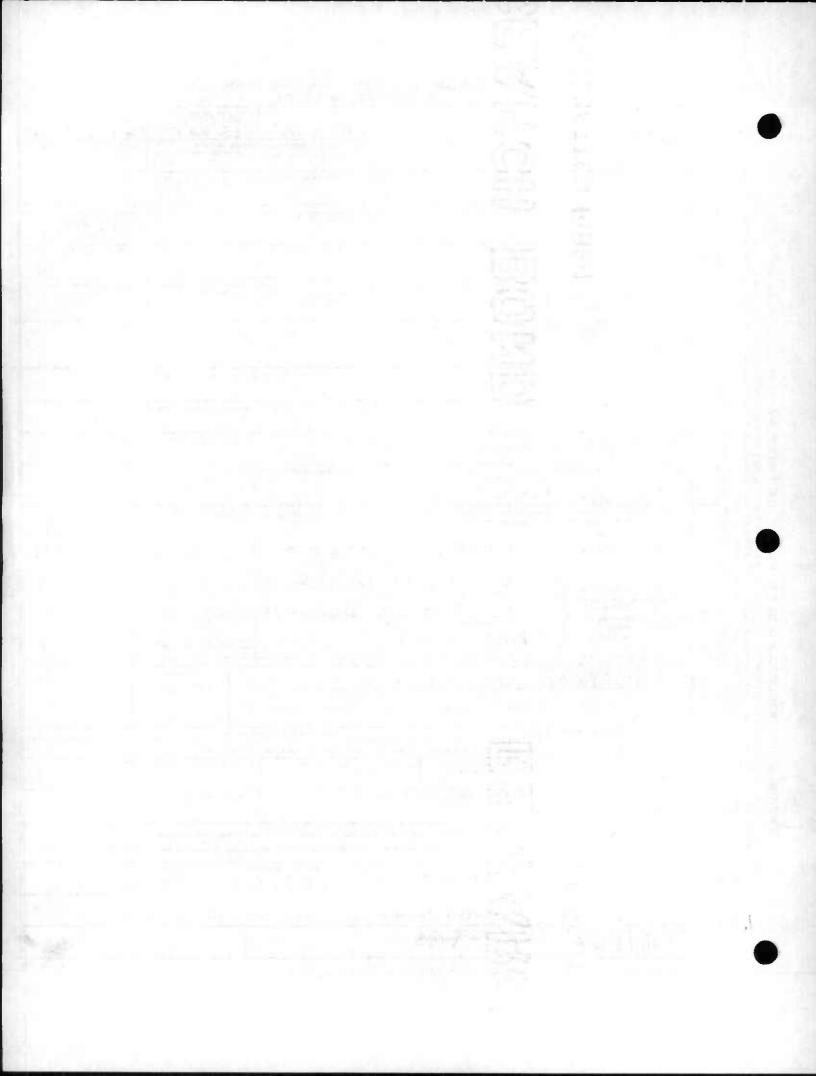
1 YES 2 HO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EOUCATION (Specify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATIOH (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIHD OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 12 SECRETARY MOBIL OIL COMPANY 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) ALFRED SCHROEDER MARGARET BECHLUFT BE 19a. INFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21044 MARYLAND CHARLES R. STRATHEARN (HUSBAND) 5018 WEST RUNNING BROOK ROAD COLUMBIA, 20a. METHOD OF DISPOSITION
1. Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AHD DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE JOHN'S CEMETERY 02/28/94 FILICOTT CITY MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Withke LEROY M & RUSSELL C WITZKE FUNERAL HOMES K. Chain 1630 FDMONDSON AVENUE CATONSVILLE MARYLAND 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Between Onset and Death IMMEDIATE CAUSE (Fine) disease or condition resulting in death) BREAST C DUE TO (OR AS A CONSEQUENCE OF): CANCE BRONCHIECTI CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING ENDENT, VENTILATOR CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): 1ALIGNANT resulting in death) LAST EURAL EFFUSION. PART II. Other algorificent conditions contributing to death but not recuiting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO INSUFFI COMPLETION OF CAUSE 1 TYES 2 NO 1 TYES 2 THO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 TYES 2 TONO 1/2 Inpatient 2 - ER/Outpatient 3 - DOA 4 Hursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF IHJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investigation 1 YES 2 HO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATIOH (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be BE COMPLETED 4 Homicide 29a. CERTIFIER
1 Discertifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occursed at the time, data and place, and due to the cause(s) and menner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MD 037833 FEB, 25,94 2 36. NAME AND ASCRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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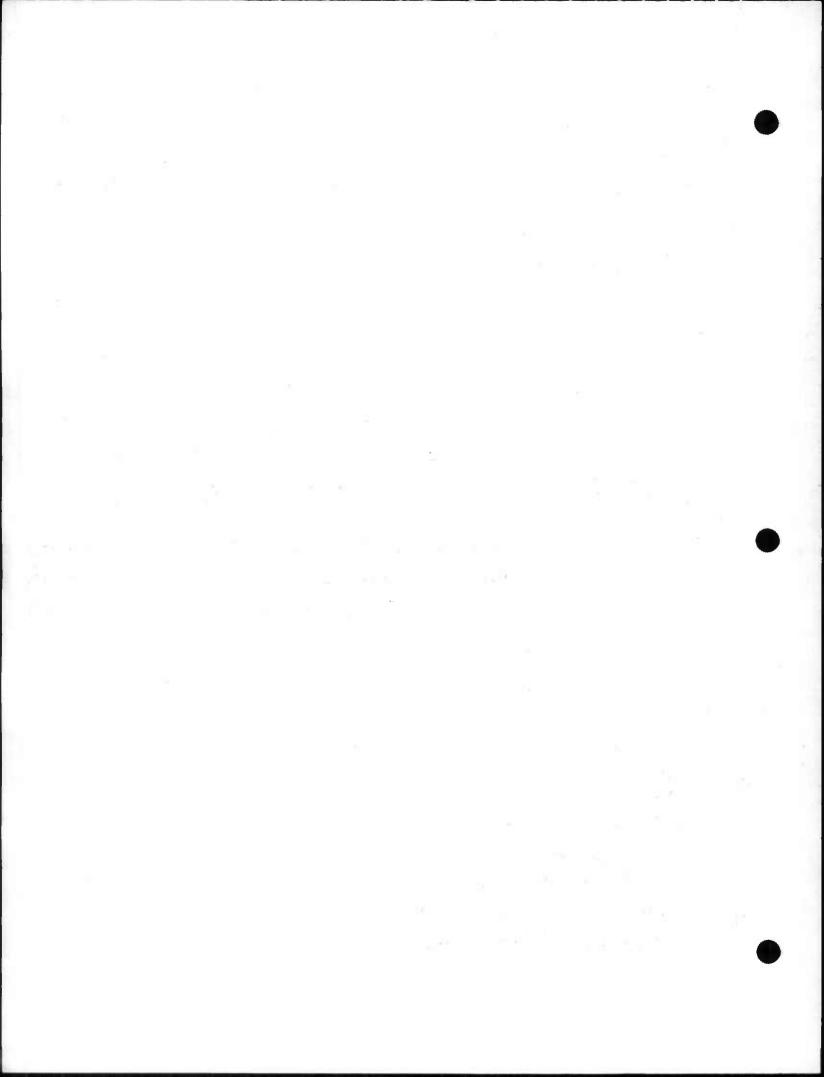
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HUBA

DEATON HOSPITAL



		1 - FOR STATE REGISTRAR	STATE OF M	IARYLA	ND / DEPAR CERTIF					ENTAL HYGIE REG. N		94	05960
		1. DECEDENT'S NAME (First, Middle, Last)									DAY	YEAR	3. TIME OF DEATH
		DANIEL 4. SOCIAL SECURITY NUMBER	LEE 5. SEX	SEVE						02 25	9		12 NOON •
		215-64-9713	1 X M 2 F	39	yrs. last birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)	e,	Country	
pino		9e. FACILITY NAME (If not institution, give		39		9b. CITY	TOWN O	R LOCATIO	ON OF DEA	08 04	54	MAH TY OF DE	RYLAND
3 should	R	3335 PAINE STRI				00.011		TIMO			9c. COOF		-
1, 2,	5	RESIDENCE OF DECEDENT											
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permit. Pages		MARY LAND 100. STREET AND NUMBER				ALTI	_	ZIP CODE	F		10a CITI	ZEN OF W	1X YES 2 NO
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020 physician. burial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN	U.S. ARMED	13.	WAS DEC	ENDENT O	F HISPANI	ORIGIN? (Specify Y	es or No—	14. RACE	- American Indian.
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AND the hospit detached	<u>ō</u>	17. FATHER'S NAME (First, Middle, Last)							HER'S NAM	E (First, Middle, Maide	n Surneme)		
MARYL retained by t 5 should be notified at	BE	KENNETH G. SE	VERN							RINE STE			
MARYLAND retained by the hospit should be detached notified at once.	2	190. INFORMANT'S NAME (Type/Print) GLORIA SEVERN								AT III TAGE			07.011
		20a. METHOD OF DISPOSITION		20b E	PLACE AND DATE				EI, E	ALTIMORE 20c, L	OCATION -		
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ALTIMORE, leath. Page 6 may be tuneral director, page xaminer must be		21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		i i	22.	NAME AN		SS OF FACI	LITY			2121
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by by		23. PART I. Enter the diseases, or	complications that	caused	the death. Do	not enter	the mo	de of dyl	ng, such	as cardiac or res	piratory arr	eat,	Approximate
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t t		disease or condition resulting in death)	Res	pra	mory	FR	3,)4	20					munk
68760 ecuted with the complex burial, creating affice even			DUE TO (OR AS A	CONSEQUENCE O	F):							
executed executed to burial, matic e	ON ON	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A C	CONSEQUENCE O		500	-7					3month
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the d the d Me		PART II. Other significent condition	ne contributing to	death but	t not resulting	In the un	derlying	ceuee g	jiven in P	art I. 24e. WAS A	N AUTOPSY DRMED?		WERE AUTOPSY FINDINGS
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RECOI requires that been signed of Health a	ME												1 YE\$ 2 NO
law law bept 23	AN.	25. WAS CASE REFERRED TO MEDICAL											
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0 55 P	PHYS	27. MANNER OF DEATH	28e. DATE OF	INJURY	26b, TIN	E OF	28c. INJ	URY AT		Other (Specify) 28d. DESCRIBE HOW	INJURY OCC	URED	
NG PHYS ther this coath with marked,	ВУ Р	1 Natural 5 Periding 2 Accident Investigation	(Month, Da	ry, Year)	IN.	IURY M		RK? 'ES 2	NO				
O D A D W	ED E	3 Suicide 8 Could not be	28e. PLACE OF building, e	INJURY -	- At home, term,	atrast, tact	ory, office			28t, LOCATION (Stree City or Town, State		or Aural Ad	oute Number,
NATTEN THECTOR: THEM 28 I	ET	4 Homicide determined				*							
9	APL		SICIAN: To the best of r										
(All	сомь	2 MEDICAL EXAMIN	ER: On the beele of ex	amination	and/or investigation	on, In my o	pinion, de	eath occur	ed at the ti	me, date and place, e	end due to the	e CRUSe(e)	end menner ee atated.
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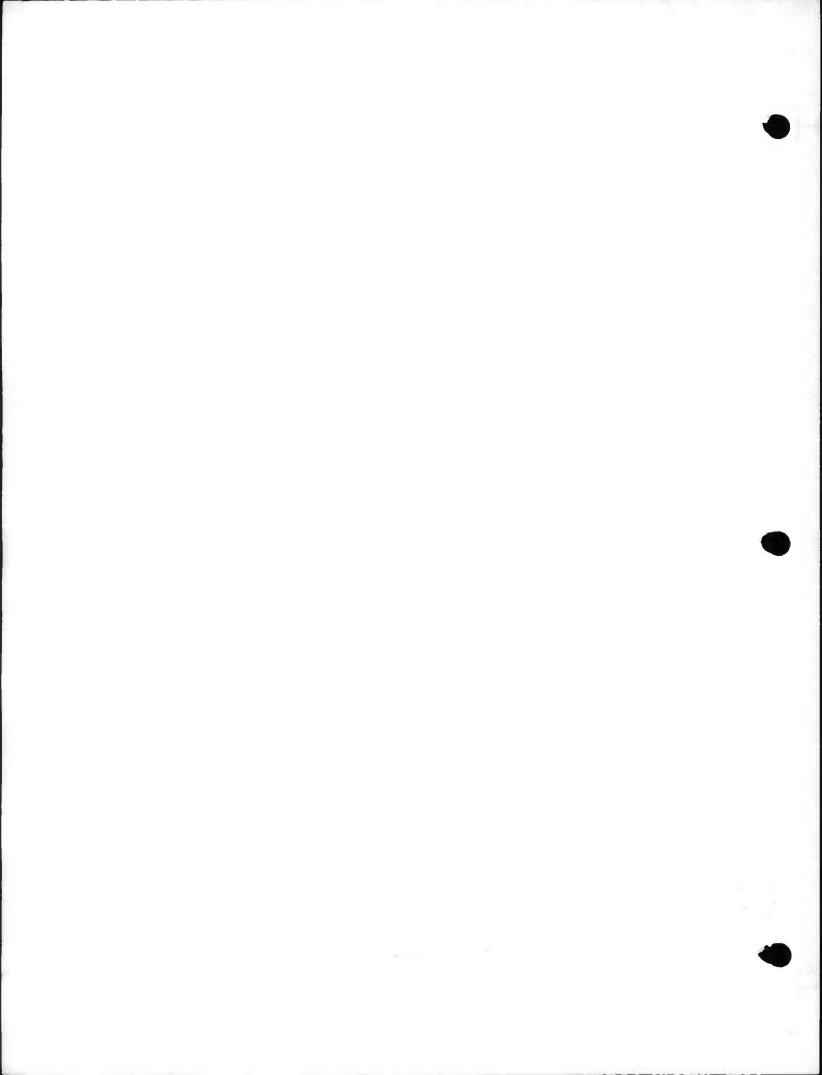


HYSICIAN: The law requires that the death certificate be executed within 2. Vurs after death, Page 6 may be retained by the hospital or attending physician.	ertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	tion, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
te be executed within	sician and completely	th the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	traumatic event,
death certificat	ne attending phy	Mental Hygiene p	ury, or other
equires that the	en signed by th	of Health and N	hows any in
IAN: The law r	tificate has be	e State Dept.	or item 23 s
NOING PHYSIC	R. After this cei	or death with the	is marked,
OR ATTE	DIRECTOR	hours after	item 28
HOSPITAL	E FUNERAL	C uithin 72	MITANT: IF

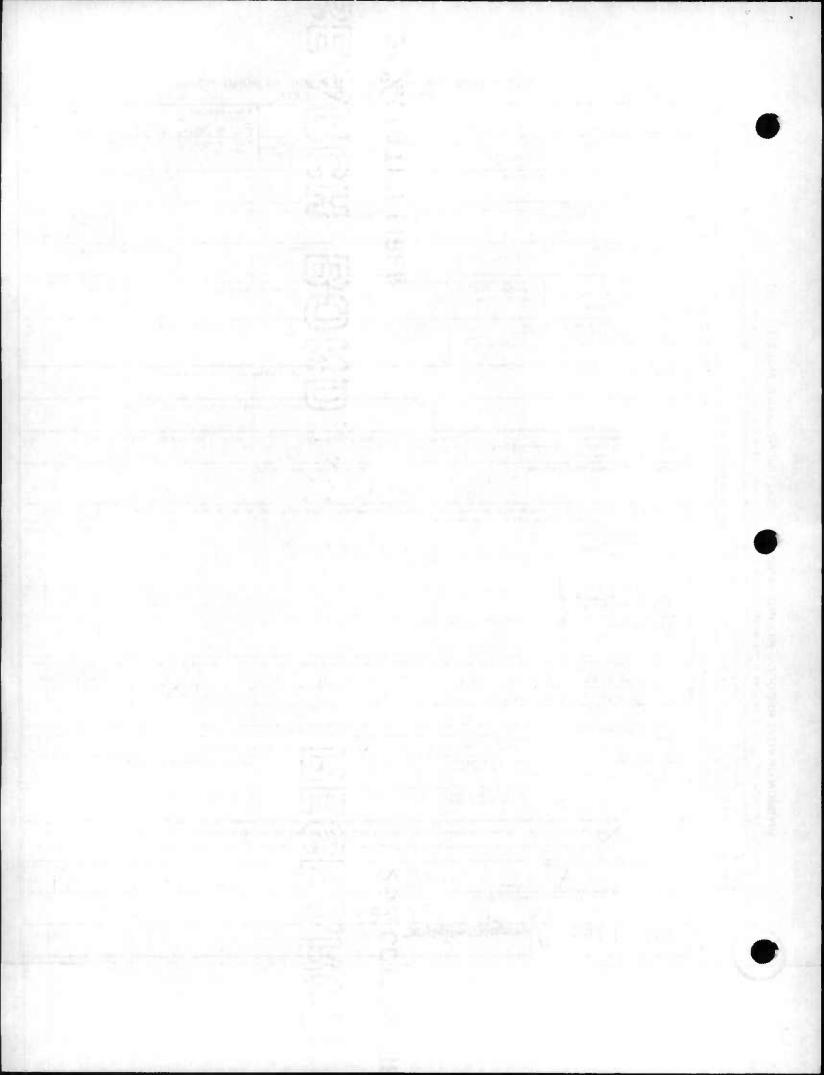
31. DATE FILED (Month, Day, Year)
MAR 0 1 1994

32. BEGISTRAR'S STONATURE
Julia Deviden Pandare

	FOR		STATE OF A	AADVI AND	/ DEDAG	TMEN	T OF U	JEALTU	AND	MEN	TAL HYGIEN	-	94	05961
	1 - STATE REGISTRAR		SIAIL OF I	C	ERTIF	ICAT	E OF	DEA	TH	MEN	REG. NO.	Ė		
	1. DECEDENT'S NAME (First	, Middle, Last)						DEA		2. D	ATE OF DEATH			3. TIME OF CHATH
	CHARL	ES	W.	STROD	TMAN	1				1	WITH DAY J	1/ 10	YEAR	200
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. le:	st birthday)	IF LINDS	R 1 YEAR	IE IMOEI	R 24 HRS.	7.0	ATE OF BURTH	7/17	94	PLACE (State or Foreign
	212-44-661	2	12 M 2 F	50	YRS.	MONTHS		HOURS	MIN.	(A	fonth, Day, Year)	10	Country	Maryland
	9a. FACILITY NAME (If not in			30						_	nuary 29		4	Maryland
CC						96. CIT		OR LOCATI	ION OF DE	EATN		9c. COU	NTY OF DE	
6	St. Joseph	1'S HOS	spital				Tows	son					Balt	.0.
DIRECTOR	10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
1 8	Maryland	,	Balto.		,	h	ervil	110					- 1	LIMITS?
	10e. STREET AND NUMBER		barto.		1 1	JU CIII	_	L ZIP COD				10. 017	1751 05 11	1 YES 2 NO
FUNERAL			- 7				"		_			10g. CI1		HAT COUNTRY?
2	5 West	bury I	12. WAS DECEDEN					2109						S.A.
	1 Never Married 2	Married	FORCES? 1	YES 2 X		13.	. WAS DEC	ENDENT C	OF HISPAN Iл, Mexica	IIC OR	IGIN? (Specify Yes	or No-	14. RACE Black	- American Indian, White, etc.
	3 Widowed 4 Divo		IF YES, GIVE W	AR OR DATES			1 TYES	2 💢 ND	Specify	<i>(</i> :			Specif	White
	15 DEC	EDENT'S EDU	CATION	16a D6	ECEDENT'S	1101141 (NOOLIBATIO	201						WILLCC
	(Specify only	y highest grade	completed)	(G	No NOT u	work done	during mo	st of working	ng		16b. KIND OF BUS	INESS/INI	DUSTRY	
1 7	Elementary/Secondary (0	3-12)	College (1-4 or 5 a	.)	rogra			ei e			Comr	11+02		
COMPLETED	17. FATHER'S NAME (First, M	Siririla (aat)	ىلە	E.	rogra	ull A	пату					uter	. 5	
			- d +					1			rst, Middle, Maiden			
8	Charles B		odullan								e M. Nor			
2				19					r or Rurel I	Poute /	Number, City or Town	, State, Zip	Code)	
	Charles B		odtman				as .							
	20a. METHOD OF DISPOSITE 1 D Burial 2 D Crematio	on 3 🗆 Rem	oval from Stata	cometary, cre	PLACE AND DATE OF DISPOSITION (Name of lary, oremetory or other place) Largey Valley Mem. Grdns 2/28,								City or Tox	
11	4 Donation 5 Donation			Dulan	ey Va							imor	nium	, Md.
	21. SIGNATURE OF FUNERA	L BERVIGE LI	CENSUR /	, 1/		22	. NAME AN	ND ADDRE	SS OF FA	CILITY		1		1004
	1 Touch	(.	Malu	h.		1	, .		-		1050 Yo			1204
	23. PART i. Enter the di	iseasea, or	complications the	t caused the de	eath. Do i	not ante	the mo	de of dv	ing such	Funeral Home, Inc., such as cardiac or reapiratory arrest, Approximate				
	snock, or na	aart laliure.	List only one cau	se on each line	a. /	iot unito		uu oi uj	mig, suc		various or reapi	atory ar	rest,	Approximata interval Between
	IMMEDIATE CAUSE (Findisease or condition	nai	//	/ -	1d	-/	_	1	- 1		relec			Onset and Death
	resulting in death)	→	all	DR AS A CONSE	110	SAI	121	ory		4	elee	re		
			DOE TO	(DH AS A CONSE	QUENCE D	F)://								
8	Sequentially list conditi		b. DUE TO	OR AS A CONSE	OUENCE O	D.								
F	if any, leading to immed cause. Enter UNDERLY!		502 10	(OH AS A CONSE	QUENCE O	r):								
임	CAUSE (Disease or inju		C. OHE TO	(DR AS A CDNSE	OUENOE D	B.								_
Ē	that initiated events resulting in death) LAS	Т	002 10	IDH AS A CDRSE	GOENCE D	r):								
CERTIFICATION			d											
1 - 1	PART ii. Other significa	condition	a contributing to	daath but not i	reaulting	in the u	nderlying	causa (given in	Part i	. 24a. WAS AN	NUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL		10	ati Po	1 7	no	a.	lee				PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
	,				120	Meles					1 TYES 2	NO		OF DEATH?
														1 TES 2 NO
SICIAN:	25. WAS CASE REFERRED TO	0.14501041												
힐	EXAMINER	O MEDICAL	HOSPITAL:			OTHE		ACE DF D	EATN (Ch	eck onl	y one)			
ΥS	1 YES 2 NO		1 Inpatient 2 E		_	4 🗆 Nu		e 5 □ Re	esidenca	6 🗆 C	Other (Specify)			
PHY	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIM	E OF	28c. INJ WO	URY AT		28d.	DESCRIBE HOW IN	JURY OC	CURED	
B		Pending Investigation				М	1 🗆 1	YES 2 [ND					
		Could not be	28a. PLACE O building,	F INJURY — At he atc. (Specify)	ome, ferm,	street, fac	tory, office	•		261, 1	LOCATION (Street as City or Town, State)	nd Number	or Rural A	oute Number,
ETE	4 Homicide	determined		- V-W						·				
12	29e. CERTIFIER (Check only 1 CERT	IFYING PHYSI	CIAN: To the beat of	my knowledge, de	ath occurr	ed at the	time, dete	end place	, end due	to the	cause(s) and man	ner as atal	led.	
COMPL														and menner as stated.
	250. SIGNATERE AND STLE			1										
H	Mah	1h	200	1		101	1,	4.4	ENSE NUM	O-		29d. DAT	E SIGNED	(Month, Day, Year)
12	software our abspect to	E DEBECON WA	Account even carry	10-11	MI	All le	1/4	14)	U	15	355	- 2	>	49

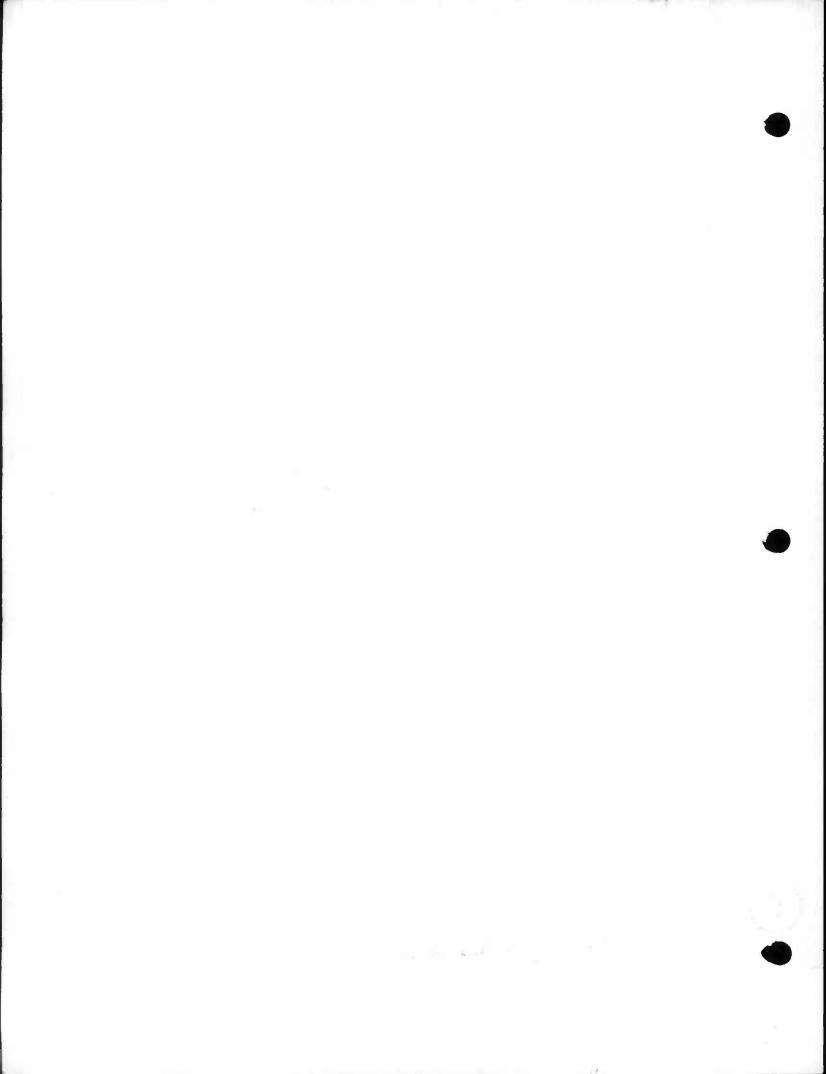


	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. lest birth	MONTHS	ER 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF (Month, L	Day, Year)		8. BIRTHPLI Country)	NCE (State
	24401-3244	1 □ M 2 🔀 F	88 YF	RS.				Jan.	13,19		North	
œ	Se. FACILITY NAME (If not institution, give					OR LOCATI		ATN			TY OF DEAT	
ECTOR	Medbridge Medica	1 & Physic	al Rehab.		NOS	2 A 7 T 1	LE	Baltimor				
REC	10e. STATE 10b. COUNT	TY	100	CITY, TOWN	OR LOCA	TION					10	d. INSIDE
DIR.		altimore		Rossv	ille						11	YES 2
AAL	100. STREET AND NUMBER 6600 Ridge R	Loa			10	1. ZIP COD	-		10g. CITIZEN OF WI			T COUNTE
FUNERAL	11. MARITAL STATUS		EVER IN U.S. ARMED				21237				U.S	
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced		YES 2 NO									American htte, etc.
LED	15. DECEDENT'S ED (Specify only highest gred			NT'S USUAL			Ina	16b. K	IND OF BUS	SINESS/INDU	JSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille Do N	OT use retired.)							
ME	12th GRade		Но	me Mal	ter	1						
	17. FATHER'S NAME (First, Middle, Last) Thomas Hawk:	ine				16. MOT		ME (First, Mid				
BE	19e. INFORMANT'S NAME (Type/Print)	THO	10h MAI	ILING ADDRES	SS (Street	and Numbe	Anni		oolar		Cortel	
5	Helen L. Fields	c		7 Wil]								16
	20e. METHOD OF DISPOSITION		20b. PLACE AND D	ATE OF DISPO	SITION (N		venu	OATE				
	20b. METHOD OF DISPOSITION 1 St Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place) Lakeview Memorial Park 2-28 Sykesville, I										le, M	aryl
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 6415 BElair											
	John C. Miller Inc. Baltimore, Md.											
NC	IMMEDIATE CAUSE (Final disease or condition resulting in death)	b	on and line. Miradion OR AS A CONSEQUENCE	CE OF):	eun	ode of dy						Interv
RTIFICATION	disease or condition	bDUE TO (miration	CE OF):	eun							Interv
MEDICAL CERTIFICATION	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	Miradion OR AS A CONSEQUENC OR AS A CONSEQUENC	CE OF): CE OF): CE OF):	underlyin	n o m	ia.	Part I. 2	40. WAS AN PERFOR		24b. Wi	Interv Onset
MEDICAL	Sequentially list conditions, if any, laeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of the conditions of the cause of the ca	b	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE death but not result	CE OF): CE OF): CE OF):	underlyin V 1	nom	given in	Part I. 2	PERFOR	MED?	24b. Wi	Approintervi
SICIAN: MEDICAL	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algoriticant conditions of the conditio	DUE TO (1) c. DUE TO (1) d. Due To (1) phona contributing to (2) phonal contributing to (3) phonal contributing to (4)	Miradion OR AS A CONSEQUENCY OR AS A CONSEQUENCY OR AS A CONSEQUENCY death but not result ia: A Curcular	CE OF): CE OF): CE OF): Ling in the tell of the tel	underlyin V 1 28. Pi	n o m	given in	Part I. 2	PERFOR	MED?	24b. Wi	Intervi Onset
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ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algoriticant conditions are suiting in death) LAST PART II. Other algoriticant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	DUE TO (1) DUE TO (1) DUE TO (1) DONA CONTRIBUTING TO CO DONAL CONTRIBUTION HOSPITAL: 1 Inpution 2 28e. DATE OF (Month, Dec.) 28e. PLACE OF	Miradion OR AS A CONSEQUENCY OR AS A CONSEQUENCY death but not result in A Currular ER/Outpatient 3 D D INJURY 296	CE OF): CE OF): CE OF): CE OF): CE OF): CE OF): CIND IN THE UNITED THE	28. P.ER: uraing Hon 28c. IN. 1	I O M	given in	Part I. 2 1 1 2 eck only one) 6 Other (c) 28d. DESCI	PERFOR	NO NO	24b. WI AM COO OF 1	Interv Onset
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, laeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are suiting in death) LAST PART II. Other algnificant conditions are suiting in death) LAST PART II. Other algnificant conditions are suiting in death) LAST PART II. Other algnificant conditions are suiting in death) LAST PART II. Other algnificant conditions are suiting in death) LAST PART II. Other algnificant conditions are suiting in death are suitin	DUE TO (1) DUE TO (1) DUE TO (1) DONA CONTRIBUTING TO CO DONAL CONTRIBUTION HOSPITAL: 1 Inpution 2 28e. DATE OF (Month, Dec.) 28e. PLACE OF	OR AS A CONSEQUENCE OR AS	CE OF): CE OF): CE OF): CE OF): CE OF): CO OT HE OF INJURY M erm, street, fa	28. Pi ER: ursing Hon 28c. IN. 1 actory, office	PLACE OF (Interpretation of the Control of the Cont	given in DEATH (Chiesidence NO	Part I. 2 11 2eck only one) 6 Other (c) 28d. DESCI 28f. LOCAT City or	PERFOR YES Specify) Specify) ION (Street of Town, State)	NJURY Occi	24b. WII AND CC OF 1 1 URED OF Rural Routed and Add.	Intervionset
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition	DUE TO (1) c. DUE TO (1) d. DUE TO	OR AS A CONSEQUENCE OR AS	CE OF): CE OF): CE OF): CE OF): CE OF): CE OF): CO OTHER OA	28. Pi ER: ursing Hon 28c. IN. 1 actory, office	PLACE OF E	given in DEATH (Chiesidence NO	Part I. 2 11 eck only one) 6 Other (c) 28d. DESCI to the cause time, date ar	PERFOR YES Specify) Specify) ION (Street of Town, State)	NJURY OCCI	24b. WII AND CC OF 1 1 URED OF Rural Routed and Add.	Intervion on set
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions or sulting in death and initiated events resulting in death) LAST PART II. Other algnificant conditions or sulting in death and initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation and investigation and investigation determined examined. 29e. CERTIFIER (Check only one) MEDICAL EXAMINERY (Check only one) MEDICAL EXAMINERY (Check only one) MEDICAL EXAMINERY (CHECK ONLY ONE)	DUE TO (1) DUE TO	OR AS A CONSEQUENCE OR AS	CE OF): CE	28. Pi ER: ursing Hon 28c. IN. W 1 ctory, office time, date	PLACE OF Come 5 R JURY AT ORK? YES 2 Come end place death occur	given in DEATH (Ch lealdence no no no no no no no no no n	Part I. 2 11 eck only one) 6 Other (City or City or City or MBER	PERFOR YES Specify) Specify) ION (Street of Town, State)	NJURY OCCI	24b. WI AN CC OF 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Intervionset In



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A	ECT	S	П 2
5	9	Po	ie
JOH IAL ON ALLENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending phy	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bui	thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	NT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	NE	thin	Ë

	1 - FOR STATE REGISTRAR	E OF MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND I	MENTAL HYGIENE 9	4 05963
1	1. DECEDENT'S NAME (First, Middle, Lest)			2. DATE OF DEATH	3. TIME OF DEATH
	EDNA SHIPLE	y Edna Mary S	hipley	MONTH DAY	94 7:50 P.M
ļ	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday) IF I		7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	214-14-5627 10H		THE DAYS HOURS MIN.	03-02-05	Maryland
~	9a. FACILITY NAME (If not institution, give street and nu	,	CITY, TOWN OR LOCATION OF DE	ATH 9c. COUR	ITY OF DEATH
DIRECTOR	TCHMS HOPKINS GEN	CTA 1	BALTIMORE C	iTy	
E C	10a. STATE 10b. COUNTY		WN OR LOCATION		10d. INSIDE CITY
2	MD	BAL	TIMORE CI	7~1	YES 2 NO
AL	10e. STREET AND NUMBER		10f. ZIP CODE		ZEN OF WHAT COUNTRY?
FUNERAL	3406 Ramona Avenue	2	21	213	United States
5	11. MARITAL STATUS 12. WAS I	DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN	IC ORIGIN? (Specify Yes or No	14. RACE — American Indian, Black, White, atc.
ВУ		S, GIVE WAR OR OATES	If yes, specify Cuban, Mexicar 1 YES 2 NO Specify		
	15. DECEDENT'S EDUCATION				WHITE
	(Specify only highest grade completed)	His Do MOT use mil	done during most of working	16b. KIND OF BUSINESS/IND	USTRY
P	Elementary/Secondary (0-12) College 1 Oth Grade	(1-4 or 5+) Retail	,	Hankt Com	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Reaut	16. MOTHER'S NAM	Hecht Cor AE (First, Middle, Maiden Surname)	ipariy
BE C	Sidnor Fore		ı	ta White	
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD		oute Number, City or Town, State, Zip	Code)
2	Lunda Fore	7707	Charlesmont Ro	ad Dundalk. Mo	cruland 21222
	20e. METHOD OF DISPOSITION 1 [X] Burlel 2 Cremetion 3 Removal from:	20h PLACEAND DATE OF DE	SPOSITION /Name of	DATE 200 LOCATION (Marian Tours Chats
	4 Donation 8 Other (Specify)	Parkwood C	emetery 2/26/	1994 Baltin	nore. Maryland
	21. SIGNATURE OF FUNERAL TIENVICE LICENSEE	0111	22. NAME AND ADDRESS OF FAC	neral Home of 1	
	· Chally . To	she !	7922 Wise Aug	2. Dundalk. Mo	ruland 21222
	23. PART I. Enter the disesses, or complication shock, or heart feilure. List only	one that caused the deeth. Do not a	nter the mode of dying, such	as cerdiec or respiratory arm	est, Approximate
Ì	IMMEDIATE CAUSE (Final	one cause on each line,			Onset and Death
İ	disesse or condition resulting in death)	EPSI'S			
- 1	2	DUE TO (OR AS A CONSEQUENCE OF):			
ON		MENTI'A DUE TO (OR AS A CONSEQUENCE OF):			
ΙΨ	if any, leading to immediate cause. Enter UNDERLYING	OUL TO (OH AS A CONSEQUENCE OF):			i
띮	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A CONSEQUENCE OF):			
CERTIFICATION	resulting in deeth) LAST				
	PART II. Other significent conditions contribu	uting to death but not resulting in the			
CAL	ATRIAL FIBRIL	((T() A)	e underlying ceuse given in F	PERFORMEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
EDI	ATRIAL FIBRILL SACLAL DECUBI	Tun Tun		1 TES 2 NO	OF DEATH?
Σ	3,104,12 9,000,17	143		-	1 TES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF OEATH (Che	ak ante and	
Sic	EXAMINER? 1 YES 2 YO 1 Input		HER:		
Ŧ	27. MANNER OF DEATH 28a.	DATE OF INJURY 28b. TIME OF	Rursing Home 5 ☐ Residence 8	28d. DESCRIBE HOW INJURY OCC	URED
ВУ Р	1 QN Netural 5 Pending	(Month, Day, Year) INJURY	WORK? M 1 YES 2 NO		
	3 Suicide & Could and be 28e.	PLACE OF INJURY — At home, farm, street, building, etc. (Specify)	factory, office	281. LOCATION (Street and Number	or Rurel Route Number,
E I	4 Homicide determined			City or Town, Stete)	
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the	e best of my knowledge, death occurred at	the time, data and place, and due t	o the cause(s) and manner as state	d.
∑		eels of examination end/or investigation, in			
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	2 00	29c, LICENSE NUMI		SIGNED (Month, Day, Year)
10 B	Imm	Hur	- D410	155 1:	2.25.94
F	30. NAME AND AGORESS OF PERSON WHO COMPLET	TED CAUSE OF DEATH (ITEM 27) (Type, Print)			
	31. DATE MAR 0 1 1994	SIGNATURE	-		



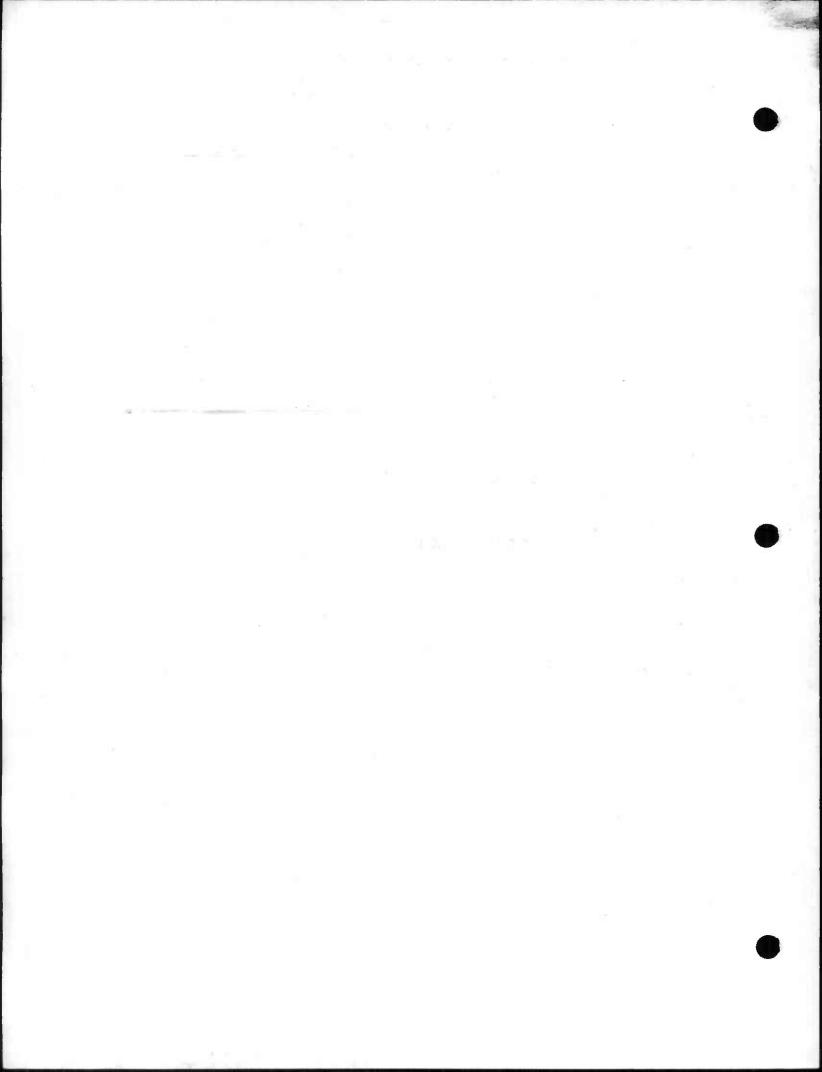
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Hygher prior to burial, cremation, or removal.

IMPORTABLY: If Jam 28 is marked, or Health 23 shows any injury, or other trainmable event, the medical examiner must be negligible at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

94-925-510 ITEMS: 24a,24b, PER MEO ITEMS: 7 & 19b, PER F.H. FILM G-709 3/30/94 t.t ITEMS: 23 PART I, II, 27, 28a-f, PER MEO FILM G-709 3/11/94 t.t. Item # 1 Film # G 708 2-28-94 N.A. Per. Funeral Home

	1 - STATE REGISTRAR	STATE UP N	/ MARYLAND Ce			E OF				TYGIENI REG. NO.	E	94	05964
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH
	CLIFFON THOMA: 4. SOCIAL SECURITY NUMBER	Clifton	8. AGE (In yrs. las	s Jr.	IF UNDER		IF UNDER		FEB	24		94	3:12 A M
	219-56-4193	1) M 2 F	41	YRS.	MONTHS	-	HOURS	MIN,	(Month, D	ay, Year)		Country	PLACE (State or Foreign) /LAND
	9a. FACILITY NAME (If not institution, give				9b. CITY	r, TOWN OF			ATH	L-JL	9c. COU	NTY OF DE	
OR O	HARBOR HOSPITAL					BALT	'IMOI	RE (CITY			n/a	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT		10c. CIT	Y, TOWN	OR LOCATIO	ON						10d. INSIDE CITY	
	MARYLAND				BALT	IMOR	RE					Y LIMITS?	
FUNERAL	100. STREET AND NUMBER 2590 MARBOURNE					ZIP COD					ZEN OF W	STATES	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEOEN FORCES? 1 IF YES, GIVE W	YES 2 X N	MED			offy Cuba	n, Maxica	NIC ORIGIN? (S n, Puerto Rica y:		or No-	Black	- American Indian, White, atc.
8	15. DECEDENT'S EDU (Specify only highest grade		16e. DE	CEDENT'S	USUAL O	CCUPATION during most	V and a complete		16b, KII	ND OF BUS	SINESS/INC	USTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +	life.	IEL DE	se retired.)	during most	OF WORK	79	TAT	E E1	ICINE	CDIM	G CO.
P M	17. FATHER'S NAME (First, Middle, Last)		, v	LLUL	. 17		10 MOT	HED'S MA	ME (First, Midd			CKIN	G CO.
l w	CLIFTON E. THOM	MAS SR.							FRA		Gumanney		
TO B	196. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRES	s.6800	N. F	HIGH S	ST. WO	RTHIN	GTON,	0H10	43085
	JEAN FRAZIER		-2	701	SOUT	_		1444	nide y b	_			
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	oval from State		206. PLACE AND DATE OF DISPOSITION (Name of GREEN MOUNTED PLACE). CEMETERY						OATE 20c. LOCATION — City or Town, S BALTIMORE, MA			
	21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE	GITTEL	22. NAME AND AGORESS OF FACI									
9	Almot	to K.	- Show	2	\ \	VM. C	. MA	ARCH	FH1	101 E	E. NO	RTH	AVENUE
NO	disease or condition resulting in death) a. COCAINE INTOXICATION OUE TO (OR AS A CONSEQUENCE OF):										Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
CALC	PART II. Other algnificant condition	na contributing to	death but not re	esuiting	in the u	nderlying	cause	given in	Part I. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDI	NARCOTIC USE									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ((())YES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:					CE OF D	EATH (Ch	eck only one)				
PHYSICIAN:	EXAMINER?	1 Inputiant 2 tx		□ DOA	4 Nu		5 🗆 R	esidence	6 Other (S	pecify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		ny. Year) -24-94	266. TIM FOUND 2:19	A M		RY AT	∐∖NO	UNKNOW	N			
<u>a</u>	3 Suicide 8 XXCould not be 4 Homicide detarmined	26e. PLACE Of building,	F INJURY — At horate. (Specify)		street, fac	tory, offica			BALTIMO				RNE STREET
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of IR: On the beals of a											and manner as stated.
BE	296. SISTNATURE AND TITLE OF CERTIFIE	LMD					ENSE NUI					(Month, Day, Year)	
임	panel and a second a second and a second and a second and a second and a second and	O COMPLETEO CAUS	E OF DEATH (ITEM									·EB_	24/94
		HT MO		nn S	tree	t, Ba	alti	more	, Mary	land	2120	01	
	31. DATE FILEO (Month, Day, Year)		R'S SIGNATURE									Α.	
اللل	1660 \$ 1224 3	THE THE PARTY OF ACT	ALLER TOURTE (NO)										



Pages 1, 2, 3 should

BE COMPLETED BY FUNERAL DIRECTOR

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE 2

1 - FOR STATE REGISTRAR	STATE OF M) / DEPAI CERTIF					MENT	AL HYGIEN		94	0596
1. DECEDENT'S NAME (First, Middle, Last) BETHORA TI	LLERY							2. DAT MON	E OF DEATH		YEAR 9	3. TIME OF DEATH 94 2:15 a
4. SOCIAL SECURITY NUMBER 219-14-0743			AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24			R 24 HRS.	7. DATE OF SIRTH (Month, Day, Year) 12-08-11			Country	BIRTHPLACE (State or Foreign Country) 1 - C -	
9a. FACILITY NAME (If not institution, give: MARYLAND GET		PITAL		9b. CITY			RE C			9c. COU	NTY OF DE	ATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		100000	BAL	7							10d, INSIDE CITY LIMITS?
10s. STREET AND NUMBER					101. ZIP CODE 21213					10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 X NO				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:						14. RACE — American Indian, Black, White, etc. Specify: BLACK	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Cation completed) College (1-4 or 5 +	-	DECEDENT'S (Give kind of life. Do NOT u	work done	during mo	ast of work	ing	16b. KIND OF BUSINESS/INDUSTRY				
17. FATHER'S NAME (First, Middle, Leel) JOHNNIE	PRICE	· · · · · ·					HER'S NA		Middle, Maiden	Surneme) ICE		
19a. INFORMANT'S NAME (Typo/Print) MARY JOHNSON									nber, City or Tow FIMORI			1213
1 UkBuriel 2 U Cremation 3 U Ramoval from State Ceme			PLACEAND DATE OF DISPOSITION (Name of eter), crematory or other place) TO ZION CEMETERY				1	DATE 20c. LOCATION — City or Town, State 2/23 LANSDOWNE, MD				
21. SIGNATURE OF FUNERAL SERVICE LE BETTS FUN				22.	1129	N.	CA1	ROL	INE S'	_	1213	
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus	caused tha	ina.	not antar	tha mo	da of dy	/ing, auc	h aa ca	rdiac or reap	iratory arr	eat,	Approximata Interval Between Onset and De
Sequentially list conditions.	DUE TO (OR AS A CONSEQUENCE OF): PNEMONIA											
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): C DUE TO (OR AS A CONSEQUENCE DF): d											
PART II. Other algolificant condition	na contributing to	daath but no	ot resulting	in tha ur	ndarlyin	g cause	given in	Part I.	24e. WAS AN PERFOR 1 TYES 2	RMED?		WERE AUTOPSY FINDIN MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 ND

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE DF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NOX 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE DF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 ND 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

29a. CERTIFIER 1 ___ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end manner es stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29¢ LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

2/24/94

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
DR. LIAQAT ALI M.D. MARYLAND GENEREAL HOSPITAL

31. DATE FILED (Month, Day, Year)
MAR 0 1 1994 32 AGGISTAM'S SIGNATURE 94 05965

Approximata Interval Batween **Onset and Death**

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

many state of the filler force.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 20AM YEAR 2 NUMBER 5. SEX 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPYACE (State or Foreign 7486A HOURS page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should 9a, FACILITY NAME (If not institution, 9b. CITY, JOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 10 0 RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CIFK TOWN OR LOCATION 10d. INSIDE CITY Da YES 2 NO STREET AND NUMBER 10g. CITIZEN DF IN. ZIP CODE WHAT COUNTRY 21216 0 Ker S. 24 nours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yea, specify Cubar, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: ORCES? 1 YES 2 YES, GIVE WAR DR DATES 1 Never Married BY 3 Widowed 2190 BE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) (Specify only highest grade compi Elementary/Sepondary (0-12) College (1-4 or 5+) 0 tanleu urniture Tu 17. FATHER'S NAME (First, Middle, Last) iddle, Maiden Surname) Known be notified at raci 19a_INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (St 2 2 21216 50 rac 60 20a/METHOD DF DISPOSITION 204 PLACE AND DATE OF DISPOSITION (Nam 20c. LOCATION DATE must director, 1 Buriel 2 Cremation 3 Ren 2/25 an examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY

March F. H. West the funeral March 4300 la bush Q. Wa Ave removal. medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remo Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death or other traumatic event, the diseese or condition DUE TO (OR AS A CONSEQUENCE OF) resulting in death) HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DUE TO (OR AS A CONSEQUENCE OF): BHUNICITITI CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO JOH AS A CONSEQUENCE OF CAUSE (Disease or Injury that initiated events resulting in death) LAST Item 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? PITAL OTHER: otlert 2 DER/Outputtent 3 DOG 6 MANNER OF DEATH (Month, Dec Worl) TIME OF 38c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, Harural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 38f. LOCATION (Street and Number or Rural Route Number City or Town, State) 6 Could not be COMPLETED 4 III Homicide 29s. CERTIFIER I CERTIFYING PHYSICIAN: To the best of my kno FUNERAL C BE 星星 2 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21. DATE FILED (Month, Day, Year) 32. RESISTRAT'S SIGNATURE MAR 0 1 1994

Pandelle.

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TO RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

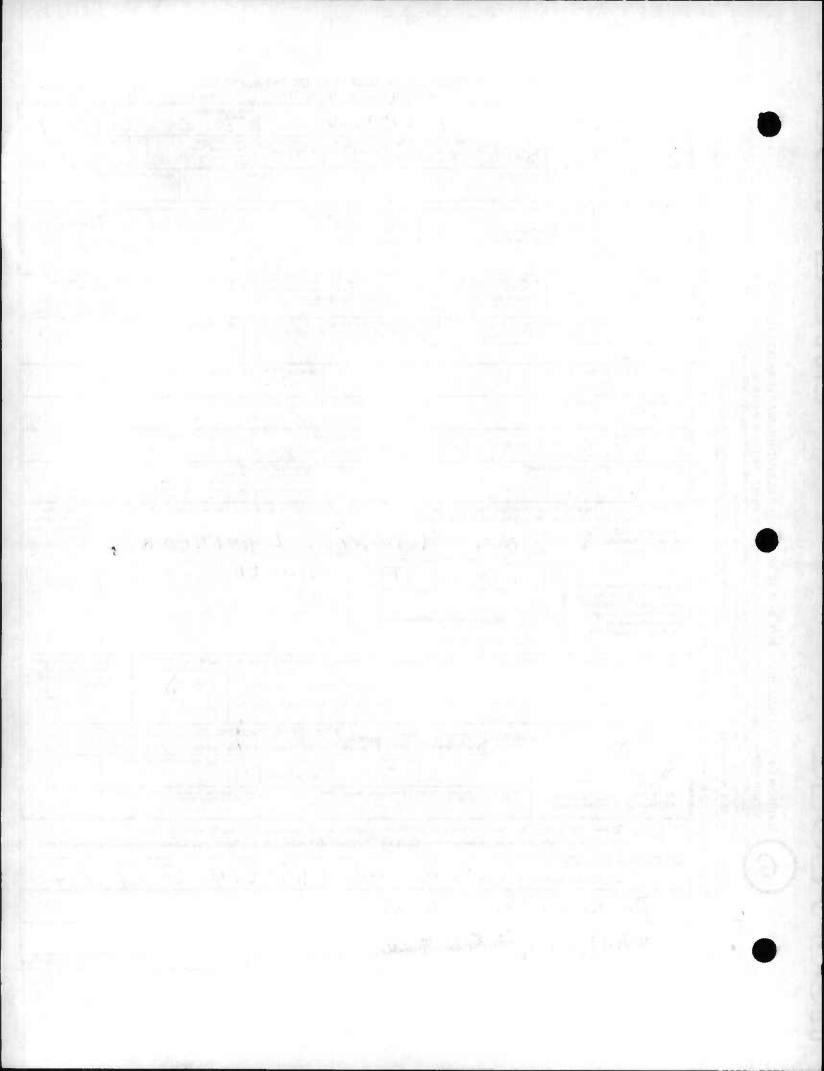
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physician.

TO BE COMPLETED BY DHYCICIAN MEDICAL CEPTIFICATION

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	0.	L	1595/		
	1. DECEDENT'S NAME (First, Middle, Lest) SAMVEL		TAUBI		2. DATE OF DEATH DAY YEAR 2 - 23 - 94 6						
	4. SOCIAL SECURITY NUMBER 220-09-5597	5. SEX 6.		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JUNE 7,		Country)	ACE (State or Foreign IINGTON, DC		
HO	99. FACILITY NAME (If not institution, give SINAI HOSPITAL	atreet and number)		BALTIMO	R LOCATION OF DE		_	TY OF DEAT			
5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY. TOWN OR LOCATION 10d. INSIDE CITY.										
DINECTOR	MARYLAND BALT		'IMORE	ION				Od. INSIDE CITY LIMITS? YES 2 X NO			
BY FUNEHAL	1313 SUDVALE RD			101	ZIP CODE 21208	109. CITIZEN OF WHAT COUNTRY? USA					
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 V IF YES, GIVE WAR	YES 2 NO	If yes, spe	ENDENT OF HISPAN polity Cuban, Mexican NO Specify	Yes or No— 14. RACE — American Indian, Sleck, White, etc. Specify: WHITE					
ם ב	15. DECEDENT'S ED	UCATION is completed)	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working			16b. KIND OF 8	USINESS/IND	USTRY			
COMPLET	Elementary/Secondary (0-12)	PHOTOGRAPHER			UDEL BROTHERS						
	17. FATHER'S NAME (First, Middle, Last) FISCHEL	TAUBMAN		AME (First, Middle, Melden Surname) A UDELOWITZ							
DE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING AD	DRESS (Street a	nd Number or Rural F	Route Number, City or 1	own, State, Zip	Gode)			
	MRS MATTIE TAUBMA	N	1313 S	UDVALE	RD BALT	10 MD 2	1208				
	70e, METHOD OF DISPOSITION	20b. PLACE AND DATE OF Commetery, crematory or other			LOCATION — City or Town, State						
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	BALTIMORE	-	2/27/94 ID ADDRESS OF FAM		EISTER	STOWN	MD		
	→ allenou	e Lev	moon	SOL LI	EVINSON 8	BROS., DWN RD.		, MD	21215		
	23. PART I. Enter the disease, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	on each line.	12.11	c / u	1 m P H			Approximata interval Between Onset end Daath		
Entrication	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CAL C	PART II. Other algnificent condition	h but not resulting in the underlying ceuse given in			PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE				
. MED						OF DEATH?					
SICIAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Chi	ack only one)					
2	1 YES 2 NO	HOSPITAL:		THER:	e 5 🗆 Residenca	6 Other (Specify)					
	27. MANNER OF DEATH 1 Netural 6 Pending Investigation	28s. DATE OF INJ (Month, Day,)	OF INJURY h, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO					SCRIBE HOW INJURY OCCURED			
IED D	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
	29a. CERTIFIER Check only	SICIAN: To the best of my	knowledge, death occurred a	nt the time, date	end place, and due	to the cause(a) and n	nanner as state	od.			
	One) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
1	296, SIGNATURE AND TITLE DE CENTURI	and.	hollo N	v()	29c. LICENSE NUN	647		SIGNED (M	3/94.		
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE O	SNELL	O,	nD	1					
	31. DATE FILED (Month, Day, Year)	32. DEGISTRAR'S	SIGNATURE						F=K		
	MAR 0 1 1994	yune de	Ydon-pandell								



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CIP ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-709 3/11/94 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 REGISTRAR **CERTIFICATE OF DEATH** REG. NO 5060 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR MARILYN VINTON PM 8:45 FEB 21 1994 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 🗌 M 2 🖳 F 489-48-1257 07-28-4 Missouri 9a. FACILITY NAME (If not institution, give street and numb 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Pages 1, 2, 3 1740 EDGEWOOD CIRCLE #201 HAGERSTOWN WASHINGTON 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Washington 1 YES 2 NO Dermit. FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1740 Edgewood Circle #201 use as the burial-transit 21740 U .S.A attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married 1 TYES 2 THYO Specify: BY 3 Widowed 4 Divorced White ETED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify retained by the hospital or be detached for Elementary/Secondary (0-12) College (1-4 or 5+) COMPL yrs. Human Resource Specialist Financial 17 FATHER'S NAME (First Miridle I not) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 70 T. Lynn Prewitt Mary Carev BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2nd St., Columbus, Ne. 68601 Dawn Bierman 2015 pe pe 20a. METHOD OF DISPOSITION
1 XBurial 2 Cremation 3 Ramoval from State death. Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE must 4 Donation 5 Other (Specify) Bonaventure Cem. 2128 Columbus, Nebraska examiner 21. SIGNATURE OF FUNDASK SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 801 Charles James Circle Baltimore Funeral services 21043 Inc. and completely filled in by the bunal, cremation, or removal. nours after medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heert failure. List only one cause on sech line Interval Batween Onset and Death IMMEDIATE CAUSE (Final the disease or condition PROPOXYPHENE INTOXICATION resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic NO Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leeding to immediate cause. Enter UNDERLYING CERTIFICATI the death certificate be attending physician prior CAUSE (Disease Dr Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 signed by the atte Health and Mental PART il. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL апу COMPLETION OF CAUSE YES 2 NO OF DEATH? t. of Heal 1 TYES 2 TNO PHYSICIAN: has by Dept. AMP. 23 OR ATTENDING PHYSICIAN: The 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate I HOSPITAL: OTHER:
4 □ Nursing Home XXResidence 8 □ Other (Specify) XXYES 2 - NO ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 10 27. MANNER OF OEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO Wher this ce leath with t marked, 1 Natura 5 Pending UNKNOWN M 1 YES 2 XXNO 2-19-94 SUBJECT INGESTED DRUG BY 2 Accident
3 Suicide After Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Numb City or Town, State) 1 7 40 DIRECTOR: Aff hours after de-item 28 is r 6 Could not be Per or Rural Route Number, EDGEWOOD CIRCLE COMPLETED 4 Homicide HAGERSTOWN, MD 29e CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL | HOSPITAL TO THE FUNERA
be filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of axar nvestigation, in my opinion, death occured at the time, date and placa, and dua to the cause(a) and manner as stated.

SIGNATURE AND TITLE OF CENTIFIE

29c. LICENSE NUMBER O.C.M.E.

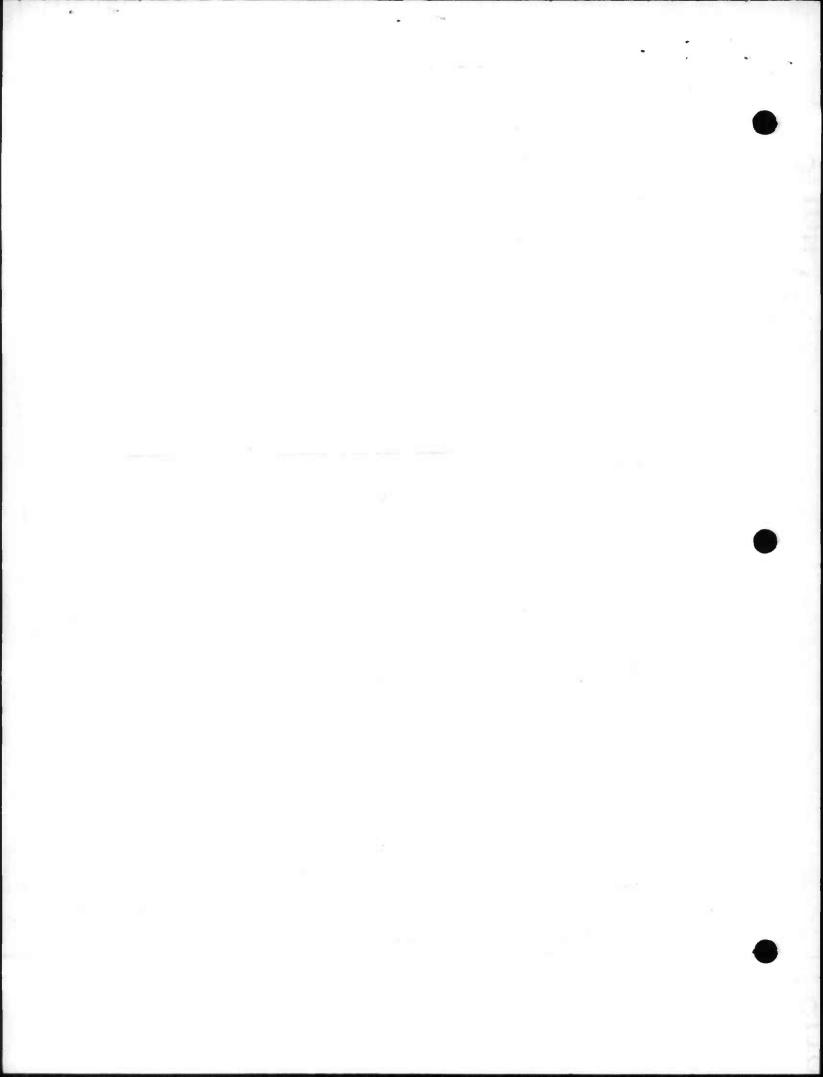
29d. DATE SIGNED (Month, Day, Year) FEB 22, 1994

10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BEATH (ITEM 27) (Type, Print)

4 JR MS111 Penn Street, Baltimore, Maryland 21201 MARIO 31. DATE FILED (Month,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	Item # 20b ,20c Film	# G 708 2-28-9	4 N.A. Pe	r Funeral Home		01 0700
	1 - STATE REGISTRAR	STATE OF MARY		ITMENT OF HEALTH AND I	MENTAL HYGIEN REG. NO.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	1. DECEDENT'S NAME (First, Middle, Las	0	OLITTI	TOATE OF BEATTI	2. DATE OF DEATH	3. TIME OF DEATH
	George	2 Herm	an V	vright	MONTH D	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	216 127 679	1 2 M 2 🗆 F	78 YRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year)	Country) Maryland
_	9e. FACILITY NAME (If not institution, give	/	The Control of the Co	9b. CITY, TOWN OR LOCATION OF DE	ATH	9c. COUNTY OF DEATH
5	RESIDENCE OF DECEDENT	Ceneral		Westminste	a, md.	Carrol
DIRECTOR	10a. STATE 10b. COUR	ITY	10c. CIT	Y, TOWN OR LOCATION		10d. INSIDE CITY
	Maryland Ca	arroll	No.	ew Windsor		1 TYES 2 TO NO
I≱ I	100. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	3915 Franklinvil			21776		U.S.A.
15	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica	n, Puerto Rican, etc.)	or No— 14. RACE — American Indian, Black, White, atc.
₽	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES	1 TYES 2 A NO Specify	r:	Specify: White
	15. DECEDENT'S EI (Specify only highest gra	OUCATION		USUAL OCCUPATION work done during most of working	16b. KIND OF BUS	SINESS/INDUSTRY
15	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se refired.)		
COMPLETED	7 Years		Construc		AFL o	
	17. FATHER'S NAME (First, Middle, Last) George Augustus	Wricht			ME (First, Middle, Malden	Surname)
BE	19a. INFORMANT'S NAME (Type/Print)	WIIght	196 MAIL INC	Mary Re ADDRESS (Street and Number or Rural		on State 7th Code)
	Mrs. Ronda Zile					indsor, MD 21776
TO BE COM	20a, METHOD OF DISPOSITION 12 Payriel 2 Cremetion 3 Re	20	A DI ACE AND DATE	OF DISPOSITION (Name of Cam a to a	V DATE 200 LO	CATION City of Town State
	4 Donation 6 Other (Specify)		metery, crematory or co	ther place Taylorsyille U.	2/26/94 E	field , Maryland kridge MD
examine	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AND ADDRESS OF FA Burrier-Queen	CHITY	
E YO	TOWN TH	HA		1212 17 011 14	1 unetal Di	riectors, inc.
				ITATA M. OTO PI	.berty Koad	d Winfield, MD
200	23. PART I. Enter the diseases, o	r complications that cause	ed the death. Do	not enter the mode of dying, suc	h as cardiac or reap	
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ווי, ווופ ווופחולט	shock, or heart fellur	e. Hecus	eech line.	not enter the mode of dying, suc	h sa cardiac or respi	refory arrest, Approximate interval Between Onset and Death
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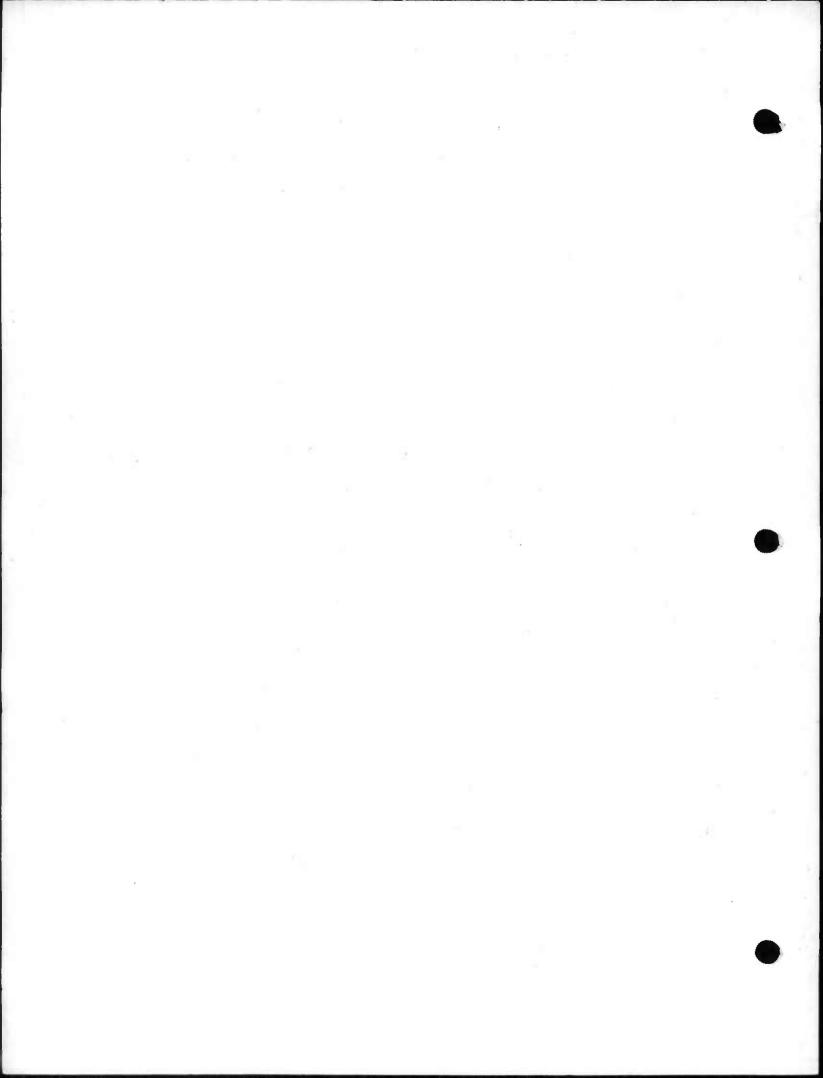
phods Pages 1, 2, 3 permit. use as the burial-transit retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 be detached for funeral director, page 5 should a hours after death. Page 6 may ifilled in by the funeral director, pagon, or removal. cremation, and completely fi o burial, cremation DIVISION OF VITAL RECORDS, P.O. BOX 68760 2 the death certificate be ex y the attending physician a d Mental Hygiene prior to Health and N t. of h has b Dept. The law h the State L L DR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate hours after death with the State HOSPITAL FUNERAL E within 72 h TO THE HOSPITA
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FOR STATE REGISTRAR STATE OF MARYLANO / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 05070 REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR LARRY WINDER JR. FEB 23 94 5:00 P.M 4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 214-04-5891 DAYS 1 M 2 F = 22 MARYLAND 07-12-71 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNIVERSITY S.T.U. BALTIMORE CITY n/a RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND n/a BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4608 MARBLE HALL ROAD 21239 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 THOU IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noif yes, specify Cuben, Mexicen, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. Never Merried 2 Merried 1 YES 2 X NO Specify: SpecifyBLACK BY 3 Widowed 4 Divorced ETED. 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) Elementary/Secondary (0-12) UNEMPLOYED COMPL n/a 18. MOTHER'S NAME (First, Middle, Meiden Surname) 17. FATHER'S NAME (First, Middle, Last LARRY A. WINDER SR. SANDRA WINDER BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
4608 MARBLE HALL RD, BALTIMORE, MARYLAND 19e. INFORMANT'S NAME (Type/Print 2 LARRY/SANDRA WINDER 21239 20e, METHOD OF DISPOSITION

1 X Buriel 2 Cremetion 3 Removal from State 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE ARBUTUS MEMORIAL PARK 4 Donetion 5 Other (Specify) 02 - 28ARBUTUS, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.- 1101 E. NORTH **AVENUE** 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abock, or haart failure. List only one cause on each lina. Approximate Interval Batween IMMEDIATE CAUSE (Finel Onset and Death Blunt force injuries of head disease or condition resulting in death) DUE TO (OF AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in daeth) LAST PART II. Other algorificant conditions contributing to death but not reautiling in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE t NES 2 INO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 1X YES 2 □ NO t ☐ Inpatient 3 ☐ DOA me 5 Reeldence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b, TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending Investigation FEB 23,1994 M 1 YES 2 NO BY SUBJECT BEATEN 2 Accident 28e. PLACE DF INJURY — At home, term, atreet, fectory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide ON STREET 1900 BLK. GREENMOUNT AVE 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, and due to the ceuse(e) end menner ee stated. 2 X MEDICAL EXAMINER: On basis of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the ceuse(s) and manner as atsted. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E. ▶ FEB 24,1994 icht MI 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONALD G. WRIGHT MI 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) A 32. REGISTRAR'S SIGNATURE FEB 2 8 1994



BALTIMORE, MARYLAND 21215-0020

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ITEM: 1. PER F.H. FILM G-709 3/1/94 t.t 94 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) ANTONTO 2. DATE OF DEATH WARREN FOR3 ANTONOD 4. 4. SOCIAL SECURITY NUMBER a. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State (Month, Day, Year) 09-09-68 MARYLAND 1 2 18 2 D F 216-90-7381 25 YRS. 9a. FACILITY NAME (If not institution, give atreet and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH baltimore NORTHWEST HOSPITAL n/a RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Y LIMITS? BALTIMORE MARYLAND n/a 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21215 UNITED STATES 4221 FORDS LANE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X YO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14, RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 X YO Specify: IF YES, GIVE WAR OR DATES Specify: BLACK 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 12 College (1-4 or 5+) dery (0-12) CLERICAL WORKER P.M.A. INSURANCE COMPANY TH 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Sumame) VANESSA JOHNS JOHN WARREN 19a. INFORMANT'S NAME (Type/Print) 4221 FORDS "LANE," BALTIMORE, "MARYLAND 21215 VANESSA JOHNS 20a. METHOD OF DISPOSITION

★ ※ Burlai 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE MEMORI AL 03-02 KING PARK RANDALLSTOWN. MD 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY wm. c. march fh.-1101 E. NORTH **AVENUE** 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CRUIRED IF al ENCE MIMUNE Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 8 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCURED

1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be detarmined 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated,

296. SIGNATURE AND TITLE OF CENTIFIER

20c. LICENSE NUMBER 1950

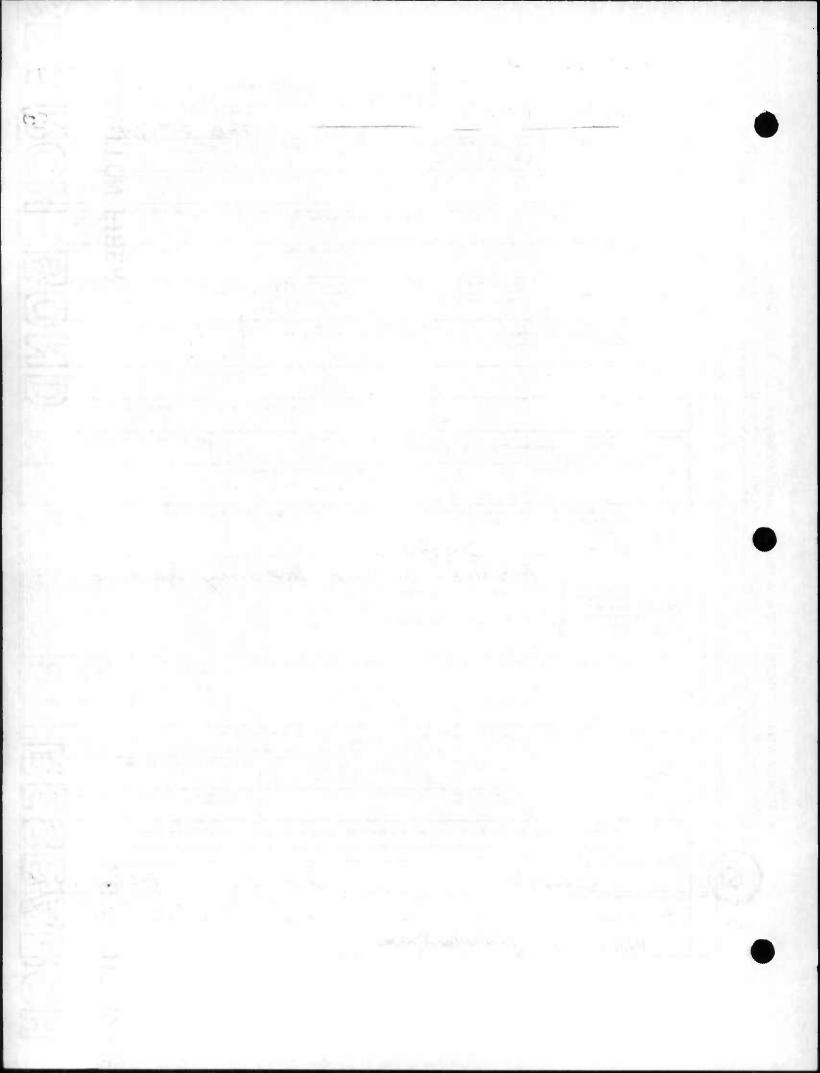
29d. DATE SIGNED (Month, Day, Year) > Foo. 28

30. NAME AND ADDRESS OF PERSON WHO COM PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CONANAN GREANDO

HOSPITAL red

31. DATE FILED (Month, Day, Year) MAR 0 1 1994 32. REGISTRAR'S SIGNATURE



blh

ITEMS: 23 PART I, 27, 28a,b,d,e,f, PER MEO FILM G-709 3/11/94 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

94 05972

	REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	OEATH		3. TIME OF DEAT	V V
	Percy	Wallington				Feb	26	1994		
1:	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			THPLACE (State or For	nino.
1	212 76 7215	% M 2 □ F	36 YRS.	MONTHS DAYS	HOURS MIN.	(Month, D	lav Year)	Cou	ntry)	wyn
1	213-76-7315		30 ms.			_	24-57		MD	
-	9s. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c.	COUNTY OF	DEATN	
Ö	3324 Dudley Ave	enue		Balt:	imore		_			
5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT								T	
DIRECTOR		*	10c. CI	TY, TOWN OR LOCA					10d. INSIDE CITY LIMITS?	
	MD			BALTIM	ORE				1 X YES 2	NO
A.	10e. STREET AND NUMBER			10	H. ZIP CODE		100	. CITIZEN OF	WHAT COUNTRY?	
8	3324 DUDLEY A	VE			21213	3		U.	S.A.	
FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED		CENDENT OF NISPAN				CE — American India	n,
	1 Never Married 2X Married	FORCES? 1 YES			S 2 NO Specify		in, etc.)	Ble	sck, Whita, atc.	
ΒY	3 Widowed 4 Divorced		7.1.20	I U IE.	Specify.				LACK	
G	15. OECEDENT'S EDU		16a, DECEDENT'S	USUAL OCCUPATI	ON	16b. KI	NO OF BUSINES		JACK	_
H	(Specify only highest grade		(Give kind of life, Do NOT u	work done during muse retired.)	ost of working					
1	Elemental y Secondary (0-12)	College (1-4 or 5+)	TAROL	מתו		DI	ם שתי	D DIII	OT TO HOT	17.0
COMPL	17. FATHER'S NAME (First, Middle, Last)		LABOR	CER	18. MOTHER'S NAM				BLIC WOF	(KS
								,		
BE		INGTON			PEGGY V					
2	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	G AOORESS (Street	and Number or Rural R	loute Number,	City or Town, Sta	te, Zip Code)		
-	SHIRLEY WALLIN	GTON	3324	DUDLEY	AVE. B	ALTIM	ORE,	MD.	21213	
	20s, METNOD OF DISPOSITION 1 (3/Buris) 2 (1) Cremellon 3 (1) Rem		b. PLACE AND DATE		ame of	OATE	20c. LOCATIO	ON — City or	Town, State	
	4 Donation 5 Other (Specify)		ALTIMOR	CE CEME	TERY	3/3	BAT.	ттмог	RE, MD.	
	21. SIGNATURE OF FUNERAL SERVICE LI				NO ADDRESS OF FAC		1 1267	1 11101	The land.	
	▶ BETTS FUN	TDAT HOME		1	129 N. (CAROL	INE S	Τ.		
	DETTS FOR	ERAD HOME			ALTIMORI				L213	
	23. PART I. Enter the diseases, or shock, or heert feliure.	complications that cause List only one cause on a	d the deeth. Do	not enter the mo	ode of dying, such	ss cardle	or reepirato	ry srrest,	Approxima	
	IMMEDIATE CAUSE (Final								Onset and	
	disease or condition resulting in death)	. NARCOTIC AND	ALCOHOL I	ΝΤΟΧΙΟΔΊΙΟ	M					
1	resulting in destri)		A CONSEQUENCE C		114					
-									j	
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE O	F):						
Ä	csuse. Enter UNDERLYING									
띮	CAUSE (Disesse or Injury that Initieted events	DUE TO (OR AS	A CONSEQUENCE O	OF);						
Ē	resuiting in death) LAST			·						
		d								
	PART il. Other significent condition	na contributing to deeth	but not reculting	In the underlyin	ig cause given in l	Pert I. 24	a. WAS AN AUTO		4b. WERE AUTOPSY FI	
MEDICAL							PERFORMEO		AMILABLE PRIOR 1 COMPLETION DF C	
C						— '	MYES 2	10	OF DEATN?	
						_			1 TES 2 N	0
SICIAN										
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF OEATN (Che	ck only one)				
YSI	1 XYES 2 NO	1 Inpatient 2 ER/Out	petlant 3 DOA		ne 5 Residence	6 🗆 Other (S	(pecity)			
PHY	27. MANNER OF DEATN	28s. DATE OF INJURY (Month, Day, Yesr)	28b. TIR		JURY AT ORK?	28d. DESCR	IBE HOW INJUR	Y OCCURED		
	1 Natural 5 Fending	FOUND: 2-26-9	FOUM 7:45	90H7 1 □	YES 2 NO	UNKNO	MU			
ВУ	2 Accident Investigation 3 Suicide 6)(X) Could not be	28s. PLACE OF INJUR	Y - Al home, farm.		CB C	281 LOCATI	ON (Street and N	umber or Rura	al Route Number.	
6	4 Homicide determined	butiding, atc. (Spe	ocify)			City or	Town, State) 332	4 OUDL	EY AVENUE	
m.	20- 050715050	+	OUND AT HO	ME		RALIIM	DRE, MARY	LAND		
P	none)	ICIAN: To the best of my know								
COMPLETE	000 2 MEDICAL EXAMINE	ER: On the basis of examination	on and/or investigati	on, in my opinion,	death occured at the	time, dats sn	d placs, and du	to the cause	e(s) and manner as at	mted.
_	296. SCHATURE AND TITLE OF CERTIFIE	R (V			29c. LICENSE NUM	BER	200	, DATE SIGNI	ED (Month, Day, Year)	
BE	July no Dones	XINDO							,	
5	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF O	EATH (ITEM 27) /5	n Print)	O.C.M.I	-		Feb :	27 1994	
	The state of the s	LE LES CAUSE OF O	erin (iiem zi) (NP)	a, 1711NJ						
	Margarita A Kon 31. DATE FILED (Month, Day, Year)		111 Penn	Street,	Baltimo	ro, Ma	ryland	2120	1	
		32. REGISTRAR'S SIGI		i i i i i i i i i i i i i i i i i i i			4			
	MAR 0 1 1994	Julia Mavid	bur-flandell	2						
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Pages 1, 2, 3 should

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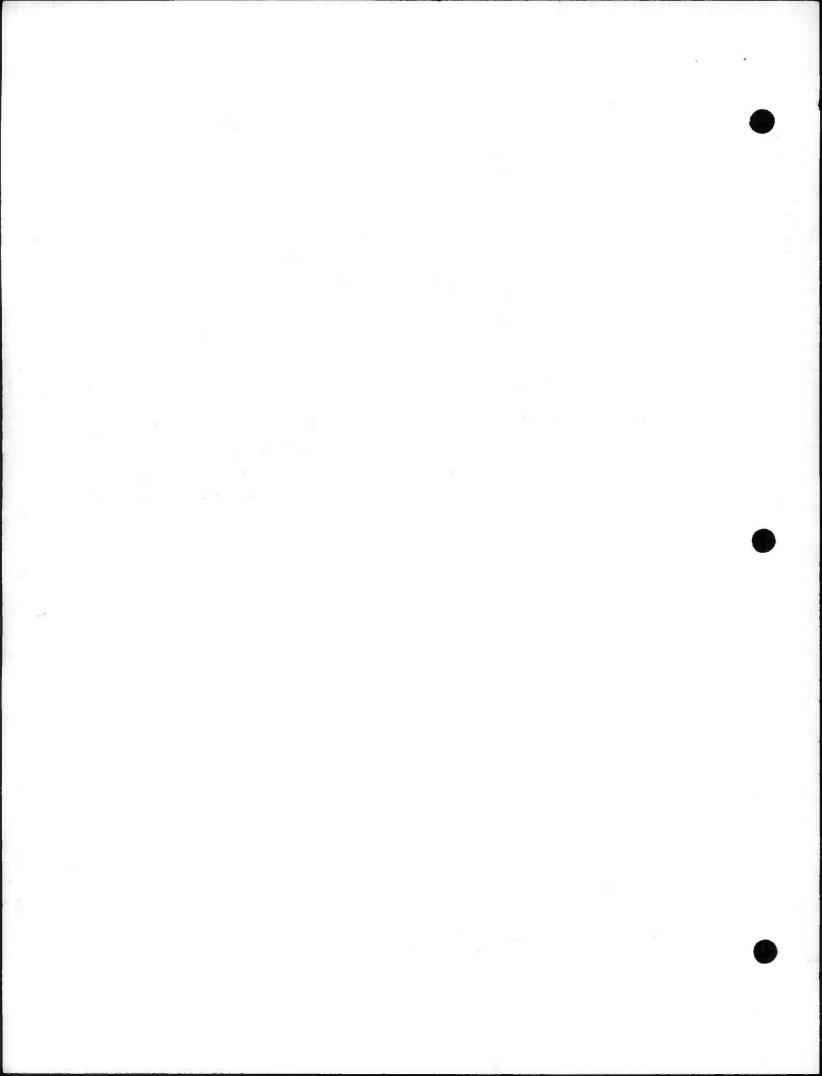
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CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) MARGUERITE DODD WALLACE 2. DATE OF DEATH 3. TIME OF DEATN 1AR GUERITE 1-07 02 26 8. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. Virginia 12-25 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN HARBOR HOSPITALCENTER DIRECTOR BARTIMORE POPLTIMORE CITY 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY Maryland Anne Arundel Linth icum Heights 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 508 Heath Avenue 21090 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Merried Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) 12th Grade Associate Montgomery Wards Co. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Ralph Dagenhart Ħ Chapman Dagenhart notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Clifton O. Wallace, Sr. 508 Heath Avenue, Linthicum, Md. 9 20a. METHOD OF DISPOSITION

VXBuriel 2 Cremetion 3 Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of 3-2-94 DATE 20c. LOCATION --- City or Town, State must l Ontario Christian_Church Cem. Keysville, Virginia 4 Donation 5 Other (Specify) UNE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker 22. NAME AND ADDRESS OF FACILITY
MCCully Funeral Home of Brooklyn examiner 237 E. Patapsco Ave., Balto., Md. the medical 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, abock, or haert failure. List only one cause on each line. intarvai Between **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition resulting in death) and completely fi to burial, cremation CEREBRAL EDEMA
DUE TO (OR AS A CONSEQUENCE OF): event, CEREBROYASCULAR ACCIDENT. traumatic CERTIFICATION Sequentielly list conditions, TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST signed by the attending. Health and Mental Hygien 0 PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 246. WERE AUTOPSY FINDINGS MEDICAL WAILABLE PRIOR TO any COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 TYES 2 THE PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) certificate h HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE DF INJURY (Month, Day, Year) 28b. TIME DE 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. this (1 Natural 1 YES 2 NO ΒY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 99 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be DIRECTOR: A hours after of item 28 is COMPLETED 4 Homicide 29e. CERTIFIER

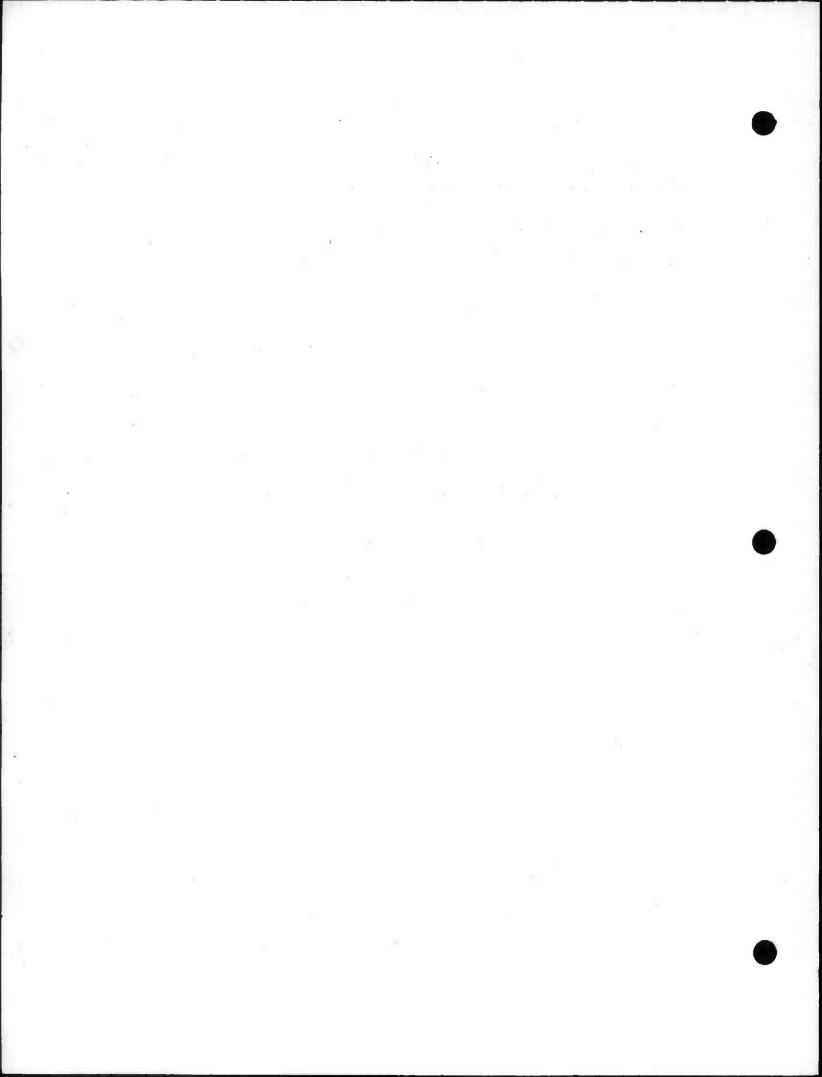
(Chart only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(a) end menner ee stated. FUNERAL I 2 MEDICAL EXAMINER: On the basis TO THE HOSPITA
TO THE FUNERA
De filed within 7. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE AS-244-1614-46 John Say ed 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) . 3001 S. HANOVER ST. BALTIMORE MD 21230. PAHIR SAJIMO MD 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE



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31. DATE FILED (Month, Day, Year)
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DI Cer	EPARTMENT () TIFICATE (F HEALTH AND OF DEATH	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	1	/ 1	1)		2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	Cawara	W	11	eb ber		2 7	6	14	20P
	4. SOCIAL SECURITY NUMBER		(In yrs. last bir	MONTHS D	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign
	214/05/3318 9e. FACILITY NAME (If not institution, give	1 X M 2 D F	81	YRS.		<u> 13 1 19</u>	-		Marylan
TOR	Francis Scott		Cen.		wn or Location of D	DEATN	9c. COUN	NTY OF DE	ATH
DIRECTOR	10s. STATE 10b. COUN	timore		oc. city, town on i Dundalk	OCATION		-		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER Danville Aven	ue 6730			10f. ZIP CODE 21222				States
BY	11. MARITAL STATUS 1 Never Merried 2 Nerried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D		If yo	DECENDENT OF HISPA s, specify Cuben, Mexic YES 2 NO Spec		e or No-	Black	- American Indian, White, etc.
E	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DECED	DENT'S USUAL OCCU	PATION or most of working	16b. KIND OF BU	ISINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use retired.)	me Keepe	r Bethle	ehem	Ste	el
00	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S N	AME (First, Middle, Meider	Sumame)		
8	William	Webbe				erine			icker
5	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox			
i	Anita Webb			nville DATE OF DISPOSITION		730 Balt	CATION -		
	20a METNOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rec 4 Donation 5 Other (Specify)	movel from State	metery, cremate	ory of other place! Heart	of Marv				aryland
	21. SIGNATURE OF FUNERAL SERVICE L		10104		NE AND ADDRESS OF F				
3	> Blo 1 (7 C.	0.			/Chojnacl			
	23. PART I. Enter the diseases, or	complications that cause	d the death	1100	5 Dundal	k Ave. Ba	alto.	M	
Ī	shock, or heart feilure iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	. List only one cause on e	each ilne.	And	rery	Disea		•et,	Approximate interval Betwee Onset and Dea
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. AT THE TO (OR AS C. DUE TO (OR AS d.	105 A CONSEDUE	Cleros NCE OF): Tes	s ('s '				
A	PART it. Other significent condition	ons contributing to deeth i	but not resu	ilting in the unde	lying ceuse given in	Part i. 24a. WAS AI PERFO	RMED?	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
N: MEDIC									1 TES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			6. PLACE OF DEATH (C	heck only one)			
PHYSICIAN:	1 YES 2 NO	1 Inpetient 2 ER/Out	petiant 3 🗆	DOA 4 Nursing	Home 5 - Residence	8 Other (Specify)			
ву РН	27. MANNER-OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	21	INJURY	WORK?	28d. DEŞCRIBE NOW	INJURY OCC	CURED	
	3 Suicide 8 Could not be 4 Nomicide detarmined	28e, PLACE OF INJURY building, atc. (Spe	Y — At home, pcify)	farm, street, fectory,	office	28f. LOCATION (Street City or Town, Stets	end Number	or Rural A	oute Number,
COMPLETED	ome)	SICIAN: To the best of my know							and manner es stated.
BE		V V V V V V V V V V V V V V V V V V V	-eu	~ M. L	29c. LICENSE NU		-		(Month, Def. Year)
2	36. NAME AND ADDRESS OF PERSON'W	HO COMPLETED CAUSE OF DE	EATN (ITEM 27	(Type, Print)	077	-494	IO Ea	Sta	rn Arron
		FIM	UCI	4NKP	P. + S	Med. 49	en P	Ra I t	rn Avenu



BALTIMORE, MARYLAND 21215-0020

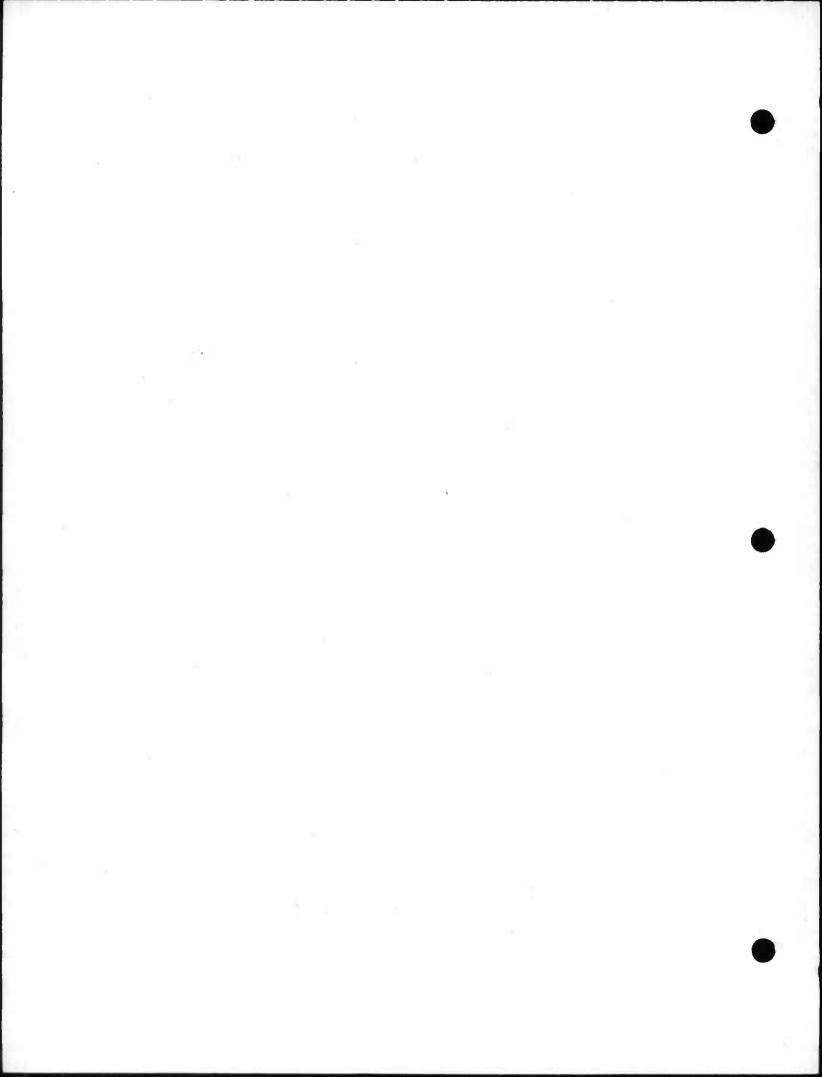
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	-
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	HE HOSPITAL OR ATTENDING PHYSICIAN. The law remines that the death certificate he executed with
	4

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. OECEDENT'S NAME /First Middle Leal 2. DATE OF DEATN 2-26-94 Anna B. Wieland 5 A. 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTN (Month, Day, Year) Sept. 21,1898 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTNPLACE (State or Foreign 220-12-6756 MONTHS DAYS HOURS 1 M 2 X F 95 YRS. Balto. Md. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATN St. Elizabeth's Home for Nursing Care DIRECTOR Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore permit. 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3320 Benson Avenue funeral director, page 5 should be detached for use as the burial-transit 21227 U.S.A. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 XNO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Home Maker Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Sumame) 7 John Roth BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 George E. Wieland Avon Road, Bethlehem, Pennsylvania - 18017 è 20a. METNOD OF DISPOSITION

Comparison 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Parkwood Cemetery 3. ☐ Donailon 5 ☐ Other (Specify) _ Ralto Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 6415 BElair Road death. John C. Miller, Inc. Baltimore, Md. -21206 / filled in by the fi after 23. PARTA. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, the medical shock, Dr haert failure. Liet Dnly Dne cause Dn each line. Interval Batween ŏ Onset and Death IMMEDIATE CAUSE (Final cremation. disease or condition_ Enl Hos A/z herners completely resulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) the attending physician and con I Mental Hygiene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If eny, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in death) LAST PART ii. Other significant conditions contributing to deeth but not reculting in the underlying ceuse given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS of Health and N AVAILABLE PRIOR TO Posible Breummin shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: certificate has be h the State Dept. marked, or Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 26b, TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE NOW INJURY OCCURED with to 1 Shitural 5 Pending M 1 YES 2 NO BΥ After 1 death Investigation 2 Accident TO THE HOSPITAL OR ATTENDING TO THE FUNERAL OIRECTOR: Afte be filed within 72 hours after deal IMPORTANT: If item 28 is m 3 Suicide 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be 4 Homicide 29a. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner as started. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2.28-91 D3895-1 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1/10). Print) Korn 405 EDM D Julie William Sanding 31. MAR (May 17), 1994



FOR 1 STATE

	REGISTRAR		CE	RITIC	AIE U	F DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					_	2. DATE	OF DEATH	AY Y	3. T	TIME OF DEATH
	Melvin	E.		EBER				ruary	27, 19	994 1	2:00 P
	4. SOCIAL SECURITY NUMBER 159-10-7539	1 🖾 M 2 🗆 F	AGE (In yrs. lest		UNDER 1 YEA		(Month	OF BIRTH Day, Year) 26,		BIRTHPLA Country) Mary]	ce (State or Foreign
N.	90. FACILITY NAME (If not institution, give Franklin Square I			1	COSSV	H OR LOCATION OF D			9c. COUNTY	OF DEAT	
5	RESIDENCE OF DECEDENT								I Dait.	rmore	County
DIRECTOR	Maryland Balt:	imore Count	-y	10c. CITY, TO	OWN OR LO	CATION					I. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	951 N. Marlyn Ave	enue				101. ZIP CODE 21221			U.S		COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2 X NO	MED	It yes,	DECENDENT OF HISPAI apocity Cuban, Mexica (ES 2 X NO Specifical Specifical Specifical Specifical Specifical Specifical Specifical Specifical Specifical Specifical Specifical Specifical Specifical Specifical Specifical Spe	an, Puerto I	? (Specify Yer Rican, etc.)		Black, Wi	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION completed) College (1-4 or 5+)	(Giv	Do NOT use rei	done during tired.)	ATION most of working			SINESS/INDUS		
M	12th Grade		Car	penter						Ingir	eering
ш	17. FATHER'S NAME (First, Middle, Last) William Weber					16. MOTHER'S NA		hiddle, Maiden bergei			
TO B	199. INFORMANT'S NAME (Types Frint)	le A. Poletyn				et and Number or Rural Avenue,					21221
	20a METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	noval trom State	20b. PLACEAL COMPLETY, CENT	ND DATE OF D	ISPOSITION	(Nama of	3/2	20c. LO	CATION — City	or Town,	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAME	AND ADDRESS OF FA	CILITY		LCDIOLO	- / 12	Tyrana
	*Kathlua	h.h.	1.			C. Miller					2 010
_	23. PART C. Enter the diseases, or	complications that ca	used the bea	th. Do not	enter the	Belair Ro	h as care	Baltli	ratory arrea	naryı	Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause	on each tha.							,	interval Batw Onset and Do
	disease or condition resulting in death)	. Pr	neumoni	a							onot and b
	reading in death)	DUE TO (OR	AS A CONSEC	UENCE OF):							
TION	Sequantially list conditions, if any, leading to immediate	bOUE TO (OR	AS A CONSECU	UENCE OF):							
100	cause. Enter UNDERLYING										
IFIC	CAUSE (Disease or injury that initiated eventa	DUE TO (OR	AS A CONSEC	UENCE OF):							
ERTIFIC.		DUE TO (OR	AS A CONSEC	UENCE OF):							
AL CERTIFICATION	that initiated eventa	d			he underly	ring cause given in	Part i,	24a. WAS AN			
DICAL	that initiated eventa reaulting in death) LAST	d			he underly	ving cause given in	Part i.	24a. WAS AN PERFOI	RMED?	AMA COI OF	ILABLE PRIOR TO
MEDICAL	that initiated eventa resulting in death) LAST PART II. Other significant condition	d			he underly	ring cause given in	Part I.	PERFO	RMED?	AMA COI OF	ILABLE PRIOR TO IPLETION OF CAUS DEATH?
SICIAN: MEDICAL	that initiated eventa reaulting in death) LAST	d	eth but not re	paulting in the	26. THER:	PLACE OF DEATH (CA	neck anly on	PERFOI	RMED?	AMA COI OF	ILABLE PRIOR TO IPLETION OF CAUS DEATH?
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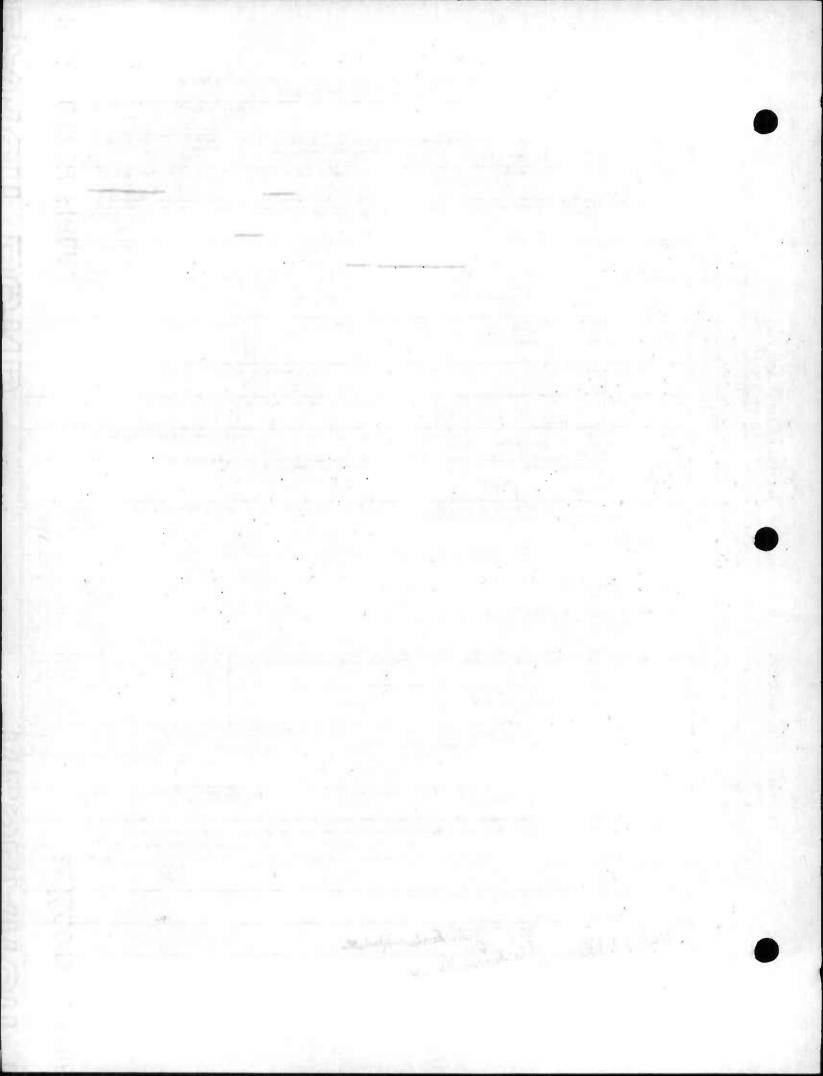
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BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	and the second s
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Inthe Director after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	187 M form Off to market and form Off whenever and later and all the market and the market and the same of the sam

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GIRI VENK 31. DATE FILED (MONTH, Day, YOU) MARY 94 1994

1 - STATE REGISTRAR	SIAIE UF I	MARYLAND / I		ICATE O				IYGIENE REG. NO.		lş .	
1. DECEDENT'S NAME (First, Middle, Last)				IOAIL	JI DEA		2. DATE OF	DEATH			. TIME OF OEATH
FRANCES	ZITO						MONTH	DAY 2	-	YEAR	630 4
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest I	birthday)	IF UNDER 1 YE		24 HRS.	7. DATE OF	BIRTH			ACE (State or Foreign
219-22-2049	1 M 2 X F	89	FYRS.	MONTHS DA	YS HOURS	MIN.	(Month, Da	25/08	2	Country)	EW YORK
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCATI	ON OF OE		/		Y OF DEA	
UNIVERSITY HOSP	TTAT.			BALTI	nare.	410			BA	17/110	ee-
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			40. 047	Y, TOWN OR LO							
							4				Dd. INSIDE CITY
104, STREET AND NUMBER	TMORE			ATONSU	101, ZIP COD	-	419		40- 017171		YES 2 NO
2114 W. CHES	++1 A-10	CATON	cuti.	- 410		1228	P	100	US		AT COUNTRY?
11. MARITAL STATUS		T EVER IN U.S. ARM			DECENDENT (
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	MAR OR DATES		If yes	yes 2 No	m, Maxica	n, Puerto Rice		or No-	Black, \ Specify:	- American Indian, White, etc.
15. DECEOENT'S ED		16a. DECI	EDENT'S	USUAL OCCU	PATION		16b. KIP	NO OF BUSI	NESS/INDU	STRY	
(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5	life f	w kind of a Do NOT us	work done during se retired.)	g most of worki	ng	1807/00				
12		HA	IRDR	RESSER			O	WN BU	SINES	SS	
17. FATHER'S NAME (First, Middle, Last)		10000			18. MOT	HER'S NA	ME (First, Midd	lle, Maiden S	iumame)		
ANTHONY MAGGIO					ROSE	E MES	SSINA				
19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Str	eet and Numbe	r or Rumil I	Poute Number, (City or Town,	State, Zip C	Code)	
SANTO C. ZITO (H	USBAND)	21	14 W	ESTCHE	ESTER A	AVEN	JE CAT	ONSVI	LLE N	MARYI	AND 2122
20a. METHOD OF DISPOSITION 1. Burlat 2 Cremation 3 Rar 4 Donation 8 Other (Specify)	noval from State			OF DISPOSITION	N (Name of		OATE	20c. LOC	ATION - CI	ity or Town	, State
21. SIGNATURE OF FISHERIAL BERVICE L	LIZZ	LOUDON	PAR	1630	SOLFUM TE AND ADDRE DY M &	RUSS	SELL C LAVENI	BALT WITZ	IMORE KE FU	NERA	RYLAND L HOMES MARYLAN
23. PART I. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition	complications the	at caused the dear	PAR	LERC 1630	SOLFUM TE AND ADDRE DY M &	RUSS	SELL C LAVENI	BALT WITZ	IMORE KE FU	NERA	L HOMES MARYLAN Approximate interval Between
23. PART I. Enter the diseases, or shock, or heart fallura. IMMEDIATE CAUSE (Final	complications the List only one care to b. Square to c.	at caused the dear	PAR Fail UENCE OF	LERC 1630 not enter tha	SOLFUM E AND ADDRE DY M & DEDMON mode of dy	RUSS NDSON	CELLY SELL C NAVENI h sa cardisc	BALT WITZ UF CA	KE FUTONSI	INERA	L HOMES MARYLAN Approximate Interval Betwee
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G	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
DE THE	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	VSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUN	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

i i	1. DECEDENT'S NAME (First, Middle, Las	"William	Frederi	ick Z	loch		2. DATE OF DEATH	DAY 19	94 3. TIME 0		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. le		IF UNDER 1 YEAR		s. 7. DATE OF BIRTH		8. BIRTHPLACE (Ste		
	216-30-6629	1 № M 2 🗆 F	60	YRS. MONTHS DAYS HOURS MIN.				(Month, Dey, Year) 12/24/1933 Balto			
	9e. FACILITY NAME (If not institution, give				9b. CITY, TOW	N OR LOCATION O					
DIRECTOR	Francis Scott	City	ity								
E I	10a. STATE 10b. COUL	YTY		10c. CITY,	TOWN OR LO				10d. INSID	E CITY	
	Maryland	ore			Dun	dalk		1 TES			
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT									TRY?	
띫	2742 Plainfield Road 21222 United									tes	
5	11. MARITAL STATUS		T EVER IN U.S. A		13. WAS D	ECENDENT OF HI	SPANIC ORIGIN? (Specify	Yea or No-	14. RACE — America Black, White, atc	n Indien,	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V		NO		ES 2 NO S	ixican, Puerto Rican, etc.) pecify:		Specify: Whi		
60	3 Widowed & Divorced									re	
ETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +)								DUSTRY		
٦	Elementary/Secondary (0-12)	+)				100	10000411				
COMPL	17. FATHER'S NAME (First, Middle, Last)	<i>f</i>	whest	tos Wor			Local#11 AME (First, Middle, Maiden Surname)				
BE	Frederick Zoch 19a. INFORMANT'S NAME (Type/Print)			b Mapine	DDDDDD (C)		lyn Bortne				
2			16				ural Route Number, City or			000	
	Uirainia Zoch 200, METHOD OF DISPOSITION						ad Dundal			222	
	1 🖾 Burial 2 🗆 Cremation 3 🗆 Re	emoval from Stata	comotoni or	amatan, or oth	F DISPOSITION		1		City or Town, State	0	
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSIF T	- Oak	Lawn	Cemete	ry 2/2	8/94	saltim	ore. Mary	Lana	
	21. SIGNATURE OF FUNERAL SERVICE LICENSIE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundal										
	7922 Wise Ave. Dundalk, Maruland 21222 23. PART Lenter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory screet, Approximate										
NO.	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events Course (Disesse or injury that initiated events Course (Disesse or injury that initiated events Course (Disesse or injury that initiated events) Course (Disesse or injury that initiated events) Course (Disesse or injury that initiated events)									ma	
LIFICAT	cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events			resulting in desth) LAST d. Southognik Chrisma							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	d		V .						241	
MEDICAL	cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	d. ons contributing to	deeth but not	resulting in	the underly		PER	AN AUTOPSY FORMED? 3 2 NO	24b. WERE AUTO AMAILABLE COMPLETIC OF DEATHI 1 YES	PRIOR TO ON OF CAU	
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BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the bunal-transit permit, Pages 1, 2, 3 should
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE PROPERTY OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend TO THE FUNETAL DRECOR Are this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be free with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE FUNE TO THE FUNE OF FRED WITHIN

FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL	HYGIEN REG. NO.					
1. DECEDENT'S NAME (First, Middle, Lin	"s Alethia	SEAmb	rose		MONTH	and the same of th		YEAR	TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 213-74-7520 9e. FACILITY NAME (if not institution, given	1 🗆 M 2 🔀 F	92 YRS.	MONTHS DAYE		ce (State or Foreign h Caroli						
Church Hospital			Balti	more Cit	У						
Church Hospital RESIDENCE OF DECEDENT 10a. STATE 10b. COU Maryland	NTY	1277 (62)	TY, TOWN OR LOC Baltimo	e City			1 🖸	INSIDE CITY LIMITS? 1 X YES 2 NO			
10e. STREET AND NUMBER 1127 South Bo	onsal			21224			N OF WHAT	what country?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 X NO Spec	an, Puerto R	? (Specify Yes licen, etc.)	or No.— 14	Black, Wh Specify:	CE — American Indian, ack, White, atc.		
15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Last)	DUCATION ade completed) College (1-4 or 5+)	(Give kind a	s usual occupa f work done during use retired.) emaker	TIDN most of working	16b.		Home	ВТ Н Y			
	Clifton			16. MOTHER'S N							
194 INFORMANT'S NAME (Imaginal	Clifton	19b. MAILIN	G ADDRESS (Stree	Bet and Number or Rural		Daven;		ode)			
Lilly Kielian		1127	South I	Bonsal, B	altim	ore, l	Md. 21	224			
21. SIGNATURE OF FUNERAL SERVICE 23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	or complications that cause on Bi Cal	ed the death. Do each line.	22. NAME Brack 2134 not enter the n	AND ADDRESS OF F Ley-Asht Willow node of dying, su	on Fu Sprin	neral	Home, Balt	Inc.			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с.	S A CONSEQUENCE (
PART il. Other algnificant condit	Ideast Fo		t resulting in the underlying ceuse given in Part I. 24a. WAS AN A PERFORM 1 YES 2 (IED? AVAILABLE PRIOR TO COMPLETION OF CAUSE			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: COTHER:										
1 TYES 2 NO	1 Nonpetient 2 ER/O			ome 5 🗆 Residence	1						
I S Harman 3 Lauring	1 Natural 5 Pending (Month, Day, Year) INJURY M						NJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?				
	3 Suicide a Could not be 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								Number,		
onel —	(Check only 1 A CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								I manner se stated.		
296. SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED 29c. LICENSE NUMBER 29d. DATE SIGNED 2/2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
MANSOOR MI	7 4M000 2	806 - Vi		OR. AV	RNEI	N50	7-01				
MAR 0 2 1994	32. REGISTRANTS GI	GNATURE									

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) AUBREY ALEXANDER 2. DATE OF DEATH MONTH 2 27 94 7:30 1	0
2, 3 should	OR	4. 218 SECURITY NUMBER 5. SEX 1 May 2 F 4. Age (In yrs. last birthday) 90. FACILITY NAME (If not institution, give street and number) SINAI HOSPITAL 6. Age (In yrs. last birthday) 1 Months Days Houris Mini. 1. Date of Birth (Morth, Day, Vear) 98. BIRTHPLACE (State or Form Country) 99. CITY, TOWN OR LOCATION OF DEATH 1 Sc. COUNTY OF DEATH 1 Sc. COUNTY OF DEATH 2 Sc. COUNTY OF DEATH 3 SECURITY NAME (If not institution, give street and number) 1 SINAI 1 May 2 G 1 May 2 G 1 May 3 G 1 May 4 G 1	nign
-	DIRECTOR	RESIDENCE OF DECEDENT 10c. STATE 10b. COUNTY 10c. STATE 10b. COUNTY 10c. STATE 10c.	10
ptysician. burial-transit permit. Pages	FUNERAL	100, STREET AND NUMBER 101, ZIP CODE 2 2 5 10g. CITIZEN OF WHAT COUNTRY? 4203 Newbern Ave 2 2 2 5	
the find	B⊀	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. MAMED 13. Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. MAMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Maxican, Puerto Ricen, etc.) 14. RACE — American Indien Black, White, etc. 15. Specify: Specify:	k.
spital or ed for u	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY	
by the	BE CO	Fr. FATHER'S NAME (First, Middle, Last) Hexander Sr. 18. NOTHER'S NAME (First, Middle, Meiden Supported)	
y be retained age 5 should be notified	2	19b. MAILING ADDRESS (SIGNE and Number, or Rural Route Number, Dry or Town Jan Code) 19b. MAILING ADDRESS (SIGNE and Number, or Rural Route Number, Dry or Town Jan Code) 19b. MAILING ADDRESS (SIGNE and Number, Dry or Town Jan Code) 19b. MAILING ADDRESS (SIGNE and Number, Dry or Town Jan Code) 19b. MAILING ADDRESS (SIGNE and Number, Dry or Town Jan Code)	16
e 6 ma rector, p		20a: METHOD OF DISPOSITION 1 Burlai 2 Gremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Commence of Town, State Conference of Town, Conference of Tow	Mod
9 7		MARCH F/H-WEST 4300 WABASH AVE	
ted within computed in by the completely filled in by the lial, cremation, or remova: event, the medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):	tween
th certificate be execu- ending physician and i Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infilted events resulting in death) LAST b. Hungin Tannie Deficiency (HV) 8 n	no,
requires that the death ween signed by the atternation of Health and Mentail shows any injury,	MEDICAL (PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO F DEATH?	0
law as b sept.	4.4	1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check cold cond.)	,
SICIAN: The certificate he the State I, or Item	PHYSICIAN	EXAMINER? 1 YES 2 NO NOSPITAL: 1 Nospital: 1 Nospita	
DR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate hours after death with the State C tem 28 is marked, or Item	ву Рн	27, MANNER OF DEATH 1 Matural 5 Pending Investigation	
DR ATTENDI DIRECTOR: A hours after do item 28 is		3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, offica City or lown, State) 28f. LOCATION (Street and Number or Rural Route Number. City or lown, State)	
A A E	COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the best of exemination end/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(a) and menner as stated.	ted.
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	TO BE	29b. SIGNATURE AND TYLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, 16er)	4
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) THE PROPERTY OF THE PROPE	
		31. DATE FILED (Month, Day, 1991) 32. REGISTBAR'S SIGNATURE THAN 0, 2, 1994	

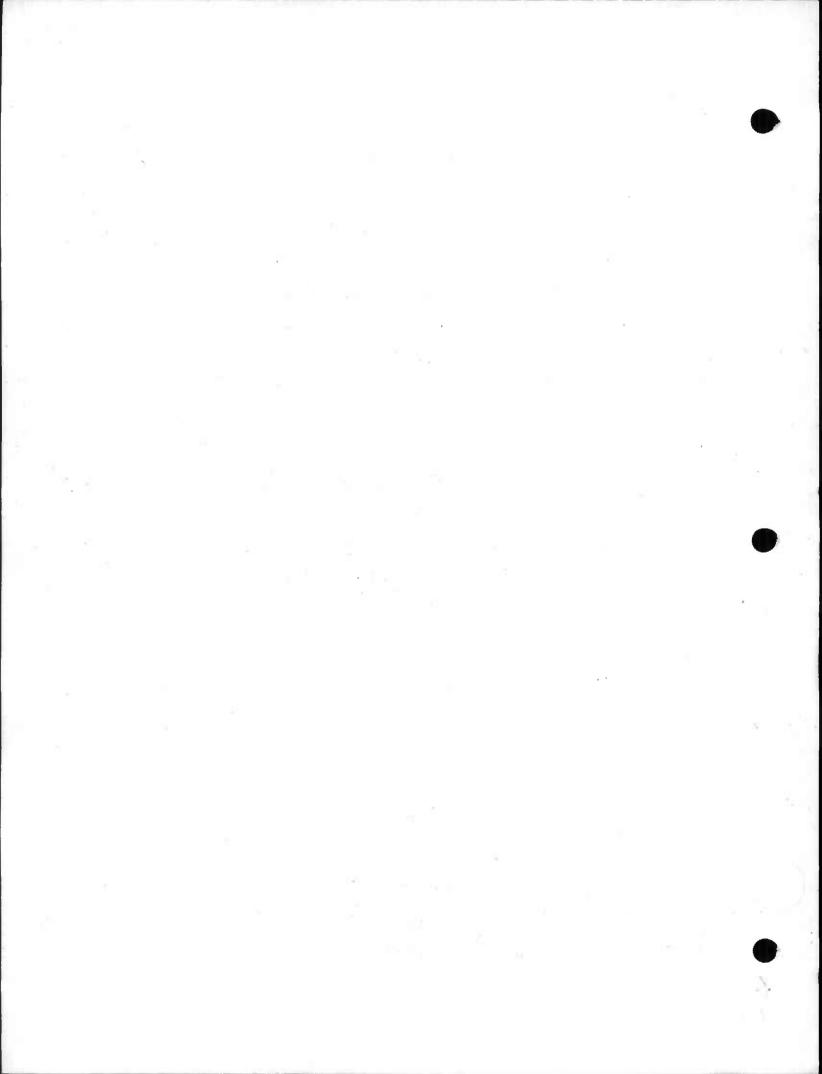
BALTIMORE, MARYLAND 21215-0020 for death. Page 6 may be retained by the hospital or attending physician.

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DIVISION OF VITAL RECORDS, I	8
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	INCOITAL OR ATTENDING DHYCICIAN. The law requires that the death certificate he executed wi
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		1 - FOR STATE OF MARYLAN	ND / DEPARTM	MENT OF HE	EALTH AND N	MENTAL HYGIEN REG. NO					
)		1. DECEDENT'S NAME (First, Middle, Last) Charles Ashley				2. DATE OF DEATH MONTH DA		3. TIME OF DEATH			
Þ		215-22-3426 1X M 2 🗆 F 65		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign Country MD				
2, 3 should	OR	9e. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH SINAI HOSPITAL BALTO									
	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD	1	OWN OR LOCATION	ON		10d. INSIDE CITY				
it permit.	1 1	10e. STREET AND NUMBER	_ DA	10f.	ZIP CODE			1 ^A YES 2 □ NO OF WHAT COUNTRY? S.A.			
burial-transit permit, Pages 1,	FUNERAL	4211 BELVIEU AVE 11. MARITAL STATUS 1 Never Merried 2 X Merried 1 Never Merried 2 X Merried	S. ARMED 2 NO	13. WAS DECE If yee, spec	NDENT OF HISPAN	C ORIGIN? (Specify Yee	or No- 14.	RACE — American Indian, Black, White, etc.			
as the	ED BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATE	ES 6e. DECEDENT'S USU		2 NO Specify.	16b. KIND OF BUS		Specify: BLACK			
ned for use	<u> </u>	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	tired.)							
should be detached for	E COMPL	17. FATHER'S NAME (First, Middle, Lest) FRANK L. ASHLEY			18. MOTHER'S NAM ALIC	E (First, Middle, Maiden E MITCH	Surname)				
S 5	TO B	19a. INFORMANT'S NAME (Type/Print) ELEANOR B. ASHLEY	AND THE STREET			oute Number, City or Tow ALTO, MD					
ector, page must be			LACE AND DATE OF D			1	CATION — CITY				
e funeral director, if. examiner musi		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	/		O ADDRESS OF FAC	WEST 430	O WAB	ASH AVE			
by the		23. PART I. Enter the diseases, or complications that caused the ehock, Dr heert feilure. List only one ceuse on each	ne death. Do not h line.	enter tha mod	a of dying, auch	as cardiac or reapl	ratory arreat,	interval Between			
and completely filled in burial, cremation, or renation atic event, the med		IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) DUE TO (OR AS A CO	ONSEQUENCE OF:	And	nythmic	4		30 Minute			
	CATION	resulting in deeth) e. VENT COULT ATTY THAT I'M I'M DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):									
the attending physician Mental Hygiene prior to njury, or other traun	RTIFICAT	cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted evente	ONSEQUENCE OF):								
y the attendin d Mental Hyg injury, or o	뜅	dPART II. Other eignificent conditions contributing to deeth but		h							
A and	MEDICAL	Cerebonaxular Accident		ne underlying	ceusa given in i	Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Dept. of Health a		OF MAN OLDS OFFICER TO MICHAEL						1 TYES 2 NO			
certificate has been signed in the State Dept. of Health if, or Item 23 shows an	HYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input of 2 ER/Outpett 26. DATE OF INJURY	ent 3 DOA 4	THER: Nursing Home	5 Residence	Other (Specify)					
S T S	BY Pł	1 Neturel 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME OF	M 1 YE	K?	28d. DESCRIBE HOW I					
INECTOR: /	ETED.	4 Homicide determined building, etc. (Specify)) 			28f. LOCATION (Street e City or Town, State)		Rural Route Number,			
E FUNERAL DIRECTOR: After the author of author 72 hours after death vertains. If item 28 is mark	COMPL	(Check only one) CERTIFYING PHYSICIAN: To the best of my knowled one) MEDICAL EXAMINER: On the best of exemination examination examination examination examination.						ouse(e) end menner ee stated.			
TO THE FUNERA be fled within 72 IMPORTANT: I	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER NO	clical J	when	29c. LICENSE NUM	BER	29d DATE SIG	24 1994			
	_	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH SAM SEACI SMAIL H	Laigec	Baltin	VOR, M	0					
		31. DATE FILED (Month, Day, Year) MAR 0 2 1994 Julia Serviden	LA Randelle								

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OHMH-16 Rev 1/89



REG. NO.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN VEAR Lyal Travis ARNEW February 28. 1994 3:45 a M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTN (Month, Day, Year) 9 or 3 or 1912 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS 217-20-1395 81 1 - M 2 XF YRS. New York use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN SC. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Rossville Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, JOWN OR LOCATION 10d. INSIDE CITY Maryland Dundalk Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? United States 7302 Holabird Avenue 21222 death. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the burial-trans 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE - American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 XNO
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gi Elementary/Secondary (0-12) College (1-4 or 5+) Welding Supply House 12th Grade Accountant 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Jessica Hesslinger Theodore Travis BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 7912 Lowtide Ct. Pasadena, Maryland Hyles M. Arnew, Jr. pe 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, Stata 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Hilliop Service Corp. 3/1/94 Towson, Maryland 4 ☐ Donation 8 ☐ Other (Specify) 21. SIGNATURE OF PUNERAL SCRICE LICENSEE medical examiner 22. NAME AND ADDRESS OF FACILITY
Duda→Ruck Funeral Home of Dundalk, Inc. urs after death. 7922 Wise Ave. Dundalk, Maryland 21222 ysician and completely filled in by the prior to burial, cremation, or removal. 23, PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line **Onset and Death** IMMEDIATE CAUSE (Finei the disease or condition . Severe chronic obstructive pulmonary disease event, resulting in death) executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760, traumatic a Cor pulmonale CERTIFICATION Sequantielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury e attending physician a ental Hygiene prior to that the death certificate be · Arteriosclerotic cardiovascular disease DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 the atter PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO P P эшу COMPLETION OF CAUSE signed t 1 YES 2 NO shows 1 TYES 2 NO pt. of H PHYSICIAN: Dept. WE 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) Hem the State AL OR ATTENDING PHYSICIAN: TI LI DIRECTOR: After this certificate 2 hours after death with the State of Item 28 is marked, or Item OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 8 Residence 8 Other (Specify) 27. MANNER OF DEATN 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Netural
2 Accident 1 YES 2 NO BY 28a. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 3 Suicide 8 Could not be 4 Nomicide COMPL 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the Ilma, data and place, and due to the cause(a) and manner as stated. HOSPITAL (FUNERAL D within 72 h 2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. THE FUNERA

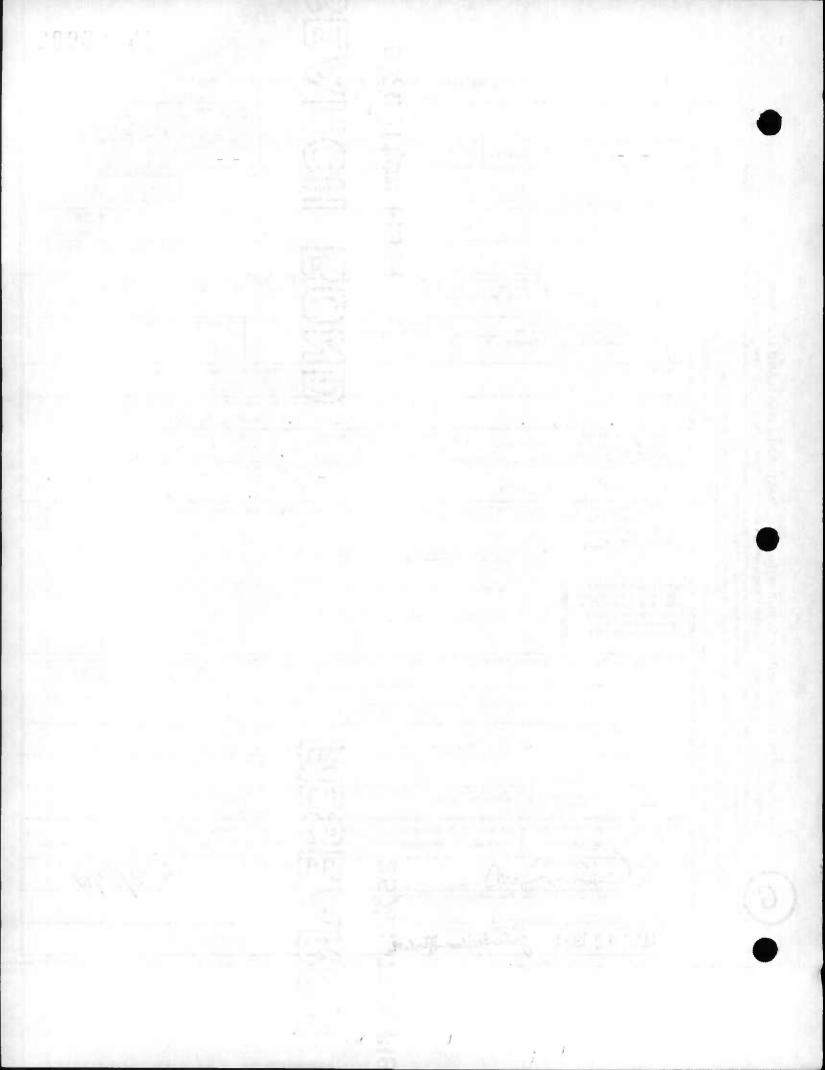
Be filed within 7

IMPORTANT: 1 296. SIGNATURE KNO TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morth, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Kiumarce Kashi M.D. 9000 Franklin Square Drive, Baltimore, Maryland 21237 32 REGISTRAP'S SIGNATURE
Films Builden Fandale 31. DATE FILED (Month, Day, Year)
MAR 0 2 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

DNMN-18 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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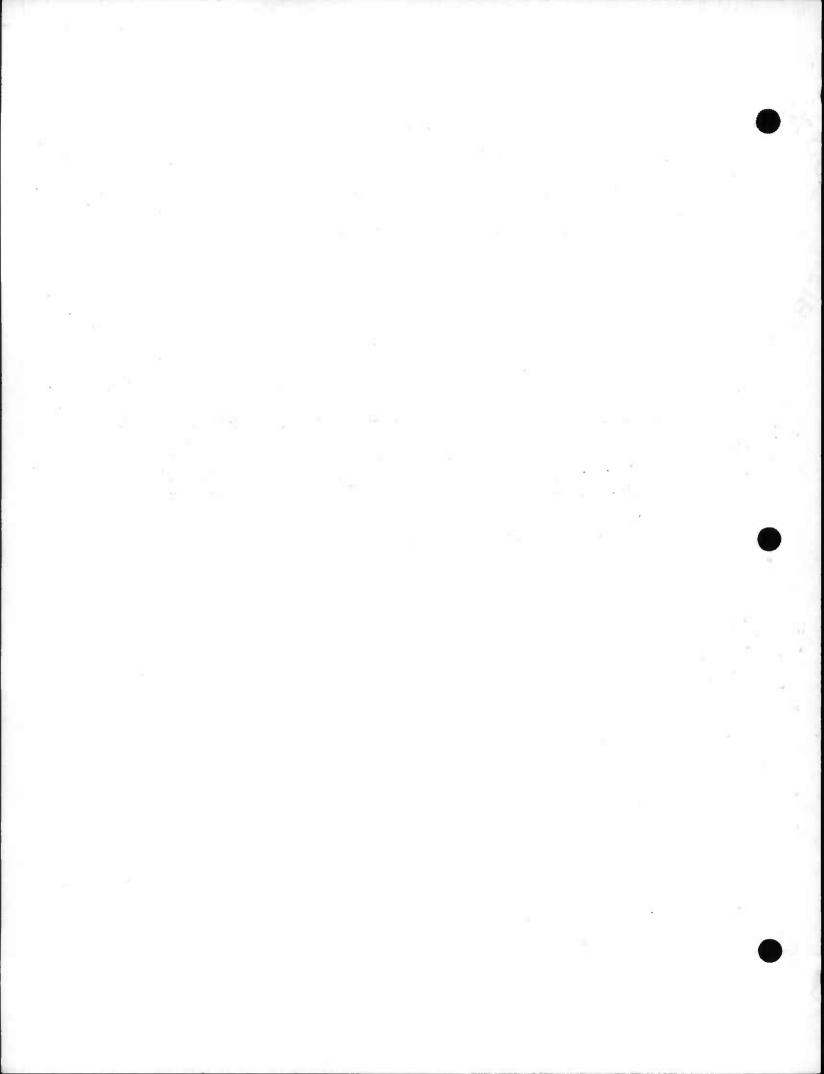
	t. DECEDENT'S NAME (First, Middle, Last)			JEIT III	ICATE OF	DEA		2. DATE O	REG. NO	D.		3. TIME OF DEATH
	Margaret Eliza	abeth Red	man Bu	rcheti	<u>-</u>			Feb.	23,	1994	YEAR	3 P.
	4. SOCIAL SECURITY NUMBER	CURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7.						7. DATE O	BIRTH		8. BIRTI	HPLACE (State or Foreign
	218-38-3659	1 🗆 M 2 😾 F	7	7 YRS.	MONTHS DAYS	HOURS	MIN.		Day, Year) 2 1	917	M A D	
	9e. FACILITY NAME (If not institution, give s	street and number)	· · · · · · · · · · · · · · · · · · ·		9b. CITY, TOWN	OR LOCATI	ON OF DE		3, 1917 MARYLAND 9c. COUNTY OF OEATH			
CTOR	1508 Greenspring Drive LUTHERVILLE									BA	ALTI	MORE
DIREC	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOCA	TION						10d. INSIDE CITY LIMITS?
		TIMORE			LUTHER							1 TYES TO NO
FUNERAL	10e. STREET AND NUMBER				10	H. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
ME	1508 Greenspring					2109	93			US	SA	
E	11. MARITAL STATUS 1 Never Merried 2 X Merried	RITAL STATUS 12. WAS DECEDENT EVER IN U.S. HRMED 13. WAS DECEMBENT OF HISPANIC ORIG						VIC ORIGIN?	(Specify Ye	e or No-	14. RACI	E — Americen Indian, k, White, etc.
BY	3 Wildowed 4 Divorced	IF YES GIVE WAR OR DATES							Mil Mirel	i	Spec	illy:
0											HITE	
ETE	(Specify only highest grade	(Specify only highest grade completed) (Give kind of work done during most of working						16b. F	IND OF BL	JSINESS/INC	DUSTRY	
Z	Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5 +) HOUSEWIFE							Iomen	aking	7	
COMPL	17. FATHER'S NAME (First, Middle, Lest)										>	
		ck Oscar	Redman					ME (First, Mic et Mai			2	
BE	19e. INFORMANT'S NAME (Type/Print)											
5		nett Lane			Greens							VD 21093
	2505 offenspring brive, backerville, in											
	20b. PLACE AND DATE OF DISPOSITION 14 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Resley United Meth. Cemetery FEB Sparks, MD											
	Bosley United Meth. Cemetery FEB Sparks, MD 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY											
	Lemmon-Mitchell-Wiedefeld, Inc.											
	10 W. Padonia Rd., Timonium, MD 21093											
other traumatic event, the medical examiner TIFICATION	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final											
	ahock, or haart fallure. IMMEDIATE CAUSE (Final	Liat only one cau	se on aach II	ina.	not enter the mo	Par ode of dy	doni	a Rd has cardie	Tin c or resp	oniu	n - MI	
	ahock, or haart fallure.	e. Taio oue to	se on aach II	ina.	not enter the mo	Par ode of dy	doni	a Rd has cardie	Tin c or resp	oniu	n - MI	Approximata Interval Between
NOI	ahock, or haart fallure. IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) Sequentially list conditions,	e. Idio oue to oue to	se on aach II	Na. Pu SEOVENCE O	lugnar	Par ode of dy	doni	a Rd has cardie	Tin c or resp	oniu	n - MI	21093 Approximata Interval Betwee Onset and Dea
CATION	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	e. Idio oue to oue to	on aach II	Na. Pu SEOVENCE O	lugnar	Par ode of dy	doni	a Rd has cardie	Tin c or resp	oniu	n - MI	21093 Approximata Interval Betwee Onset and Dea
IFICATION	ahock, or haart fallure. IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) Sequentially list conditions, if any, leading to immediate	e. Taio oue to b. Due to c.	on aach II	SEOUENCE O	luen ar	Par ode of dy	doni	a Rd has cardie	Tin c or resp	oniu	n - MI	21093 Approximata Interval Between Onset and Dea
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ETED BY PHYSICIAN: MEDICAL C	ahock, or haart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 8 Could not be determined	e. July one cau e. July one cau b. DUE TO c. DUE TO d	COR AS A CONS (OR AS	SEOUENCE OF SEOUEN	DOTHER: 4 Nursing Horizont Milking M	Day Day Day Day Day Day Day Day	given in	Part I. 2 eck only one) 6 Other (281, LOCAT City or	Time or respondence of respondence o	N AUTOPSY RMED? 2 NO	24b	Approximata interval Betwee Onset and Dea 3 years were autopsy finding Amalable Prior to Competition of Cause of Death?
BY PHYSICIAN: MEDICAL C	ahock, or haart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 8 Could not be determined	e. July one cau e. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpettent 2 28e. DATE OF (Month, De) 28e. PLACE Of building.	COR AS A CONS (OR AS	SEOUENCE OF SEOUEN	DOTHER: 4 Nursing Horizon Miller Mi	I Pacode of dy	given in	Part I. 2 eck only one) 6 Other (28t. LOCAT City or	4a. WAS AI PERFO VES Specify) RIBE HOW ION (Street Town, State	N AUTOPSY RMED? 2 NO	24b	Approximata Interval Betwee Onset and Dea 3 years D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zeriours after death. Page 6 may be retained by the brospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

_	REGISTRAR			CI	ERITE	CALE	IF DEA	H	A	EG. NO.				
	1. DECEDENT'S NAME (First,		Scheffey	Rertol	at				2. DATE OF C	DA		YEAR	3. TIME C	
	4. SOCIAL SECURITY NUME							$\overline{}$	Februa		0, 1			40 P. M
- 1				6. AGE (In yrs. les		IF UNDER 1 YE		Miles	7. DATE OF B (Month, De)	(Year)		Counti	ry)	ate or Foreign
	171–50–060		1 M 2 X F	101	YRS.				Oct. 1	0, 1	892	Penn	sylv.	ania
	Sa. FACILITY NAME (If not in	stitution, give stre	et and number)			9b. CITY, TO	VN OR LOCAT	ION OF DEA	ATH		9c. COU	VTY OF D	EATH	
DIRECTOR	3101 Monk	ton Roa	ıd			Mon	kton				Ba1	timo	re C	ounty
ธิ	RESIDENCE OF DEC													
RE	10a, STATE	10b. COUNTY				TOWN OR L							10d. INSI	DE CITY
	Maryland	Baltin	nore Coun	ıty	Mo	nkton								2 X NO
A I	10e. STREET AND NUMBER						10f. ZIP COC	DE		T	10g. CITI	ZEN OF V	WHAT COU	NTRY?
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FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS	DECENDENT	OF HISPANII	C ORIGIN? (Sp	ecify Yea	or No	14. RACE	E — Americ	en Indian
L	1 Never Married 2		FORCES? 1 [NO	If yes		en, Mexican,	, Puarto Rican			Black	k, White, at	c.
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES					'-	A III	Openiy			- 1	Speci	Whi	te
COMPLETED	15, DECEDENT'S EDUCATION 18a. DECEDE					SUAL OCCU	ATION		16b. KIN	D OF BUS	NESS/IND	USTRY		
Ш	(Specify only highest grade completed) (Give kind of wo					retired.)	most of work	ing						
릴	Elementary/Secondary (0-12) College (1-4 or 5+) 12 Housewif								Н	omem	aker			
õ	17. FATHER'S NAME (First, M	iddle, Last)					16. MOT	THER'S NAM	IE (First, Middle	. Maiden S	Surname)			
	Frank	R	L	Schef	fey		Ma	ary	G			Gib	son	
BE	19a. INFORMANT'S NAME (7	ypa/Print)		19	b. MAILING A	DDRESS (Str	eet and Numbe	er or Rural Ac	oute Number, C	ity or Town	Stata Zin	Code)	_	
일	Mrs. Heywa	rd H. M	lacdonald	1					nkton,	•		,	111	
	20a. METHOD OF DISPOSIT		асцонато		ANDDATEOR			ı, HOI	DATE DATE		ATION -			
	1 XBuriel 2 Cremation 4 Donation 5 Other		al Irom State	cemetery, cre	matory or other	er placel			1					1
ı	21. SIGNATURA OF FUNERAL		NSEE	Laure	Luare	22. NAM	E AND ADDR	ESS OF FAC	LITY Dul	W. K	eagi	ng,	renns	sylvania
	Martin	OS HA	Luson			Lemm	on-Mit	chell	l-Wied	aney efel	ανα⊥	теу	Home	10
	Martin	D. Laws	on			10 W	. Pado	onia l	Rd, Ti	moni	um,	MD 2	1093	
PHYSICIAN: MEDICAL CERTIFICATION	ahock, or heart fellure. List only one cause on sach lins. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in death but					the under			_ 10	WAS AN A PERFORI	MED?	24b	. WERE AUT AVAILABLE COMPLETI OF DEATH	OPSY FINDINGS F PRIOR TO ON OF CAUSE 7
<u> </u>	EXAMINER?		HOSPITAL:	ER/Oulpatient 3		OTHER:	Home 5 04	asidence 6	Other (Spi	nc#VI				
	27. MANNER OF DEATH		28a. DATE OF I	NJURY	28b. TIME	OF 26c	INJURY AT				E HOW INJURY OCCURED			
2		Pending Investigation	(Month, Day	y, rear)	INJU		WORK?							
	2 - 6:144-	Could not be	28a. PLACE OF	INJURY — At ho	me, larm, str	eel, factory,	office		28f. LOCATION	N (Street ar	nd Number	or Rural F	Route Numb	07.
ŭ		determined	building, a	tc. (Specify)					City or Tox					
COMPLEIED	29a. CERTIFIER	TEVING BUTTON	ANI. To the h		OF STREET			32 52 63						
£			AN: To the best of n											
3			On the basis of axe	entination and/or	investigation,	in my opinio	n, death occu	ared at the H	ime, date and	placa, and	due to th	e cause(s	i) and mani	ner as stated.
N N	296. SIGNATURE AND TYPLE	OF CERTIFIER	. 14.				29c. LIC	ENSE NUME	BEA		29d. DATI	SIGNED	(Month, Da	y. Ypar)
	RXI	MHIM	B M				04	34/1	22			2/2	7	194
-	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE	E OF DEATH (ITE	M 27) (Type, F	Print)	-					10		
	Robert L.	Gattus	o, M.D.	16940	York	Road,	Heref	ord,	Mary1	and				
	31. DATE FILED (Month, Day.		52, REGISTRAR						,	•		_		
10	B B B B B B B B B B B B B B B B B B B	· //		**										
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BALTIMORE, MARYLAND 21215-0020

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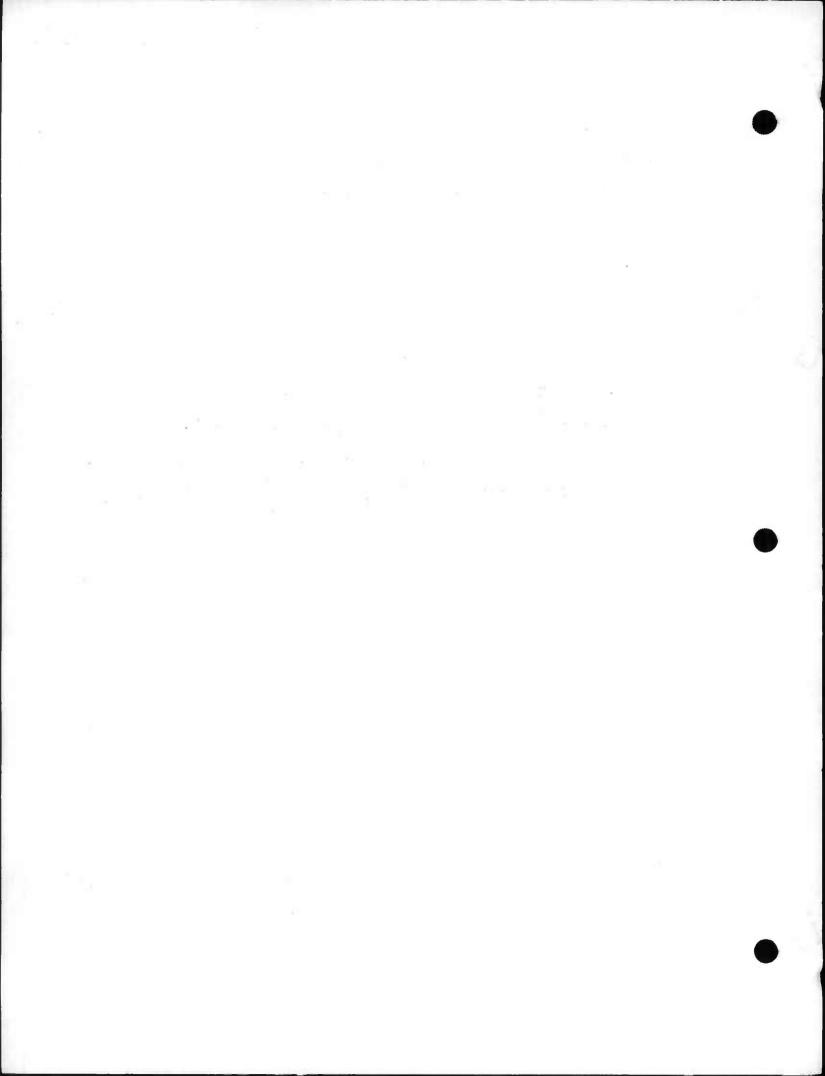
TO THE HUSTON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.

THE HUSTON After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended to the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTAND II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	TIEGIOTTIATI					TONT		DEA			EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH														
	Ethel E. Burgess												994 10:50 p. M		
	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. les		last birthday)	t birthday) IF UNDER				7. DATE OF BIRTH			8. BIRTHPLACE (State or Foreign		
	213-74-6232	1 D M 2 DF 88		YRS.	YRS. MONTHS D		YS HOURS MIN.		(Month, Day, Year) 2/19/1906		6	Country) Md			
	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEATH					/ 190	9c. COUNTY OF DEATH			
۳ ا	Bon Secour Extended Care Facility					Ellicott City							Howard		
DIRECTOR	RESIDENCE OF DEC	- ,	1 Howard						<u>u</u>						
E I	10s. STATE 10b. COUNTY					14							10d. INSIDE CITY		
	Md Howard				E	Ellicott City					1 _ YES 2 [
A	10e. STREET AND NUMBER					101. ZIP CODE						WHAT COUNTRY?			
FUNERAL	3000 N. Ridge Road					31043					USA			SA	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI									IC ORIGIN? (Specify Yes or No-			14. RACE	E — American Indian, k, White, etc.	
BY F	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				XNO	If yes, specify Cuben, Maxica 1 YES 2 JNO Specify								k, White, etc.	
	3 € Wildowed 4 Divorced											hite			
빌	15. OECEDENT'S EDUCATION 18a. DEC (Specify only highest grade completed) (Giv					EDENT'S USUAL OCCUPATION It kind of work done during most of working					16b. KIND OF BUSINESS/INDUSTRY				
Ш	Elementary/Secondary (0-12) College (1-4 or 5+)					Do NOT use retired)									
₽ I				Home	Homemaker				Own Home						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA				ME (First, Middle, Maiden Surname)						
BE	Edward W. M		ger							Jane 1					
2	19s. INFORMANT'S NAME (7									loute Number, C				-	
	Rebecca Vale				2205	Pleas	sant	Dri	ve, I	Balto,	Md,	2122	28		
							D DATE OF DISPOSITION (Name of atory or other place)				OATE 20c. LOCATION — City or Town, State				
	4 Donation 5 Other (Specify) Greenmon						nt Crematory				2/23 Baltimore, Md.				
1	21. SIGNATURE OF FUNERAL SERVICE DICENSEE														
	Mulh	Sterling Ashton Funeral Home 726 Edmondson Avenue, Balto, Md. 21228													
	23. PART I. Enter the d	seeses, or c	omplicetions the	t ceused the	death. Do	not enter	the mo	de of dy	ing, such	aa cardiac	or respi	ratory en	rest,	Approximata	
	to the second of		List only one car	ise Dn aach I	na.									Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Argentation Card Total Disease Onset and Death Onset and Death Onset and Death														
-															
CERTIFICATION	Sequentially list conditi		DUE TO	(OR AS A CON	SEOUENCE O	F):									
8	cause. Enter UNDERLYING														
	CAUSE (Disease or Injury that Initiated eventa Due TO (OR AS A CONSEQUENCE OF):														
	resulting in death) LAS	T .	d												
	PART II. Other significa	nt condition	a contributing to	death but no	t resulting	In the ur	declulo	a cours	alvan In I	Bart I as-	MAR AN	ALITOROV	1 000	WERE ALTERDAY ENGINEE	
8		t touching	lutting in the undarrying cease given in				Part I. 24a. WAS AN AUTOPSY PERFORMED?			240	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE				
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in									1 YES 2 NO OF DEATH?						
Σ	1 _ YE										1 YES 2 NO				
ž	OF WAS CASE DEFENDED TO MEDICAL														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:														
ĭ.	1 TYES 2 NO		1 Inpetient 2			-	_		asidenca	6 Other (Sp					
	27. MANNER OF DEATH 1 ☑ Natural 5 □	28b. TIR	JURY		PRK?	_	28d. OESCRIBE HOW INJURY OCCUREO								
B	2 Accident		M 1 TES 2 NO												
8	3 Suicide 6 Could not be 4 Homicide determined					na, term, street, tactory, office				28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED															
린	29e. CERTIFIER (Check only cond) (Check only cond)														
ξ.	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.														
ш	295. SIGNATURE AND THE OF CERTIFIER 2961. DATE SHIPMED (More). Day Share														
TO B	Johnsh	V)	10233				565	65 121/94							
F	30. NAME AND ADDRESS OF	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													
	<u> </u>														
	31. DATE FILED (Month, Day,		32. REGISTRA	R'S SIGNATURE											
	MAR 0 2 19	394	Jui sin	an fine	AL.										
			CONTRACTOR SERVICE	with an in	per Sample			-						DHMH.16 Rev 1/89	



3. TIME OF OFATH 5:00

B. BIRTHPLACE (State or Formion

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

Specify:

USA

WHITEVILLE, NC

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 TYES 2 THO

Black

Interval Between

Onset and Death

May now

5wice prior

ticleugh

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 TYES 2 TNO

29d. DATE SIGNED (Month, Day, Year)

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last

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e5/21 4. SOCIAL SECURITY NUMBER
243-36 155 IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 66 10-9-27 YRS. permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Veterans Administration Hosp. Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Baltimore 100. STREET AND NUMBER FUNERAL 10f. ZIP CODE use as the burial-transit 9829 Marriottsville Road 21133 hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 Never Married 2 X Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced 3/25/47 2/5/46 COMPLETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high for Elementary/Secondary (0-12) College (1-4 or 5+) Amstar Sugar Refinery detached 12th Sanitation 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) retained by the 2 PINK BEST BE LULA JANE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MAENOVIA BEST 9829 MARRIOTTSVILLE RD. BALTO., MD 2 9 20b. PLACE AND DATE OF DISPOSITION (Name of 3/5/94 DATE Page 6 may 20c. LOCATION -- City or Town, Stata must GROVE MISS. CEDAR CH. CEM WHITEVILLE, N.C. examiner 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY nours after death. P filled in by the funeral ion, or removal. LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE medicai 23. PARY I. Enter the disease, Dr complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause of each line. IMMEDIATE CAUSE (Final completely filled irial, cremation, Amyloidosis the disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): and com precuted traumatic CERTIFICATION Sequentially list conditions. OUF TO JOB AS A CONSEQUENCE OF 2 anding physician a If any, leading to immediate prior cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 6 the atter injury. PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by t amy YES 2 NO t. of has be Dept. c PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate the the State HOSPITAL: OTHER: 1 YES 2 NO DR ATTENDING PHYSICIAN: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. with c Natural 5 Pending 1 YES 2 NO BY After 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 89 6 Could not be DIRECTOR: A COMPLETED 4 Homicide 28 Het 29a. CERTIFIER

(Chank note)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. within 72 h TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIE BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Prin

HEN

32. REGISTRAN'S SIGNATURE

10-65

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF DEATH

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OHMH-18 Rev 1/89

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31. DATE FILED (Morith, Day, Year)
MAR 0 2 1994

Julia Buiden Pandale

	FOR STATE REGISTRAR		CE	RTIF	ICATE	OF DEAT		MENTAL HYGIEN REG. NO			
	JOHN ANDREW BOWNS. BOUNDS, ST.							2. DATE OF DEATH DO 2 2	AY 7	YEAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	birthday)	IF UNDER 1	YEAR IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)	
	217-09-2572	1 🔀 M 2 🗆 F∷	78	YRS.				Apr 18 191	15	Maryland	
~	Se. FACILITY NAME (If not institution, give				OWN OR LOCATION			9c. COU	INTY OF DEATH		
Ď	St. Agnes Hosp			В.	altimor	e Ci	ty				
DIRECTOR	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR	LOCATION				10d. INSIDE CITY	
DIE	Maryland			В	altim	ore				LIMITS?	
A	10s. STREET AND NUMBER		-			101, ZIP CODI	E		10g. CIT	IZEN OF WHAT COUNTRY?	
ER	3646 Greenvale	Road				212	29		U.S		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. ARE YES 2 N WAR OR DATES WWTT	MED	lf y	S DECENDENT O	n, Mexica	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No—	14. RACE — American Indian, Black, Whita, etc. Specify: White	
0	15. DECEDENT'S EC	UCATION	15a. DE	CEOENT'S	USUAL OCC	UPATION		16b. KIND OF BU	I SINESS/ING		
COMPLETED	(Specify only highest gra	College (1-4 or 5	(Gf	ve kind of a Do NOT us	vork done dur se retired.)	ing most of workin	ng				
MPI	8		Me	chan	ical l	Electri	cian	Balti	more	City	
Ö	17. FATHER'S NAME (First, Middle, Last)			-		18. MOTH	HER'S NAI	ME (First, Middle, Maiden	Surname)		
BE	John BOUNDS						Flor				
2	19a. INFORMANT'S NAME (Type/Print)							Route Number, City or Tow			
	20a. METHOD OF DISPOSITION	Catherine Blair 12673 Triadelphia Rd, Ellicott City,MD 21042									
	1 & Buriel 2 Cremation 3 Removal from State Camplancy or other places										
	21. SIGNATURE OF FUNERAL REPVICE I	JCENSET.	Loudo	n ra			SS OF EA		timo	re, MD	
	21. SIGNATORS OF FUNERAL MEDICE LICENSES. 122. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC.										
	1 Line 18	of The			410	7 Wilk	ens .	Ave, Balti	more	, MD 21229	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, abrock, or heart feliure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death OUE TO (OR AS A CONSEQUENCE OF):										
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL CI	PERFORMED? AMAILABLE PRIOR TO									COMPLETION OF CAUSE OF DEATH?	
4.1	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
4.4	EXAMINER?	1 YES 2 PNO HOSPITAL: OTHER: 4 Nursing Home 5 Residence 8 Other (Specify)									
SICIAN:	1 YES 2 10			JURY 28b. TIME OF 28c. INJURY AT				28d. DESCRIBE HOW INJURY OCCURED			
PHYSICIAN:	1 YES 2 AO 27. MANNER OF DEATH	28a. DATE OF (Month, D		INJ	M 1 TYES 2 NO						
BY PHYSICIAN:	1 VES 2 A0 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D.	ay, Year)		М		NO	200 LOCATION (O		2	
ED BY PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending	28a. DATE OF (Month, D.			М		NO	281, LOCATION (Street a City or Town, State)	and Number	or Rural Route Number,	
ETED BY PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined 29a. CENTIFIER Check only 1 CERTIFYING PHY	28a. DATE OF (Month, D) 28a. PLACE O building,	F INJURY — At honatc. (Specify) my knowledge, dea	ne, ferm, s	M treet, factory	, office	and dua	City or Town, State) to the cause(a) and man	nner aa stat		
E COMPLETED BY PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined 29a. CENTIFIER Check only 1 CERTIFYING PHY	28a. DATE OF (Month, D) 28a. PLACE O building, SICIAN: To the best of 46A: On the bests of a)	F INJURY — At honatc. (Specify) my knowledge, dea	ne, ferm, s	M treet, factory	, office , data and pleca, ion, death occur	and dua	City or Town, State) to the cause(a) and man time, data and piaca, an	nner aa stat d due to th	ted. ne cause(a) and menner as stated.	
ETED BY PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CENTIFIER Check only 1 CERTIFYING PHY	28a. DATE OF (Month, D) 28a. PLACE O building, SICIAN: To the best of 46A: On the bests of a)	F INJURY — At honatc. (Specify) my knowledge, dea	ne, ferm, s	M treet, factory	, office , data and place, ion, death occur 29c, LICE	and dua	City or Town, State) to the cause(a) and man time, data and piaca, an	ner as stat d due to th 29d, DATI	led.	

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8. BIRTHPLACE (State or Foreign Country)
Washington, DC

1994

9c. COUNTY OF DEATH Baltimore

Approximata **Onset and Death**

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Kathleen

4. SOCIAL SECURITY NUMBER

212-09-0115

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	1	-
30,	within	
(687	executed	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after	The second district the second
ייָ בי	death	
ă	the state	
O.B.	that	
REC	requires	
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OF VI	HYSICIAN:	
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18	ATTEN	-
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	PITAL	

3	THE THE PARTY IN THE PROPERTY OF THE PARTY O	erroet and number)		96. CITY, 109	YN OR LOCATION OF DEATH		9c. COUNTY	OF DEATH	
DIRECTOR	Greater Baltimore Medical Center			Towson			Baltimore		
EC	10a. STATE 10b. COUNT	Υ	10c. CI	TY, TOWN OR LO	10d. INSIDE CITY				
DIR	Maryland Bal	timore	C	ockeys	ville			1 YES 2 NO	
AL	10a. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
JER	309 D Limestone	Valley Dr.			21030		US	A	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes	DECENDENT OF HISPANIC O , specify Cuban, Mexican, Pu YES 2 NO Specify:		1	RACE — American Indian, Black, White, atc. Specify: White	
ED	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S	USUAL OCCUP work done during	ATION I most of working	16b. KIND OF BUSI	NESS/INDUSTI	RY	
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	House	se retired.)	TOOL OF WORKING	Hom	emakir	ng	
COMPL	17. FATHER'S NAME (First, Middle, Last) Thomas O'Cont	oor			18. MOTHER'S NAME (F	First, Middle, Meiden Sine Fentoi			
BE	19e. INFORMANT'S NAME (Type/Print)	iei	105 MAN INC	ADDRESS (St.	net and Number or Rural Route			21030	
5	John K. Coles,	Sr.			stone Valley				
	20e. METHOD OF DISPOSITION 1 C Burlel 2 Cremation 3 Ren 4 Donetion	noval from State	PLACE AND DATE etery, crematory or c	of Disposition	emetery 2/25	DATE 20c. LOCA	ation — city of altimor		
	21. SIGNATURE OF FUNCTION SERVICE-L	CENSUE		22. NAME	E AND ADDRESS OF FACILITY	Y		0,	
	Lemmon-Mitchell-Wiedefeld 10 W. Padonia Rd., Timonium, M							MD 21003	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arm								
	ahock, Dr heart fellure.	List only one ceuse on ee	ch line.	-				Approximata interval Betwee Onset and Dear	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Congestive fort Failure de description de la consequence of:								
	resolving in death)	DUE TO (OR A	CONSEQUENCE O	F):				7.5	
8	Sequentially list conditions,	bDUE TO (OR AS A	COMPROMENOS						
E	if any, laading to immediate ceuse. Enter UNDERLYING	DOE TO (ON AS A	CONSEQUENCE (r):					
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):					
CERTIFICATION	resulting in death) LAST	d							
- 1	PART II. Other significant condition	ns contributing to deeth bu	it not resulting	in the underly	ving cause given in Part	I, 24a. WAS AN A	UTOPSY	24b. WERE AUTOPSY FINDINGS	
2					A STATE OF THE STA	PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL						1 🗆 YES 2 [_ NO	OF DEATH?	
2								1 123 2 10	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Check or	nly one)			
Į Š	1 TYES 2 NO	HOSPITAL: 1) Cinpetient 2 - ER/Outpe	itlent 3 DOA	OTHER: 4 - Nursing h	fome 5 - Residence 8 -	Other (Specify)			
H	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	E OF 28c.	INJURY AT 28d WORK?	DESCRIBE HOW IN.	JURY OCCURE	D	
B	2 Accident Investigation				YES 2 NO				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Special	— At home, ferm,	street, factory, o	iffice 28f.	LOCATION (Street and City or Town, State)	d Number or Ru	ural Route Number,	
PLE	29e. CERTIFIER (Check only	ICIAN: To the best of my knowle	edge, death occum	ed at the time, o	late and place, and due to th	e cause(e) end menn	er ee stated.		
COMPLETED	anal .	ER: On the basis of exemination						/se(e) end manner ee stated.	
BE C	296. SIGNATURE AND TITLE OF CENTIFIE	11,	2.0		29c. LICENSE NUMBER	0/	29d. DATE SIG	NED (Mogth, Day, Year)	
0	When 1	YO MD			10041	26	1 2/	24/94	
	30. NAME AND ADDRESS OF PEASON M				C 103	Т	MD :	21204	
l li	Alberto Diaz, M.	υ. /	401 USI	er Dr.	, Suite 103,	rowson	, IVID	Z 1 Z U 4	

32. REGISTRAR'S SIGNATURE

Dinden Re

31. DATE FILED (Month, Day, Year) MAR 0 2 1994

Dorothea

6. AGE (In yrs. last birthday)

92

YRS

5. SEX

1 M 2 XF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Coles

IF UNDER 1 YEAR IF UNDER 24 HRS.
MONTHS DAYS HOURS MIN.

2. DATE OF DEATH Feb.

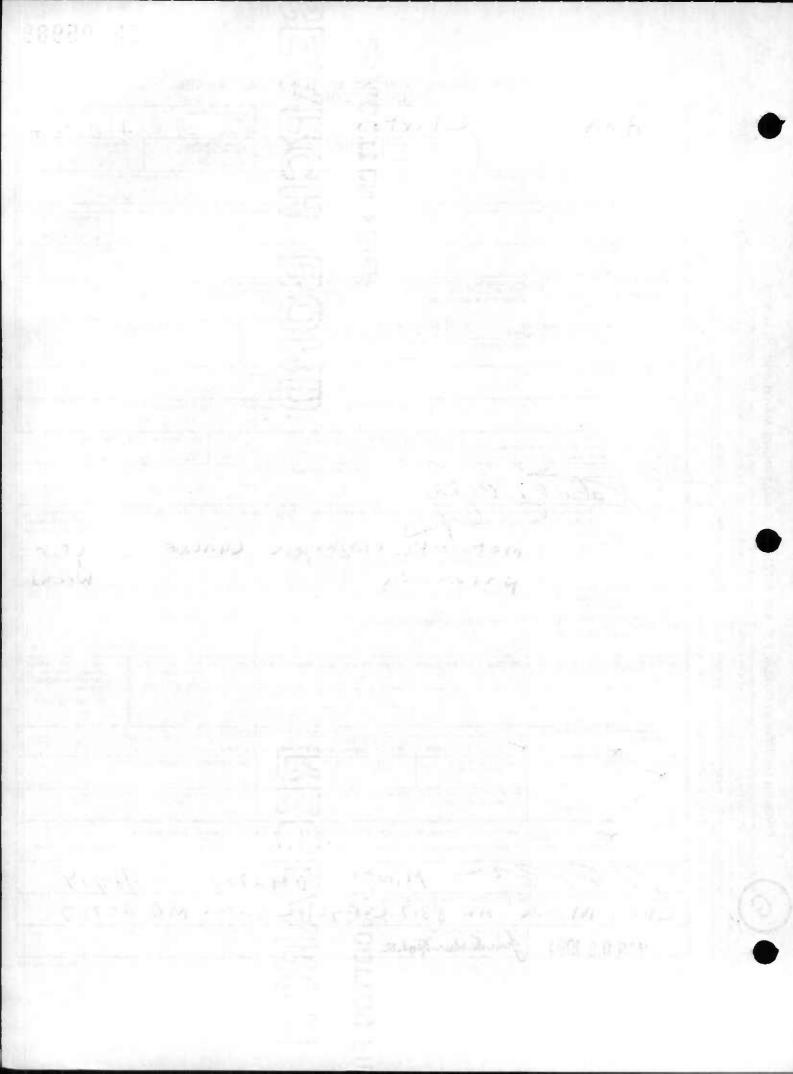
7. DATE OF BIRTH (Month, Day, Year)
Way 21 1901

DHMH-18 Rev 1/89

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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	1, DECEDENT'S NAME (First, Middle,	Lasi)		ICATE OF		2. DATE OF DE	S. NO.	3. TIME OF DEATH		
1	Ann	(Claxt	IGGINS CI	LAXION	MONTH	DAY	YEAR OTOO		
	4. SOCIAL SECURITY NUMBER 518-50-4840	1 🗆 M 2 🗓 F	AGE (in yrs. lest birthdey) 49 vns.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 06-16-	(bar)	8. BIRTHPLACE (State or Fore Country) IDAHO		
CTOR	9a. FACILITY NAME (If not institution, GREATER LAUREL		HOSPITAL	LAUR	OR LOCATION OF D	DEATH		NCE GEORGE		
DIRECT	10a. STATE 10b. CO		TY, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X N			
RAL	10e. STREET AND NUMBER			101	10g. CITIZ	EN OF WHAT COUNTRY?				
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LETED	16. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	S EDUCATION I grade completed) College (1-4 or 5+)				32-34-3	OF BUSINESS/INDU	JSTRY		
E COMPI	17. FATHER'S NAME (First, Middle, Le. WILLIAM HIGGIN				and the second of the second o	AME (First, Middle, I	Walden Surname)			
TO BI	19a. INFORMANT'S NAME (Type/Print) ALBERT N. CLAX 20a. METHOD OF DISPOSITION	·		ADDRESS (Street a						
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	IE 23. FARIA. ENIET INE GISCESCI		LANCE D							
	shock, or heert fel	s, or complications that de flure. List only one cause of s. We to DUE TO (OR			ode of dying, su	ch as cardiac or	respiratory arre	est, Approximatinterval Be		
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E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may b	FINERAL DIRECTOR: After this certificate has been sinned by the attending physician and completely filled in by the funeral diseason, and
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH CRAWFORD LoLA 2:30 94 6. AGE (In yrs. last birthday) A SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH S. BIRTNPLACE (State or Foreign 240-32-9690 13 1 - M 2 KF 20 11-17for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN of EVERGREEN NURSING HOME MD. 212/5 DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO MD BALTO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21215 U.S.A. 3619 PARK HEIGHTS AVE retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES ※ X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie 3 Widowed 4 Divorced If yes, specify Cuban, Mexican, Puerto Rican, 1 YES 2X NO Specify: B Specify BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) LONDON FOG UNKNOWN lage 5 should be detached 9TH notified at once. 17 FATHER'S NAME (First Middle Leet) 18. MOTHER'S NAME (First, Middle, Maiden Surname) FLORINE GOODMAN COLLIE HAWKS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
3619 PARK HEIGHTS AVE BALTO, MD 21215 2 DORSEY CRAWFORD 99 20s. METHOD OF DISPOSITION
| Buriel 2 | Cremation 3 | Removal from State
| Donetion 5 | Other (Specify) | 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must GARRISON FÖREST VET 3494 MD OWINGS MILLS, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 0 4300 ABASH 21211 M.W cremation, or removal the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) sses Item 23 shows any injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF). Hygiene prior to burial, BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Mental F PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MAILABLE PRIOR TO of Health and N COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? Diasely 1 TYES 2 NO Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) the State EXAMINER? HOSPITAL: OTHER: 1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA ne 5 - Residence 6 - Other (Specify) TO THE HOSPITAL DR ATTENDING PHYSICIAN
TO THE FUNERAL DIRECTOR: After this certific
be filed within 72 hours after death with the S
IMPORTANT: If Hem 28 is marked, or I 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined BE COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MI) 2128144 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Pylint) Allen 1eman 32. REGISTRAR'S SIGNATURE

1994

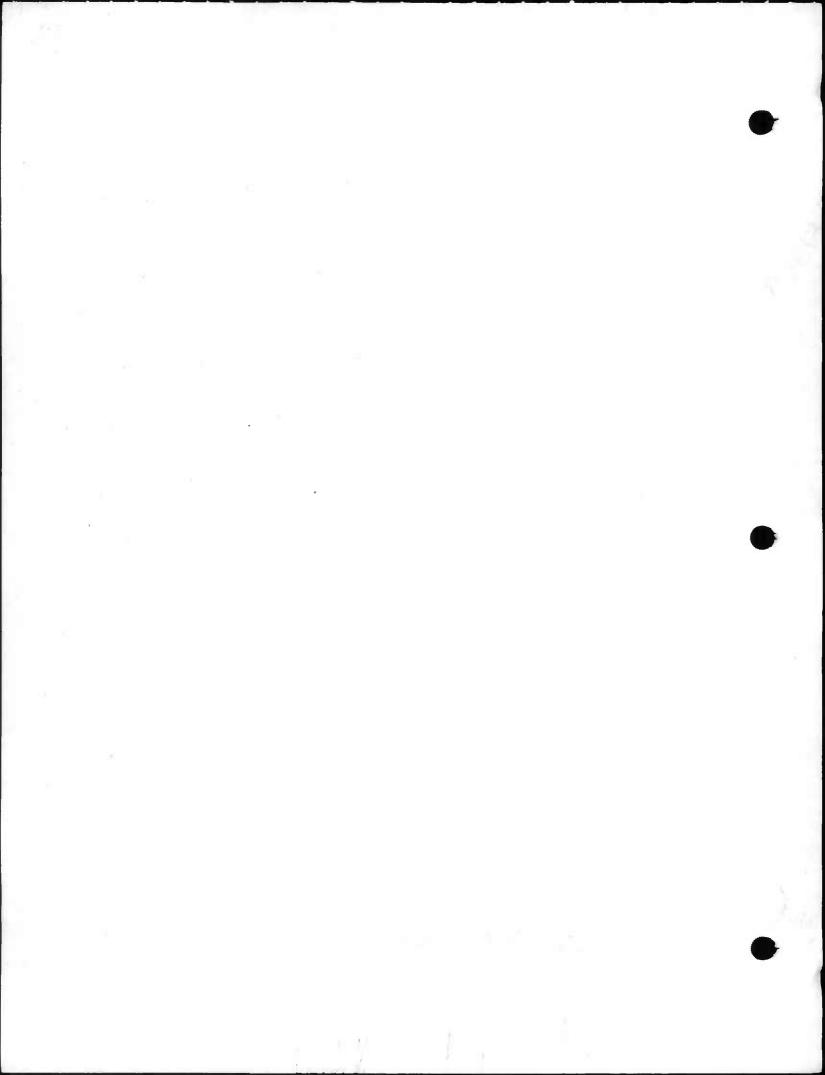
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PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withly awas after death. Page 6 may be retained by the hospital or attending physician.

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		0.		CATE OF	DEATT	2.	REG. NO DATE OF DEATH			3. TIME OF DEATH
		ROBERT LINDON CARTER Fab 26 1994									
	4. SOCIAL SECURITY NUMBER	5. SEX 6. ∑∑ M 2 ☐ F	AGE (In yrs. les		ONTHS DAYS	IF UNDER 24	MIN.	DATE OF BIRTH (Month, Day, Year)	1027	Count	HPLACE (State or Foreign by) orth Caroli
		213-32-8660 XX M 2 L F 57 YRS. Jan 10 1937 9a. FACILITY NAME (If not institution, give alreat end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY (
	928 North Rose	edale St	reet		Bal.	timor	e				
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOCA	TION					10d. INSIDE CITY
	Maryland			В	altim	ore					LIMITS? XXYES 2 \(\text{NO} \)
	10s. STREET AND NUMBER				10	H. ZIP CODE			10g. CIT		WHAT COUNTRY?
	928 North Rose	dale Sti		MED	13 WAS DE	212		ORIGIN? (Specify Ya	a ov No-	USZ	A E American Indian.
ı	1 Never Married 2XXMarried	FORCES? 1 []	YES 2	10	If yes, s		Mexican, P	uerto Rican, etc.)	01110	Biac	k, White, atc.
ı	3 Widowed 4 Divorced										Black
1	15. DECEDENT'S EDUC (Specify only highest grade	completed)	/G	CEDENT'S US ive kind of wor Do NOT use i	SUAL OCCUPAT rk done during m retired.)	ON ost of working		16b. KIND OF BU	SINESS/IN	OUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	5	Stee1	Work	er		Beth1	hem	Ste	eel Corp.
1	17. FATHER'S NAME (First, Middle, Last)						R'S NAME	First, Middle, Maider			
	Thomas L. Cart	er						h Hedge			
	19a. INFORMANT'S NAME (Typer/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	Patricia E. Carter 928 Rosedale St. Baltimore, Maryland 21216 20e. METHOD OF DISPOSITION 1 Di Burlei 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetic), cremetory of other place) 20c. LOCATION — City or Town, State										
	1 X Burlel 2 Cremetten 3 Removal from State 4 Donelton 5 Other (Specify)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY Nutter Funeral Homes										
► Wernen & Powley 2501 Gwynns Falls Park Baltimore, Maryland 2							212	16			
٦	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
	ahock, Dr haart fallure.	List only one cause	on each line		t enter the m	ode of dying	, auch a	a cardiec or reap	iratory ar	reat,	Approximate
	IMMEDIATE CAUSE (Final	List only one cause	on each line		t enter the m	ode of dyling	, auch a	a cardiec or reap		reat,	Approximate Interval Batwe Onset and Date
		. huma c	on each line) _ () !	t enter the m	ode of dyling	, auch a	mone		reat,	Approximate Interval Batwe Onset and Date
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. huma c	On each line) _ () !	t enter the m	ode of dyling	, auch a	a cardiec or reap		reat,	Approximate Interval Batwe Onset and Date
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OI	on each line	DUENCE OF):	t enter the m	ode of dyling	, auch a	a cardiec or reap		reat,	Approximate Interval Batwe Onset and Date
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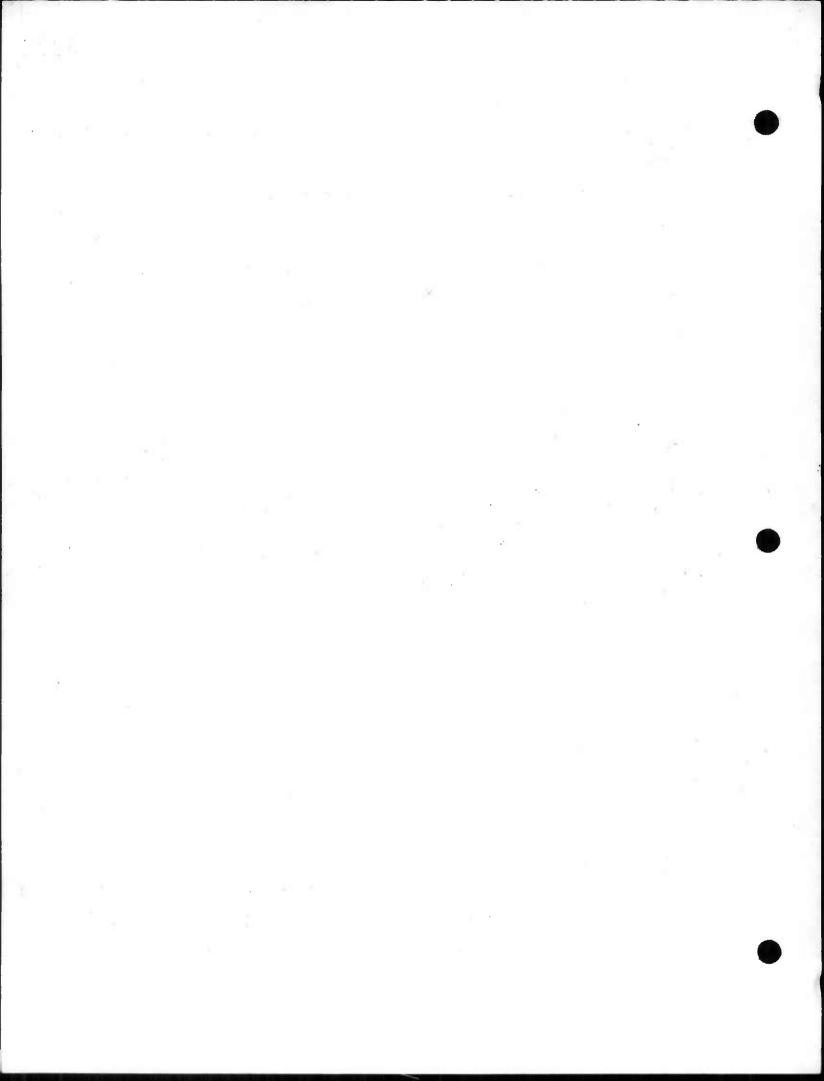
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CEF	THEIC	AIE UI	DEATH	REG. N	IO.	
	1. DECEDENT'S NAME (First, Middle, Last)	L. 2					2. DATE OF DEATH	DAY	94 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-32-9077	5. SEX 6.	AGE (In yrs. last bi		UNDER 1 YEAR NTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	.5	BIRTHPLACE (State or Foreign Country) OhiO
	9e. FACILITY NAME (If not institution, give s	treet end number)		96	. CITY, TOWN	OR LOCATION OF D			INTY OF GEATH
Œ	Union Memorial 1	Hospital		- 1		more City		30.000	
DIRECTOR	RESIDENCE OF DECEDENT	Dopical			Darti	inpre cre	<u></u>		
W I	10e. STATE 10b. COUNTY		- 1		OWN OR LOC				10d. INSIDE CITY LIMITS?
	MD			Ba1	timo	re			1'X YES 2 NO
A	10e. STREET AND NUMBER				1	Of. ZIP CODE		10g. CIT	IZEN OF WHAT COUNTRY?
FUNERAL	2095 Rock Ros	e Ave.				2121	1		USA
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARME	D	13. WAS DI	ECENDENT OF HISPA	NIC ORIGIN? (Specify		14. RACE — American Indian, Black, White, etc.
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	OR DATES		1 TYE	Specify Cuben, Mexico Specific NO Specific	en, Puerto Rican, etc.) y:		
									^{so} White
COMPLETED	15. DECEDENT'S EDU((Specify only highest grade)	CATION completed)	18e, DECEI (Give	DENT'S USU	JAL OCCUPAT	TION nost of working	16b. KIND OF	BUSINESS/IN	OUSTRY
ا لا	Elementary/Secondary (0-12)	College (1-4 or 5+)			tired.)				
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8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Meid	en Surname)	
BE	unk.					unl			
<u>و</u>	19e. INFORMANT'S NAME (Type/Print)						Route Number, City or		
7	Michelle Lowen	tnal	6	413	West	ern Run	Drive,	Balt.	o., MD 21215
	20s, METHOD OF DISPOSITION Burlel 2 Cremetton 3 Remo	oval from State	20b. PLACE AND cemetery, cremat						City or Town, State
	Donetion 5 Other (Specify) BIGNATURE OF FUNERAL SERVICE LIST				Zion	2/:	10/94 La	nsdo	wne, MD
	IT. BIONATURE OF FUNERAL SERVICE US	osse //		-	22. NAME	ANO ADORESS OF FA	Alber	t P.	Wylie F/H
	9////	1/1/10	//	_	638	N. Gilr	nor St.,		
	23. PART I. Enter the diseases, or of ahock, or heart failure.	complications that co	aused the death	n. Do not	enter the m	node of dyling, aud	ch aa cardiac or re	apiratory ar	reat, Approximate
	IMMEDIATE CAUSE (Final	List one one cause	on each line.			^	()		Interval Between Onset and Death
	disease or condition resulting in death)	. Frtonc	we la	4000	Can	Co - loss	to moto	itas	4 1400-
	Tooling III doesny	OUE TO (OF	AS A CONSEQUE	NCE OF):	Cook	CCA NO	1.00	2010	
Z	One contains the contains	abssi	se by	neu	mor	ia	H mete		5 days
딢	Sequentially list conditiona, if any, leading to immediate	OUE TO (OF	AS A CONSEQUE	NCE OF):					15
CERTIFICATION	CAUSE (Disease or Injury	C							
쁘	that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSEQUE	NCE OF):					
H	Teaditing in death) Exst	d							
	PART II. Other significant condition	s contributing to de	ath but not resu	ulting in ti	he underlyl	ng cause given in	Part I, 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL							PERF	ORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
							1 TYES	2 NO	OF DEATH?
Σ							—		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				20	PLACE OF OEATH (C)			
PHYSICIAN: M	EXAMINER?	HOSPITAL:	₹/Outpatient 3 □		THER:				
Ϋ́	27. MANNER OF OEATH	280. OATE OF IN.		Sb. TIME OF		Me 5 Residence	2sd. OESCRIBE HO	W IN HIRV OC	CUREO
	1 M Netural 5 Pending	(Month, Day,		INJURY	V.	YORK? YES 2 NO	Sociotist in	W III OC	CONEO
BY	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF II	IJURY — At home,	, ferm, stree			28f. LOCATION (Stra	et and Numbe	er or Rurel Route Number,
	4 Homicide S Could not be	building, etc	(Specify)				City or Town, Sta	ite)	
COMPLET	290. CERTIFIER A CEPTIEVING PHYSI	CIAN: To the best of	Inneutrates Trusts						2.5
₹ I		CIAN: To the best of my							nted. the couse(s) and manner as stated,
႘	()			anganon, n	i my opinion,	Destri occurso at the	time, date end place,	end due to t	ne couse(s) and menner as stated,
H	296. BURNATURE AND TYPE OF GENTIFIED		0			29c. LICENSE NU	MBER	29d. DAT	TE SIGNEO (Month, Day, Year)
[]	DUC WXO X	N	9			IAT24	38946	0	47194
-	30. NAME AND ADDRESS OF PERSON WHO	V					1,	~	12 1
1	DENISE TSOIAF 31. DATE FILEO (Month, Day, Year)	ATT-ANG		MOI	N ME	MORIAL	Hospital	But	Thore, Md
		2. REGISTRAR'S	SIGNATURE	Printers,			V		
	MAR 0 2 1994	A ministratify	sex-Atendal	2.					

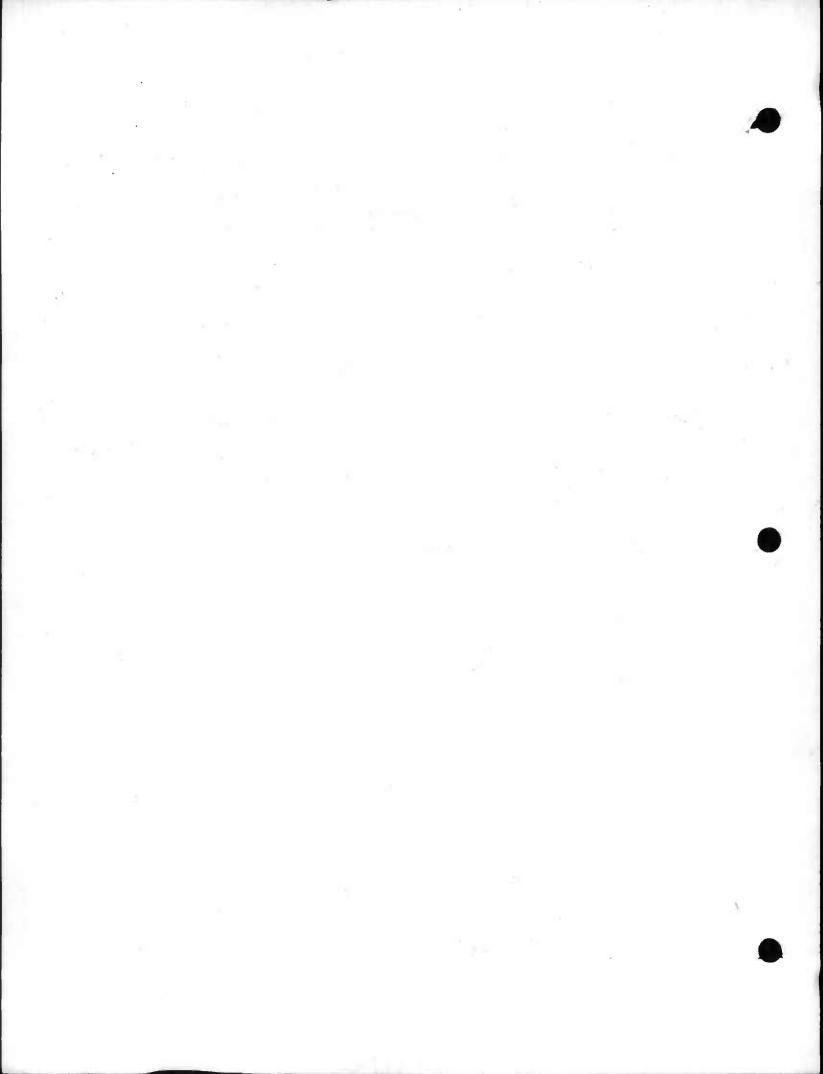


DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1. DECEDENT'S NAME (First	Middle, Last)								2. DATE	OF OEATH			3. TIME OF OEATH
	Doris Owens				Downs					Feb. 26 1994 5:0				5:00 PM
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. last birth			DER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH		6. BIRTH	IPLACE (State or Foreign
	214-46-155	5	1 □ M 2XXF	88	YRS.	MONTH	B DAYS	HOURS	MIN.	Marc	n 10 1	905	905 Maryland	
	9a. FACILITY NAME (if not institution, give street and number)						9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
8 	Broadmead						Cockeysville Baltimore							ore
ᇤᅵ	RESIDENCE OF DEC	10b. COUNTY	1		10c. C	TY TOW	N OR LOC	ATION						10d, INSIDE CITY
DIRECTOR	Maryland	Balt	imore				ysvi							LIMITS?
ادِ	10e. STREET AND NUMBER	Dare.	Inore		1 00	Jere,		10f. ZIP COC	E		_	10g, CIT	IZEN OF V	1 YES 2 NO
	13801 You	rk Road	d					210	30			USA		
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN			1	3. WAS D	ECENDENT	OF HISPAI	NIC ORIGIN	? (Specify Yas		14. RACE	- American Indian,
B	1 Never Married 2 🖎 3 Wildowed 4 Divo		FORCES? 1		Жио			specify Cub ES 2 (N O			lican, etc.)		Speci	while, etc. White
		EOENT'S EDU		164	. DECEDENT	S USUAL	OCCUPA	TION most of work	ina	16b.	KINO OF BUS	INESS/INI	OUSTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NOT	use retired	d.)	TRUST OF WORK	ng					
MP			3		House	ewife	е			- 1	lomema	aker		
8	17. FATHER'S NAME (First, M							18. MOT	HER'S NA	ME (First, A	fiddle, Maiden	Surname)		
BE	Robert E		wens							rine				
2	Mr. Elmer		ens, Jr.								er, City or Town			90
	20a. METHOD OF DISPOSIT		oval from State		ACE AND DAT	E OF DISP	OSITION			OATE	_		City or To	
	4 Donallon 5 Other	(Specify)		Lou	don F	ark	Cen				Woo	dlaw	n, N	Maryland
- 8	21: SIGNATURE OF FUNERA	X2190	A Second	mon				AND ADDRE			liedefe	14		
	Loy	vert M.	Lemmor	1		_ ['							ıım	MD 21093
2	iMMEDIATE CAUSE (Fir disesse or condition resulting in death)) al	a. CERCS DUE TO		ISCULA	2 1 OF):	Acci	ocut						Interval Batween Onset and Death
CERTIFICATION	Sequantially list condit if any, leading to imma cause. Entar UNDERLY CAUSE (Disease or inju- that initiated eventa resulting in death) LAS	diata NG ry	с	(OR AS A CO										
MEDICAL (PART II. Other significa	nt condition	s contributing to	death but r	ot resulting	In the	underly	ing cause	givan in	Part I.	24a. WAS AN PERFOR	MED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
										_				
CIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			ОТН		PLACE OF I	DEATH (Ch	eck only on	9)			
PHYS	1 YES 2 NO		1 Inpatient 2		nt 3 🗆 DOA			ome 5 🗆 R	esidenca	6 🗆 Other	(Specify)			
ВУ РН		Pending Investigation	28a. OATE OF (Month, D		26b. Ti	ME OF VJURY M	1	NJURY AT VORK? YES 2 [□ NO	28d. OE\$	CRIBE HOW II	JURY OC	CURED	
TED B	3 Sulcida 6	Could not be delarmined	28a. PLACE C building,	etc. (Specify)	At home, farm	, streel, f	actory, of	fica			ATION (Street e or Town, State)	nd Numbe	or Rural F	Poute Number,
COMPLE			CIAN: To the best of R: On the basis of a) and manner as stated.
2	296- SIGNATURE AND TITLE							-	ENSE NU	-				Astorgh, Day, West)
2	Josef Co 30 NAME AND ADDRESS OF	/ LOUL	deld MS	SE OF PEAT.	UTEM AT C	Dr.		133	301			>	3/1/	a/
	Robert Wied	1	M.D.	SE OF DEATH			ork	Rd.,	Coc	keys	ville,	MD	2103	0
	MAR 0 2 19	94 <i>(</i>		IR'S SIGNATUI	RE_									
			4											DHAM 48 Day 4/00



3. TIME OF DEATH

Approximate interval Batween Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1:30 A.

REG. NO.

24,

1994

2. DATE OF DEATH MONTH DAY

FEB.

BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

ELSIE

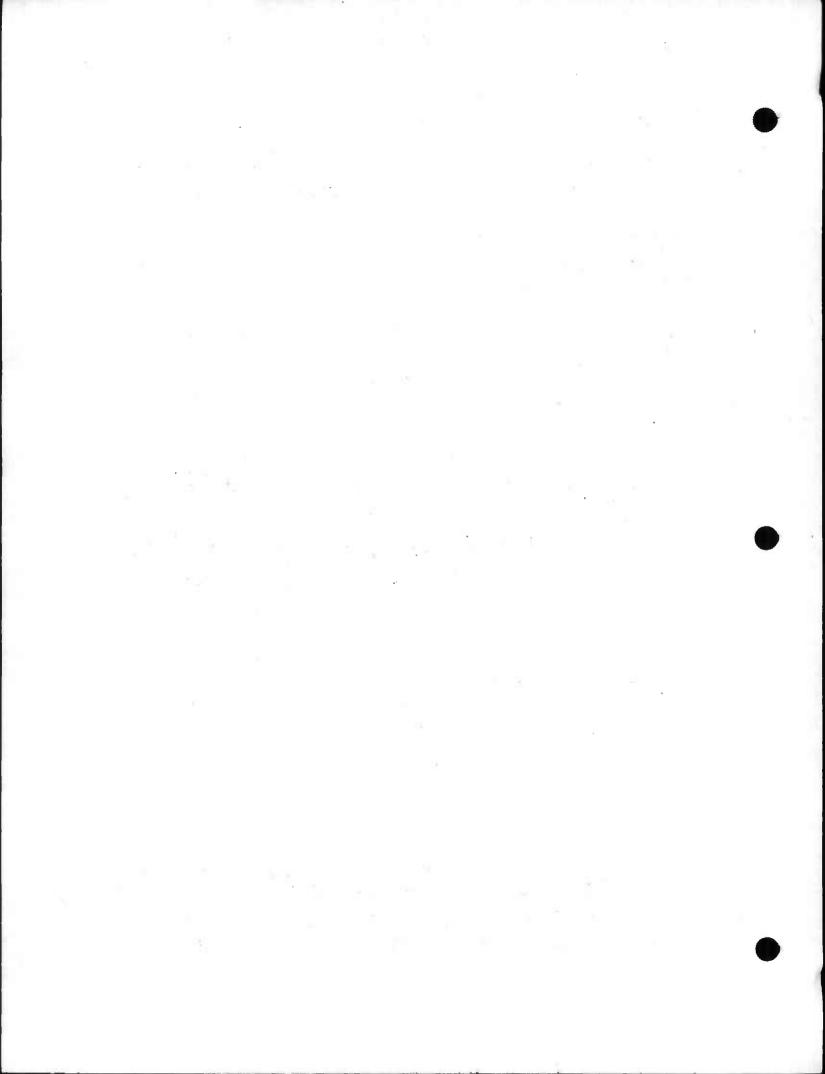
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Ö,	within	
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flours after death	
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5	OR	
1	SPITAL	

		4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs. leat birthday)		ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	, 17	8. BIRTHPL	ACE (State or Foreign	
		217-05-8152		1 🗌 M 2 💢 F	7	7 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) JUN 9, 1916	, 6	BALTO	MD	
3 should		98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF													
2,	CTOR	ST. AGNES		CAL				BALT	IMORE	Ξ					
es 1,	E	RESIDENCE OF DECI	10b. COUNTY	,		10c, Cl	TY. TOWN	OR LOCAT	ION					Dd. INSIDE CITY	
Pag.	DIRE	MARYLAND		BALTIMOR	E.				TIMOI	RE				LIMITS?	
ermit		10e. STREET AND NUMBER							. ZIP CODE			10g. CITE		AT COUNTRY?	
physician, burfal-transit permit, Pages	FUNERAL	1161 LINDEN	AVENU							2122		U.	.S.A.		
the the	В	1 Never Married 2 N h 3 Widowed 4 Divorce		12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 X NO	X NO If yes, specify Cuban, Maxican, Puarto Rican, atc.) Black,								
r attend		15. DECE (Specify only	DENT'S EDUC	ATION 18a. DECEOENT'S U (Give kind of wo			B USUAL	OCCUPATIO	ON st of working	n	16b. KIND OF BUS	BUSINESS/INDUSTRY			
ftal or	LET	Elementary/Secondary (0-1	12)	College (1-4 or 5	+)	life. Do NOT									
the hospit detached once.	COMPL	12TH GRADE 17. FATHER'S NAME (First, Mid	tella diametri			SUPI	ERVIS	STON			HOSPIT				
by the	_	GARDINER CRO							1		ME (First, Middle, Maiden	Surname)			
bould t	BE	19a. INFORMANT'S NAME (Ty)				105 MAII IM	C ACORE	SE (Ctroot a			N HARPER Noute Number, City or Tow	- Curto Tir	0-4-1		
5 should notified	임	KENNETH W. D		SR.							BALTIMORE,			227	
ter death. Page 6 may be the funeral director, page wal, ai examiner must be		20a, METHOD OF DISPOSITION NO. 1	ON 3 🗆 Rame		20b	PLACE AND DATE	OF DISPO	SITION (Na	me of		DATE 20c. LO		City or Town,		
direct direct manage 6		4 Donation 5 Other (: 21. SIGNATURE OF FUNERAL		FN9ET -	FA.	LLSTON (2/26				
death. P funeral f.		- m -	1.	MA	//			22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC.							
rs after de 1 by the fu removal.		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,										21229			
executed within and and completely fille to burial, cremation, matic event, the	CERTIFICATION	snock, or ne iMMEDIATE CAUSE (Fine disease or condition resulting in dasth) Sequentially list conditio if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated eventa resulting in daeth) LAST	ons, lete	oue oue	O (OR AS A	CONSEQUENCE		4	oh	PU	fail moni	iv a	e	interval Batwe Onset and Des	
e law requires that the death certificate be has been signed by the attending physician Dept. of Health and Mental Hygiene pnor is 23 shows any Injury, or other trau	MEDICAL	PART II. Other eignificant	at condition	e contributing to	o daeth b	nut not resulting	In the L	ınderiying	g cause g	Ivan in i	Part I. 24a. WAS AN PERFOR	MEO?	AV CC OF	ERE AUTOPSY FINDING MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO	
	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL	-/				ACE OF OE	EATH (Che	ck only one)				
SICIAN: The certificate h the State d, or item	YSI	I TYES 2 THE		HOSPITAL:	ER/Oulp	etlant 3 🗆 DOA	OTHE		a 5 🗆 Ras	aldenca (6 Other (Specify)				
PHY this with	ВУ РН	27. MANNER OF DEATH 1 Natural 5 P 2 Accident	ending westigation	28s. DATE Of (Month, I	F INJURY Day, Year)	28b. TI	ME OF JURY		URY AT RK? 'ES 2	NO NO	28d. DESCRIBE HOW I	NJURY OCC	URED		
TOR: A after de 28 is	ETED 8	3 Sulcide 6 C	could not be starmined	28a. PLACE (building	OF INJURY , atc. (Spec	— Al home, ferm,	atreet, fa	ctory, office			281. LOCATION (Street a City or Town, State)		or Rural Rout	te Number,	
Z 32 =	COMPLE										to the cause(a) and mar			nd manner as stated.	
THE HOSPI THE FUNER filed within PORTANT:		299. SIGNATURE AND TITLE (NSE NUM				fonth, Day, (Year)	
TO THE Do THE NO	8	1			_	n.	1		07	8	23/2	1	1/2	199	
0=	2	30 HAME AND STORESS OF	The state of the s			, ,,,,		7	UV	11		7		44	
(0)	4	DR. DORIAN					DERI	CK RO	AD -	SUI	TE 7 - BA	LTIMO	RE, M	D.21229	
		MAR 0.2		Julia 1	R'S SIGN	ATURE LANGE									

DAVIS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

OHMH-16 Rev 1/89



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within 24 hours after death. Page	ely fi	natio	£ ,
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<u>6</u>	ter th	ath w	mark
ENDIN	R: Af	er de	20
A ALL	SECTO	Irs aft	m 28
PITAL DR AT	JONECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buri-	a within 72 hours after death with the State Dept. of Health	RTANE II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
The state of	MER	Tip 2	ME
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last 2. DATE OF DEATN 3. TIME OF DEATH DIXON SADIE ANN 40 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (Str. 219-56-467 92 1 🗆 M 2 🔯 F 901 0 North Carolina 9a, FACILITY NAME (If not in 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MARITAN DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore NYES 2 □ NO FUNERAL 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 3820 Greenspring Avenue 21211 USA 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pt 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES В Specify 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (t-4 or 5+) Jr High School Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) John Murphy Liza Mays BE t9a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Geraldine Garrett 3820 Greenspring Ave. Baltimore, MD 21211 20a. METHOD OF DISPOSITION
| Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata ☐ Donation 5 ☐ Other (Specify) Arbutus Memorial Park Baltimore County, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, Approximate shock, Dr heart failure. List Dnly one cause Dn each line. intarvai Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) CONSEQUENCE OF CERTIFICATION Sequentially list conditions, if any, leading to immediate

cause. Enter UNDERLYING onaru CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

					1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpetient	QTHE			
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE NOW INJURY OCCU	URED

24a. WAS AN AUTOPSY

1 TYES 2 MINO

t Natural
2 Accident
3 Suicide 1 YES 2 NO 28e. PLACE OF INJURY — hullding, etc. (Specify) At home, ferm, street, fectory, office 28f. LOCATION (Street and Number or Rural Route Number City or Town, State) 6 Could not be 4 Nomicide

 (Check only	The best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.
one)	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated

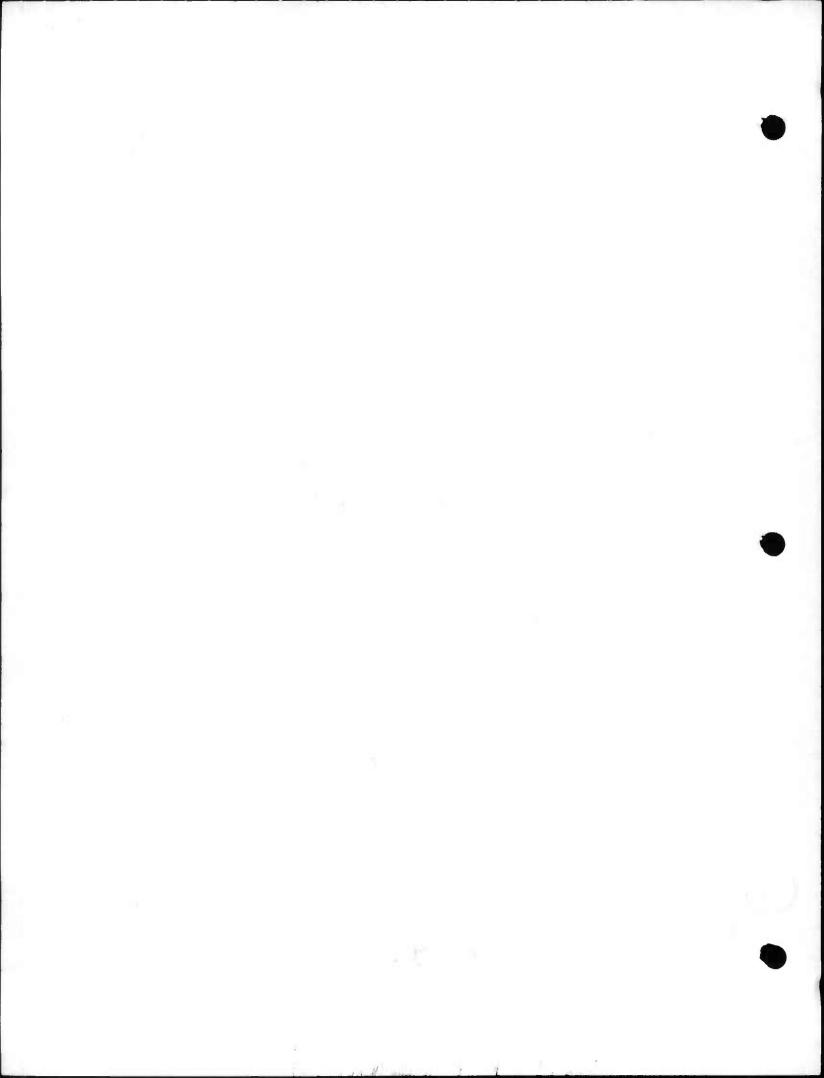
				TANK TRANSPORT TRANSPORT	
296. SIGNATURE AND TITLE OF CERTIFIER	-	OPAN	dwin	29c, LICENSE NUMBER	29d. DATE SIGNED (Month, Gay, Year)

chillen a lity	13066	1 2/26/91
36 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27, (Type, Print)	Ballinore,	Hd-21239.

31. DATE FILED (Month, Day MAR 0 2 1994

Aulie Levidson

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE



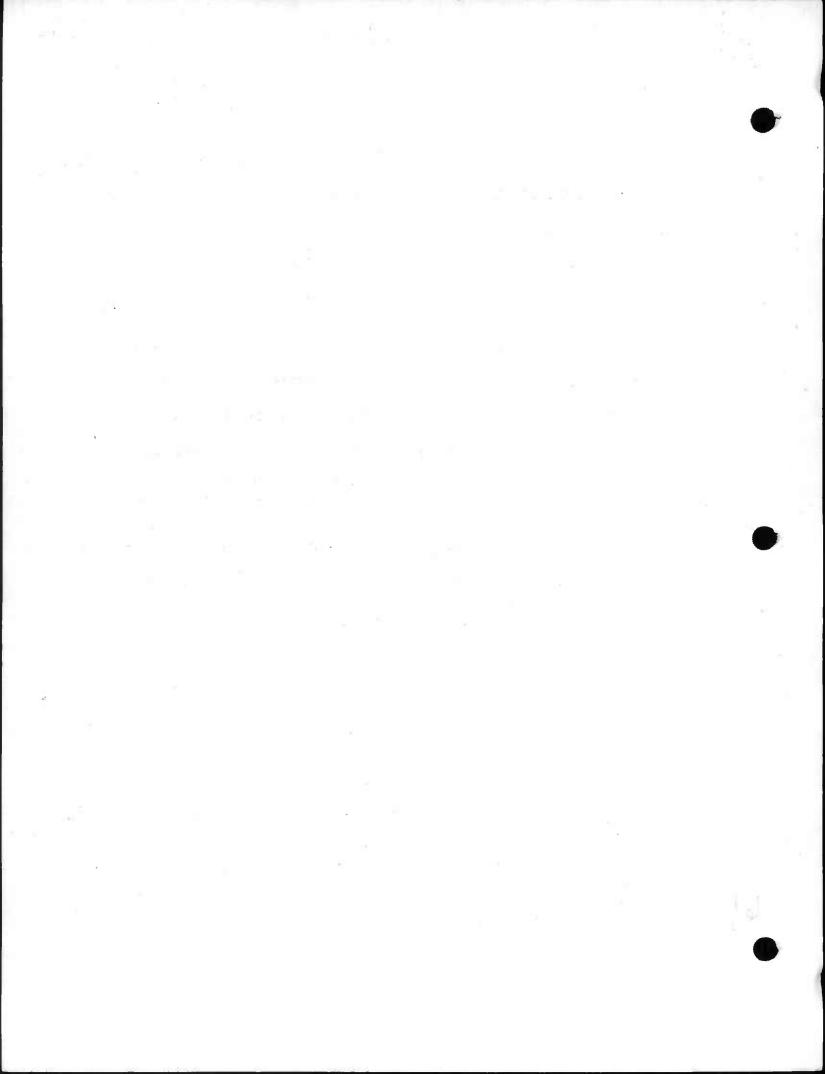
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

ours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the firm be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE DEGISTRAD STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	REGISTRAR			CERTI	LICAI	E Or	DEA	ın	R	EG. NO.			
,	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH											3. TIME OF DEATH	
	FRANCIS RODE					2 26 94				М			
	4. SOCIAL SECURITY NUMBER	5. SEX		n yrs. last birthda	MONTHS	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)			6. BIRTI	HPLACE (State or Foreign try)
	110-22-3756	1.K M 2 F	91	YRS					11-7-	11-7-02 Washing			hington D.C.
~	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CIT	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							DEATH
DIRECTOR	Meridian Multi M	[edical			To	Towson Baltimore						ore	
ᇤ	10a. STATE 10b. COUNTY			10c C	ITY TOWN	TY, TOWN OR LOCATION					10d. INSIDE CITY		
E	Maryland Balt	imore			lowso		11011						LIMITS?
	10e. STREET AND NUMBER	ZINOI C					1. ZIP COD	F			100 017	TIZEN OF	1 TYES 2 X NO WHAT COUNTRY?
RA	6 Alabama Ct.					"	2120					S.A.	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN	II S ADMED	112	WAS DE			IIC ORIGIN? (S	nasti. Van			
	1 Never Married 2 Married	FORCES? 1	X YES	2 NO	1"	If yea, a	ecify Cubs	ın, Maxicai	n, Puerto Ricer		01 NO-		E — American Indian, k, Whita, atc.
B⊀	3 🖾 Widowed 4 🗌 Olvorced	IF YES, GIVE Y	7 II	IES		1 H YE	2 🔀 NO	Specify	7			Spec	ite
COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade	CATION		16a. DECEDENT	'S USUAL	OCCUPAT	ON ost of working		18b. KIN	D OF BUS	SINESS/IN		
	Elementary/Secondary (0-12)		+)	life. Do NO1	use retired.) ouning m	OST OF WORKI	ng					
MP		College (1-4 or 5 4 yrs		Engine	eer				Er	ngin	eeri	ng	
00	17. FATHER'S NAME (First, Middle, Last)	. 1 1							ME (First, Middle				
BE	Francis Harold D	Jelana					Li.	lliar	1	Rode	eric	k	
2	19a. INFORMANT'S NAME (Type/Print)								Route Number, C				
- 1	Diane Herbert			2523	Gai	nsio	ra Ro	d. T:	imoniu	m, M	d. 2.	T093	
	20g. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramo	oval from Stafa	ceme	PLACE AND DAT	other place	1			DATE			•	own, Stata
	4 Donation 5 Other (Specify)		Ar	lingtór	Nat	iona			3-3	Arl:	ingto	on,V	a
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	-				ND ADORE		our Funeral	1 Ho	mo '	Tna	
	1 11 -1	41_	1						Tows				1
	23. PART i. Enter the diseases, or o	omplications the	t ceused	the death. De	not ente	r the m	ode of dy	ing, sucl	n as cerdiec	or respi	ratory ar	rrest,	Approximata
	ahock, or heart failure. I	Liat Dnly Dne car	iae Dn ea	ich line.		/	7			()		Onaet and Death
1	disease or condition resulting in death)												
	DUE TO (OF AS A CONSEQUENCE OF												
Z	Sequentially list conditions,	C	he	mic	- 1	156	الم	من	tia	1			
Ĕ	if any, leading to immediate	DUE TO	(OR AS A	CONSEQUENCE	OF):	1							
5	cause. Enter UNDERLYING CAUSE (Disease or Injury	c	V	+									
Ë	that initiated eventa resulting in death) LAST	DUE TO	(OH AS A	CONSEQUENCE	OF):								
CERTIFICATION		1			-								
	PART II. Other significant condition	s contributing to	death bu	ut not reauitin	g in the u	inderlylr	g cause	given in	Part I. 24s	. WAS AN		724	b. WERE AUTOPSY FINDINGS
EDICAL									1.5	PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
									_ ' '	163 2	Pr. no		OF DEATH? 1 YES 2 NO
-						-							7 123 2 1 10
¥.	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	EATH (Che	eck only one)				
Sic	EXAMINER?	HOSPITAL:	ER/Outpi	etlant 3 🗆 DOA	OTHE 4V No		na 5 🗆 Ra	naldenca	6 Other (Sp	recify)			
PHYSICIAN: M	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. 1	IME OF NJURY	28c, IN	JURY AT		28d. DESCRIE		NJURY OC	CURED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(moner, c	ay, roar)		M		YES 2	□ NO					
	3 Suicide II Could flot be	28a. PLACE (F INJURY atc. (Speci	— At home, farm	, street, fa	ctory, offi	a				ind Numbe	or or Rural	Route Number,
=	4 Hemicide defermined		are (opoor	• • • • • • • • • • • • • • • • • • • •					City or 10	wn, State)			
2	29a. CERTIFIER (Check only	CIAN: To the beat of	my knowle	adga, daath occ	irred at the	time, dat	and place	, and dua	to the cause(a) and mar	ner as sta	ited.	
COMPLETED	one) 2 MEDICAL EXAMINE												a) and manner as stated.
	29b. SIGNATURE AND THE OF CENTIFIER			1//	1	1//		ENSE NUN					(Month, Day, Year)
H	Man	-1/2 N	10	KNI	11. 1	10	0	24	569	,	> :	2/2	8194
유	30. NAME AND ADDRESS OF PERSON WHY	COMPLETED CAU	SE OF DEA	TH (ITEM 27) (7)	py. Print)	4		- (101			1-	~///
	Dr. Allen Shroi				/	ПОт-т	on	ЬM					· 60
	31. DATE FILED (Month, Day, Year)	32. REGISTRA			<u></u>	TOWE	O11, .	riu,					
	MAR 0 2 1994	ali Danie	w Rom	della									
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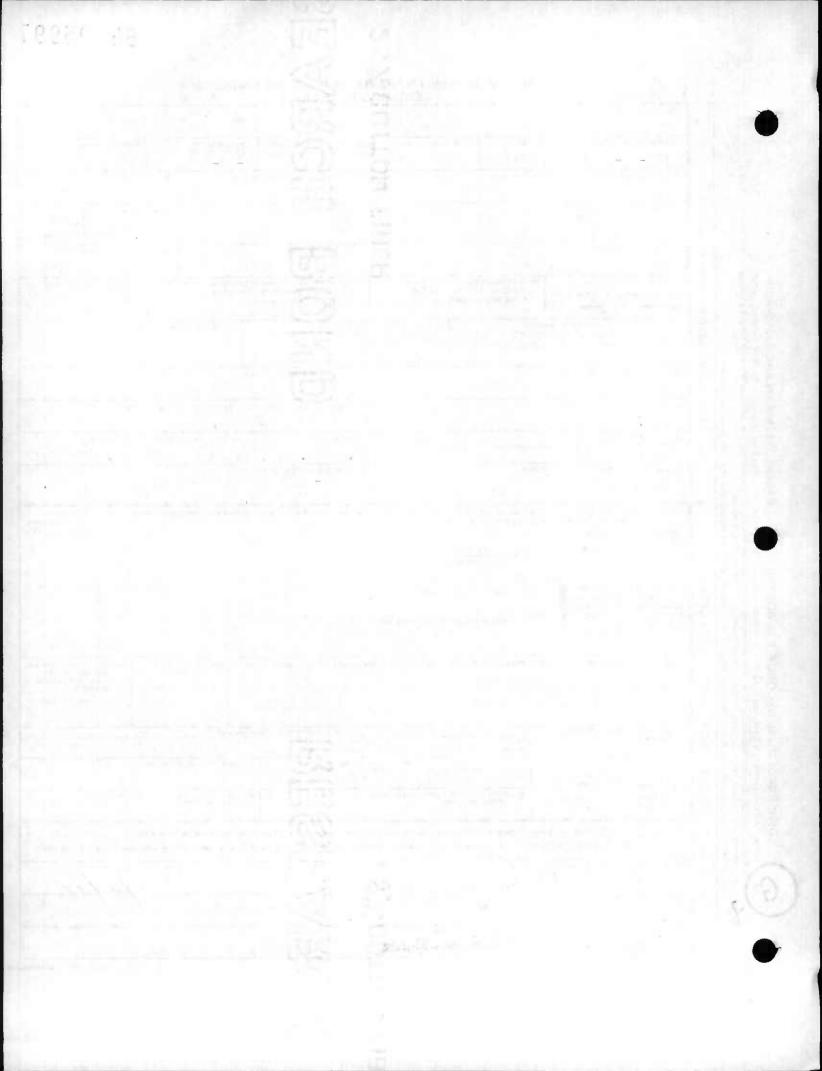
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a wurs after death. Page 6	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directo
PHY	this
DING	After
ATTEN	ECTOR:
L DR	DIE

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Leet)		9211	TH TOAT	- 01	DEA		A SATE OF BEATH	-	-		
4	Catherine Sulvia DOTY							2. DATE OF DEATH MONTH 2-25-94 3. TIME OF DEATH 9:35 P			9:35 P M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday)				R 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIRTH		a. BIRTHPL	ACE (State or Foreign	
	214-22-5081	1 🗆 M 2 💢 F		RS. MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 6 m 1 5 m 1 9 1 6		Country)	isylvania	
	So. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY	, TOWN	OR LOCATI	ON OF DE			NTY OF DEAT		
OR	Franklin Square	Hospita	2		Rossville				Baltimore			
ည္မ	10a. STATE 10b. COUNT			c. CITY, TOWN	OR LOCA	TION				1 40	A INICIDE OUTV	
BY FUNERAL DIRECTOR	Maryland	Baltimo			J11 EUGA		Ed	gemere	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 € NO			
A P	10e. STREET AND NUMBER			677	101. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?			
E	2825 Lodge Farm	Road	#207		21219			219	United States			
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				13. WAS DECENDENT OF HISPANIC ORIGIN?				0.17000.1100.11			
-	1 Never Married 2 Married		YES 2XXNO			ecify Cubi		n, Puerto Rican, etc.)	rto Rican, etc.) Black, White, etc.			
	3 🗶 Widowed 4 🗌 Divorced					~			Spootly White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a, DECEDI	ENT'S USUAL O	CCUPATI-	ON ost of worki	na	16b. KIND OF BU	SINESS/IN			
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	nd of work done NOT use retired.)								
M M	9th Grade		Hou	sewife				Own t	lome			
0	17. FATHER'S NAME (First, Middle, Last)				10	18. MOT	HER'S NA	ME (First, Middle, Malden	Surname)			
BE (Frank Shonk						Mar	y Hughes				
	19a. INFORMANT'S NAME (Type/Print)							Route Number, City or Tox				
2	Mrs. Jean Macka	bee	19	67 Fra	mes	Road	. Du	ndalk, Ma	rylan	d 21:	222	
	20a. METNOD OF DISPOSITION		20b, PLACE AND D	DATE OF DISPOS	SITION (N	ame of		DATE 20c. LC	CATION -	City or Town	State	
	1 💢 Burial 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 6 🗆 Other (Specify)	oval from State	Lakevi	ew Mem	. Go	ins.	3/1/	1994 1	Balti	more.	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22	NAME A	ND ADDRE	SS OF FA	CHITY				
	16000	Càa	when		7922	l⇔KUC Wix	R FU	neral Home	208 M	Vunda	ck, Inc.	
	23. PART I. Enter the diseases, or	complications the	it ceused the death.	Do not anter	the mo	de of dy	ing, auc	h aa cerdiac or reap	iratory ar	reat,	Approximate	
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one car	use on each line.								Interval Between Onset and Death	
	disease or condition	Motasta	tic Colon	concor								
	reaulting in death) a. Metastatic Colon cancer Due TO (OR AS A CONSEQUENCE OF):											
z												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	NG c.										
트	that initiated events	DUE TO	(OR AS A CONSEQUEN	ICE OF):								
EH	resulting in death) LAST	d										
	PART II Other algolficent condition	ne contributing to	death but not moul	ting in the w	ada dula		eluse le	Dord I Jay was as				
EDICAL	PART II. Other algorificent conditions contributing to death but not resulting				in the underlying cause given in Part I.				PERFORMED? 1 □ YES 2 ☑ NO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
Ö	Status Post Breast Cancer							1 TYES			OMPLETION OF CAUSE F DEATH?	
Σ	1 TES 2 NO								YES 2 NO			
PHYSICIAN:												
∑ ∑	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐ 0	OTHE		LACE OF D	EATN (Ch	eck only one)				
ΙΥS	1 TYES 2 NO 27. MANNER OF DEATH				_	_	esidence	6 Other (Specify)				
	1 Netural 5 Pending	28e. DATE OF (Month, L		b. TIME OF INJURY	W	JURY AT DRK?		28d. DEŞCRIBE NOW	INJURY OC	CURED		
ВУ	2 Accident Investigation	20- 21-405	See that of females	M		YES 2	NO					
	3 Suicide 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or fown, State)							e Number,				
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3 Sulcide 4 Homicide 5 Could not be determined 29s. PLACE OF INJURY At nome, farm, street, factory, office 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due 29s. SIGNATURE AND TITLE OF CERTIFIER 29d. 29d. SIGNATURE AND TITLE OF CERTIFIER 29d.									5000			
							nd due to t	he cause(a) as	nd menner as stated.			
							29d. DAT	29d. DATE SIGNED (Month, Day, Year)				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)						194						
						1						
Dr. Michael Chung 9000 Franklin Square Dr. Baltimore, Maryland 21237 31. DATE FILED (Morith, Day, Year) MAR 0 2 1994 32. REGISTRAR'S SIGNATURE June Burden. Pendene.												
	MAR 0 2 1994	Juna	ment ason- Hank	we.								



	IOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should then have been signed by the attention of the property of the property of the signed by the state poor of Heath and Mental Honishe prior to burial cremitation or removal	
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NG PHYSICIAN. The law requires that the death certificate be executed withinnours after death. Page 6 may be retained by the hospital or attending physician.	crematic	
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SECONDANCE 4 Description BY TES. GIVE WAN OR DATES 1 SECONDANCE 4 Description Specially Secondly. 1 Secondl	LIMITS? 1 YES 2 NO						
SECONDOMINATE NAME (Pirk Modile, Last) Phillip M _ Lynch Secondly _ Secondl	INT						
The December is Education (Control of Business and Control of Supplied Production (Control of Business and Control of Supplied Production (Control of Supplied	14. RACE — American Indian, Black, White, etc.						
Phillip M . Lynch The MFORMANT'S NAME (Type/Prior) The MFORMANT'S NAME AND ADDRESS OF FACILITY The MFORMANT'S NAME AND ADDRESS OF FACILITY The MFORMANT'S NAME AND ADDRESS OF FACILITY The MFORMANT'S NAME AND ADDRESS OF FACILITY The MFORMANT'S NAME AND ADDRESS OF FACILITY The MFORMANT'S NAME AND ADDRESS OF FACILITY The MFORMANT'S NAME AND ADDRESS OF FACILITY The MFORMANT'S NAME AND ADDRESS OF TAULITY The MFORMANT'S NAME AND ADDRESS OF TAULITY The MFORMANT'S NAME AND ADDRESS OF TAULITY The MFORMANT'S N							
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Phillip M. Lynch The Informatis Name (TyperFirst) The Informatis Name (T							
Susanne M. Breidenstein 20. MALLING ADDRESS (Streat and Number or Rural Route Number, City or Town, Stets, 2p Code) 4.037 Chatham Road, Balto, Md. 21043 20. METHOD OF DIRPOSITION 10. Burtal 2 Commation 3 Removal from State 4 Donated 8 Other Ejecothy 21. StideAtrune of Finneral Regress of Complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, and consequence or conditions and such as a constitution on each line. 22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, one such line. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, one such line. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, one such line. 24. DOLE TO (OR AS A CONSEQUENCE OF): 25. Sequentially, list conditions, if any, inseding to immediate cause, Enter UNDERLY that inhibited events resulting in death) LAST 26. PLACE OF DEATH (Check only one) 27. AUSE (Chesase or Injury that inhibited events resulting in death) LAST 28. WAS CASE REFERREG TO MEDICAL EXAMINER? 29. PLACE OF DEATH (Check only one) 20. AUSE (Chesase or Injury that inhibited events resulting in death) LAST 29. PLACE OF DEATH (Check only one) 20. AUSE (Chesase or Injury that inhibited events resulting in death) LAST 29. PLACE OF DEATH (Check only one) 20. AUSE (Chesase or Injury Last Country of Check only one) 20. AUSE (Chesase or Injury Last Country of Check only one) 20. AUSE (Chesase or Injury Last Check only one) 20. AUSE (Chesase or Injury Last Check only one) 20. AUSE (Chesase or Injury Last Check only one) 20. AUSE (Chesase or Injury Last Check only one) 21. AUSE (Check only one) 22. AUSE (Check only one) 23. AUSE (Check only one) 24. AUSE (Check only one) 25. AUSE (Check only one) 26. AUSE (Check only one) 27. AUSE (C							
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Total triple Comment							
21. SIGNATURE OF PUREAL SERVICE LESSEE 22. NAME AND ADDRESS OF FACILITY SET Ling Ashton Funeral Home 736 Edmondson Avenue. Balto. Md. 212 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, list only one cause on each line. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO							
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PART N. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNEB OF DEATH 1 Netural 8 Pending Investigation Investigation Investigation Science 8 Could not be determined 28a. DATE OF INJURY At home, fagn, street, factory, office 28a. PLACE OF INJURY OF DEATH 28b. TIME OF DEATH 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28d. LOCATION (Street and Number or Rural Route Number City or Yown, State) 28d. CERTIFIER (Check only one) 28d. PLACE OF INJURY — At home, fagn, street, factory, office 28d. LOCATION (Street and Number or Rural Route Number City or Yown, State) 28d. DESCRIBE HOW INJURY OCCURED 28d. LOCATION (Street and Number or Rural Route Number City or Yown, State) 28d. DESCRIBE HOW INJURY OCCURED (Check only one) 28d. DESCRIBE HOW INJURY OCCURED (Check only one) 28d. DESCRIBE HOW INJURY OCCURED (Morth Deptical State) 28d. DESCRIBE HOW INJURY OCCURED (Morth Deptical State) 28d. DESCRIBE HOW INJURY OCCURED (Morth Deptical State) 28d. DESCRIBE HOW INJURY OCCURED (Morth Deptical State) 28d. DESCRIBE HOW INJURY OCCURED (Morth Deptical State) 28d. DESCRIBE HOW INJURY OCCURED (Morth Deptical State) 28d. DESCRIBE HOW INJURY OCCURED (Morth Deptical State) 28d. DESCRIBE HOW INJURY OCCURED (Morth Deptical State) 28d. DESCRIBE HOW INJURY OCCURED (Morth Deptical State) 28d. DESCRIBE HOW INJURY OCCURED (Morth Deptical State) 28d. DESCRIBE HOW INJURY OCCURED (Morth Deptical State) 28d. DESCRIBE HOW INJURY OCCURED (Morth Deptical State) 28d. DESCRIBE HOW INJURY OCCURED (Morth Deptical State) 28d. DESCRIBE HOW INJURY OCCURED (Morth Deptical State) 28d. DESCRIBE HOW INJURY OCCURED (Morth Deptical State) 28d. DESCRIBE HOW INJURY OCCURED (Morth Deptical State) 28d. DESCRIBE HOW INJURY OCCURED (Morth Deptical State) 28d. DESCRIBE HOW INJURY OCCURED (Mort	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE DF):						
2 Accident 3 Suicide 4 Homicide 2 Centriful Physician: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(e) and manner as stated. 20 Entriful Physician: To the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 20 Entriful Physician: To the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 20 Entriful Physician: To the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 20 Entriful Physician: To the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 20 Entriful Physician: To the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 20 Entriful Physician: To the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 21 Entriful Physician: To the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 22 Entriful Physician: To the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 23 Entriful Physician: To the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 24 Entriful Physician: To the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.							
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2 Accident 3 Suicide 4 Homicide 29a. CERTIFFIER (Check only) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER	PRIOR TO ON OF CAUSE						
2 Accident 3 Suicide 4 Homicide 29a. CERTIFFIER (Check only) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER	PRIOR TO ON OF CAUSE						
2 Accident 3 Suicide 4 Homicide 20a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER	PRIOR TO ON OF CAUSE						
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29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dg	PRIOR TO ON OF CAUSE 7 2 NO						
Du (Du (M) Du (D) 1/2 1/2	PRIOR TO OH OF CAUSE 2 2 NO						
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	PRIOR TO OH OF CAUSE 7 2 NO NO er,						
31. DATE FILEO (Month, Day, Voar) 32. REGISTRAR'S SIGNATURE							

FOR

STATE REGISTRAR

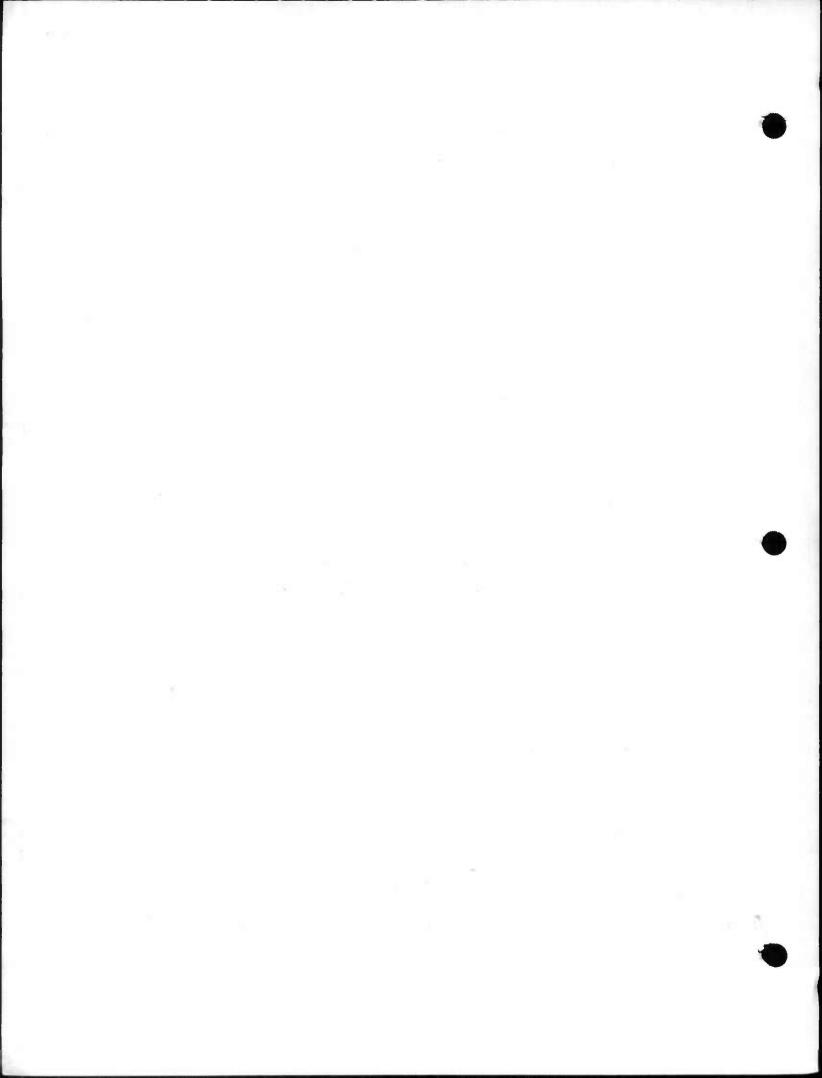
1. DECEDENT'S NAME (First, Middle, Last)

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Robert Edmund Fertig, Sr. 2. DATE OF DEATH MONTH AKA 3. TIME OF DEATH Rober 10 4. SOCIAL SECURITY NUMBER 6. MGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1/2 M 2 - F 212-36-6816 DAYS HOURS 55 YRS Nov. 04, 1938 Virginia permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR University of Maryland Medical Baltimore City Cntr 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Fallston 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY use as the burial-transit 3200 Canterbury Lane 21047 retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee If yee, specify Cuben, Mexicen, Puerto Rican, etc.)
 \[\subseteq \text{YES 2 NO} & Specify: \] 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 VES 2
IF YES GIVE WAA OR DATES
1957 - 1964 1 Never Married 2 Merried BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Po Elementary/Secondary (0-12) College (1-4 or 5+) detached General Foreman Steel Plant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) page 5 should be notified at James Hugh Fertig, Sr. BE Roza Madaline Burdette 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Dorothy M. Fertig 3200 Canterbury Lane, 24 hours after death. Page 6 may be Fallston, MD 21047 must be 20e. METHOD OF DISPOSITION
1 Burlel 2X Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE funeral director, 4 Donation 5 Other (Specify) Metro Crematory, Inc. Feb. 1994 Catonsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Marlen Lemmon-Mitchell-Wiedefeld, Inc. Martin D. Lawson 10 W. Padonia Road, Timonium, MD filled in by the 21093 cremation, or removal. medicai 23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, Approximete ahock, or heert failure. List only one ceuse on each line. interval Betwe IMMEDIATE CAUSE (Final the Onset and Death diseese or condition resulting in deeth) FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematic executed within event, bestos other traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING death certificate be CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST 10 shows any injury, PART ii. Other significant conditione contributing to deeth but not resulting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL the 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? requires that 1 YES 2 NO OF DEATH? 1 YES 2 NO The law r Item 23 25. WAS CASE REFERRED TO MEDICAL 2e. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: 1 YES 2 NO OR ATTENDING PHYSICIAN: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation COMPLETED BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 99 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) e Could not be 28 4 Homicide determined item 29e. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the lime, date end place, end due to the cause(e) end menner ee stated. TO THE HOSPITAL (TO THE FUNERAL DE BE filed within 72 h 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Prin Umms 0 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAR 0 2 1994 Danden-Ka

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



DNMH-18 Rev 1/89

1 - FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

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00	within	pletely	сгетав
DIVISION OF VITAL RECORDS, P.O. BOX 68760	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27	HINERAL DIRECTOR, After this certificate has been signed by the attending physician and completely fi	It is 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation
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DAYS HOURS 1 XX 2 - F 61 YRS. 224-38-4004 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Good Samaritan Hospital Baltimore 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore permit. FUNERAL 10a STREET AND NUMBER funeral director, page 5 should be detached for use as the burial-transit 5751 Hazelwood Circle Apt. 21206 retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 1 Never Married 2 Married If yee, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 8th Grade Driver 17. FATNER'S NAME (First, Middle, Last) notified at Wilbert Boney BE 19a. INFORMANT'S NAME (Type/Print) 2 Edith Fauntleroy must be 20a, METNOD OF OISPOSITION
1 № Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE emetery, cremetory or other place)
Crestlawn Cemetery 4 Donation 8 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE yaru 10 in and completely filled in by the to burial, cremation, or removal. the medical IMMEDIATE CAUSE (Final disease or condition reaulting in death) traumatic event, CERTIFICATION Sequentially list conditions. if any, leading to immediate physician Chronic hypertension
DUE TO (OR AS A CONSEQUENCE OF): Cause Enter UNDERLYING CAUSE (Disease or Injury Injury, or other that initiated eventa resulting in deeth) LAST the atter Mental PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL Health and N Chronic renal Failure, Ischemic any cardiom yopathy Shows 2 Staphylococcal pneumonia , Congestive heart failure PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 ☐ YES 2 NO 1 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) the 27. MANNER OF DEATN 28e, DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF this c marked, 1 YES 2 NO BY After 2 Accident Investigation 3 Suicide 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28 Is S Could not be DIRECTOR: /

2. DATE OF OEATN 3. TIME OF DEATH FAUNTLEROY SR. 1. EON Feb 2:55 94 26 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year)
Sept 22, 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 1932 Maryland 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. Specify: Black 16b. KIND OF BUSINESS/INDUSTRY NSA (Government) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Bettie Fauntleroy 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Hazelwood Circle Apt. C Balto, MD 21206 20c. LOCATION -- City or Town, State Howard County, MD 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. interval Between Onset and Daath eft parietal hemorrhagic infarct Hypertensive Right basal gauglia hemorrhage 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 - YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide COMPLET 29e. CERTIFIER (Check only 1 💢 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) end manner se stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Jalba Feb 26 4 P-07621 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Samer TABBAL, The Good Samaritan Hosp, 5601 Loch Rovan Blud, Baltimore, MD 21239 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Julia Levida MAR 0 2 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

